Social care knowledge: seeing the wood for the trees

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The SCIE project

In June 2002 the Social Care Institute for Excellence commissioned an eight month, two stage study to devise a classification of types of social care knowledge, and develop standards for judging their quality. The research team includes members from Leeds University (Ray Pawson and Colin Barnes), Salford University (Andrew Long) and the ESRC UK Centre for Evidence Based Policy and Practice (Annette Boaz and Lesley Grayson). The project is led by Annette Boaz.

This paper is the first in a series of three ‘starter papers’ that describe stage one of the project. Primarily intended as working documents for the team, and as background briefings for SCIE on the progress of the project, they are reproduced here to illustrate the challenges faced in identifying the kinds of knowledge that might be of value as evidence in social care, and in categorising them in a way that is useful and useable both for those who organise knowledge, and for those who make use of it.

Abstract

Attempts to develop quality standards for different kinds of knowledge or evidence in social care must necessarily be informed by a clear understanding of what those different kinds of knowledge are. This paper documents the first stages of developing a classification or typology of social care knowledge, outlining the general principles of classification building, and constructing a prototype list of 13 types of knowledge based on a preliminary scanning of the literature. These are: experimental and quasi-experimental approaches; measuring and monitoring; consultation; qualitative and case study research; action research; emancipatory and user-led approaches; process evaluation; audit/inspection/cost-benefit analysis; legal provisions and public inquiries; systematic review and meta-analysis; post-modern and dialogic approaches; tacit knowledge, practice wisdom, experiential learning; and – the final category familiar to all classifiers – A.N. Others. Each is reviewed in terms of content and how they might be accommodated within a matrix-style classification.

Key words: social care; knowledge; classification
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Introduction

These are preliminary notes, attempting some initial ground-clearing for the SCIE project and intended as the opening thoughts on a framework for the eventual report. They provide a first stab at ‘content’ using ideas from the first two team meetings at Leeds, notes on a meeting between RP and AL (1 July), and RP’s first dip into the literature following LG’s initial searches.

Our perception of the nature of our task does not seem to have changed from meeting to meeting, though its enormity is beginning to strike home. The overall task is set down in the invitation to tender and echoed our bid, namely that we produce a typology/classification spelling out i) the key types of social care knowledge and ii) the research designs and practices that constitute them, as in Figure One:

Figure One: Forms of knowledge in social care…and what they are made up of

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On the horizontal axis of this matrix we need to contemplate the different ‘orientations’, ‘approaches’, ‘strategies’, ‘schools’, ‘methodologies’, ‘paradigms’ that make up the social care knowledge base. We have to be inclusive here and include tacit, user, stakeholder and administrative knowledge as well as the more formal social science perspectives.

And on the vertical axis we have to show what they’re made of. Again the remit is wide, potentially including material on the epistemological, ontological, ethical and technical preferences of each approach. For good measure, we need to keep in mind the demand for simplicity in the end product, so ‘ology’ words need to be kept to a minimum. The headings for the rows might eventually be couched in terms such as: ‘provider’, ‘issues addressed’, ‘key aims’, ‘intended audience’, ‘typical costs’, ‘ideological leanings’, ‘duration and timing’, ‘methods used’, ‘transferability’, ‘who conducts research’, ‘degree of user involvement’ and so on.

The main purpose of this paper is to begin to think about the actual headings we will use for the rows and columns in the matrix. Note that there is no intention to arrive at the typology content in one mighty leap. If anything, the objective here is the opposite, namely to indicate the huge spectrum of possible headings that we could utilise. Basically, I have scanned the literature fairly inductively, looking at how the various players in social care view themselves and how they distinguish themselves from other ‘factions’. This quickly gives a dozen or more categories that could be used to demarcate the forms of social care knowledge. It is
exactly the same story when it comes to contemplating the various ‘components’, ‘sub-
forms’, ‘aspects’, ‘priorities’ of the said orientations. They are (self) described using widely
varying terms, which are simply sketched over in the section below in order to set down some
potential building blocks of each form of knowledge.

So the health warning should be clear. The sketch here ends up with an umpteen-by-
umpreetteen matrix, which is most definitely NOT what we intend to recommend to SCIE.
We will be involved in a major act of compression. It is important that we take note of
what we chop and crush, lest we face unprepared the inevitable ‘what about us’
complaints.

Classifications and typologies – how they work

As another preliminary, I go back to the ‘methodology’ that defines our own endeavours. We
face the standard problems of all classification building, and the rules in play (Open
University, 1979; Doty and Glick, 1994 etc.) are that the classification system should be:

1. Unidimensional (it should deal with one and only one type of activity)
2. Totally inclusive (it should cover all the different sub-sets of that activity or at least all the
   significant ones)
3. Mutually exclusive (there should be no significant overlap between the sub-sets identified)
4. Isomorphic with reality (it should reflect what’s actually going on)

Again, SCIE has emphasised the need for ‘simplicity’ and a ‘short report’, so there is another
requirement:

5. Keep it straightforward

The classification literature advises that researchers close in on these desiderata in a series of
steps. The starting point is to immerse oneself in the material to be classified. One then looks
for ‘natural breaks’ in terms of how people make use of, or refer to, the differences within the
‘activities’, ‘things’ or ‘properties’ one is trying to classify. Next, one makes a preliminary
shot at the main categories that define the field. Then one ‘tries out’ different classifications
mentally by examining different examples and contemplating whether they can be placed in
categories A, B, C etc. without problems. There are always problems, of course, in that
examples will arise that do not seem to fit in anywhere or could equally well go in class A or
class B and so on. One then fiddles around with the categories some more, trying to overcome
the difficulty with the awkward examples. Further cases are then put to the categorisation
system, causing further grief and leading to another phase of refinement.

The cycle is repeated until, eventually, one gets a feel that the final categories (1) refer to the
same activity and are (2) exhaustive and (3) separate, as well as (4) reflecting the balance of
actual activities. (Another way of arriving at a classification system is to use an existing
typology, more of which later).

The other basic message from the classification methodology literature is that the process can
never be perfected; sub-categories are always problematic and provisional. The more complex
the activity classified the more the rules get ‘broken’. Indeed some are questionable in and of
themselves. For instance, there is a grand old debate (the Eskimo 27 words for snow etc.)
about whether classifications reflect reality or whether they shape reality.
There will be more hand-wringing of this kind before the matrix is completed but, for now, a bit of brainstorming. The ‘types’ generated at the team’s first meeting were prompted, I think, by a mixture of personal interests, general knowledge of policy research, expectations about SCIE’s expectations, accumulated methodological wisdom, etc. None of us operated with certainty about the knowledge profile of social care. The following reflects a little more learning, via an initial trawl through the journals. Basically it is a first inspection of each potential category, and whether they will pass muster.

Open University (1979) Classification and measurement. Block 5 In: Research methods in education and social science Buckingham: OU Press
Doty, D and Glick, W (1994) Typologies as a unique form of theory building: toward improved understanding and modeling Academy of Manage Review 19(2) pp230-51

**Some prototype categories for ‘types of knowledge’**

There follows a brief look at some of the potential candidates. In building up each pen-picture, there is some degree of cross-referencing, so in order the help the reader keep the categories in mind, I begin with a bare-bones listing before putting some flesh on it. The reference numbers are not intended to indicate preference, prevalence or anything else.

1. Experimental and quasi-experimental approaches
2. Measuring and monitoring
3. Consultation
4. Qualitative and case study research
5. Action research
6. Emancipatory and user-led approaches
7. Process evaluation
8. Audit/inspection/cost-benefit analysis
9. Legal provisions and public inquiries
10. Systematic review and meta-analysis
11. Post-modern and dialogic approaches
12. Tacit knowledge, practice wisdom, experiential learning
13. A.N. Others

**(1) Experimental and quasi-experimental approaches**

This approach is always associated with one of the ‘gold-standards’ of knowledge, namely, the randomised controlled trial (RCT). A simple logic underlies it; take a group of subjects, randomly allocate them to a trial and a control group and test for the efficacy of the treatment by monitoring any subsequent differences between the groups. Studies bearing this design do not appear to be thick on the ground in social care (though exhortations on their behalf are prominent). There are a number of well-known pieces by Macdonald (1997, 1998), Oakley (1996, 1998) and the Barnado’s *What works* series (e.g. Roberts, 2000) that make a bold case for the experimental cause. These arguments are often made using examples that involve a side-step into health or social welfare evaluations. The home for *bona fide* RCT research within social care seems to be mainly in relation to therapeutic/psychiatric interventions and mainly in the USA (e.g. Mather, 2002; Holmes 2002).
Because the opportunities for random assignment to ‘treatment’/‘non-treatment’ conditions are rare in social care, the category would also need to soak up all the ‘quasi-experimental’ designs, such as ‘matching studies’ (Pritchard and Williams, 2001) and ‘nested controlled studies’ (Agerbo et al, 2002). It might also stretch to include ‘longitudinal’ studies or ‘before/after’ comparisons. These include designs like ‘tracking studies’ to see if people born into different socio-economic groups experience more emotional and nervous conditions (Fan and Eaton, 2001). The simplest of all such inquiries is the ‘what was it like then, and what is it like now’ study, such as Carpenter et al (2000) on staff attitudes to the transition from asylum to community.

There is dispute within the paradigm about whether these weaker, ‘quasi-experimental’ designs are sufficiently robust to be able to attribute causality. There is also a bellicose, critical literature opposing the use of RCTs in evaluating social interventions on the grounds that it is a ‘black box’ method and thus fails to understand the significance of the vital ingredients of programme success (namely, process and context). This critical material is located in both the social care (Smith, 2000) and evaluation methodology literature (Pawson and Tilley, 1997).

This is an obvious category to begin the search for orientations. As well as a method, it has a clear objective – the ‘what works?’ question, or the search for ‘programme efficacy’. Other terms for the category might be ‘impact’, ‘outcome’ or ‘effectiveness’ evaluations.

Carpenter, J et al (2000) From the asylum to the community: a longitudinal study of staff involved in the transition from Tone Vale Hospital to community-based services Journal of Mental Health 9(2) pp211-30
Fan, A and Eaton, W (2001) Longitudinal study assessing the joint effects of socio-economic status and birth risks on adult emotional and nervous conditions British Journal of Psychiatry 178(Supplement 40) pps78-s83
Macdonald, G (1997) Social work research: the state we’re in Journal of Interprofessional Care 11(1) pp57-66

(2) Measuring and monitoring

A neighbour of the RCT, in so much as it also depends on quantitative assessment, is the knowledge base born out of ‘measuring and monitoring’. There is a huge amount of research aimed at assessing, diagnosing, gauging, scoring and weighing up key issues in the social care
field. These are spread right across from measures of the nature of the problem (‘inputs’) to the monitoring of the effects of provision (‘outputs’).

Examples of the former include: the development of indicators for successful foster care (Strijker et al, 2002); the creation of predictors of depression in older adults (Bosworth et al, 2002); the assessment of which sex offenders carry a high risk of serious reoffence (Hood et al, 2002; Hudson et al, 2002); the measurement and conceptualisation of poverty lines, child poverty and so on (Glennester, 2002; Bradshaw, 2002); the manufacture of deprivation indices to identify under privileged areas (Cubey, 1999); the use of risk assessment instruments in child protective services (Rittner, 2002), and so on.

Examples of the latter include: the mapping of dementia care with individuals (Innes, 2002); the measurement of quality of provision through user satisfaction instruments (Chesterman et al, 2001): the assessment of an individual’s quality of life (Bond, 1999; Brod, 1999; Dempster and Donnelly, 2002); the measurement of change in people with intellectual disabilities (Newman and Beail, 2002); the estimation of the number of young people on the streets (Children’s Society, 1999); and so on.

In terms of methods associated with this knowledge base, it is one of the more technical areas of social care. There is ongoing discussion of a range of statistical techniques used to warrant the reliability and validity of measures, such as tests for ‘heterogeneity’ (Pike and Hudson, 1998). More usual, however, is debate about the basic conceptual foundations of measures, such as: the need to make indicators more responsive to the client’s interpretations (Qureshi, 2001; Stevens, 1999); or whether monitoring is motivational in non-profit organisations (Kaplan, 2001); or whether the urgency of social care interventions requires rapid assessment instruments (Springer et al, 2002); and so on.

Sometimes these indicators are used as ‘before and after measures’ in experimental and effectiveness evaluations and so this orientation might be seen as a mere ‘under-labourer’ for category (#1). Sometimes, however, measures are used in their own right, for instance as the basis for decisions on where to allocate resources or how to prioritise services. Here, there is a different (and huge) overlap with the usage of ‘performance indicators’ in audit (#8). This second, potential category thus covers a massive amount of literature but it might be a difficult one to maintain in a typology because it is, perhaps, more of a technique than an orientation. As such, it finds its way into lots of other categories; as well as the two just mentioned, it may also feature in consultation (#3) in the guise of ‘satisfaction surveys’.

Chesterman, J, Bauld, I and Judge, K (2001) Satisfaction with care managed support of older people Health and Social Care in the Community 9(1) pp31-42
Children’s Society (1999) Running away from home: young people on the streets in the UK Childright, Dec (162) pp5-7
(3) Consultation

This designates the broad idea of ‘consultation’ by service organisers with stakeholders. The latter may include both programme practitioners and users of services. Other associated terms appear to be ‘client satisfaction research’ or ‘values inquiry’ (Mark et al, 2000). On first thoughts, the notion of sounding out stakeholders is perhaps, once again, less of an ‘orientation’ than a ‘method’. However, it might have a ‘perspectival’ claim in terms of its function. Looking at items from a Caredata search on ‘consultation’, it is closely associated with the quality management (QM) apparatus (Lewis and Hartley, 2001), which is seen as much more than a mere research tool. Another identifier is in terms of its scope. Consultation exercises seem to crop up with greater frequency in association with major initiatives than with local projects. Its bailiwick seems to be governance (Acts, Conventions, Regulations, Codes of Practice and Service Frameworks) and the efforts of big policy players (Government Departments, Commissions, Associations). Typical examples of consultation include: Taylor, 2001; Court of Appeal, 2002; and Rickford, 2002 (on a SCIE consultation).

Users/practitioners can be consulted at any point in the policy process from problem discernment to risk assessment to organisational improvement to policy performance (though the actual balance of activities falls towards the front end of policy making). Methods of consultation include ‘formal surveys’, ‘citizen’s juries’, ‘deliberative discussions’, ‘focus groups’, ‘consultation days’, ‘talk shops’, ‘health impact assessments’ and so on. There seems to be quite a big literature on the technical considerations that make consultation pay off (e.g. how focus groups should attend to matters of ‘group composition’, ‘group process’, ‘question style’ etc. (Cambridge and McCarthy, 2001).

Consultation is sponsor-driven and sponsor-designed; it tends to be a one-off act, rather than a continuous process. Accordingly, it tends to come in for criticism as manipulative, placatory and tokenistic in its contact with users (Arnstein, 1971; Danczuk, 2002; Rushanara, 2000).
terms of the typology, there is a line to be drawn between consultation and other styles of participatory inquiry (#5, #6). The basic distinction is that consultation seems to concentrate rather modestly on ‘listening’ and ‘gathering views’ and falls short of ‘self-determination’ and ‘user-control’. There is also a boundary problem elsewhere with some of the outcome studies (in #2) that lay an emphasis on measuring effectiveness via consumer views. To repeat, it is perhaps less of an ‘orientation’ than a ‘technique’.

Arnstein, S (1971) A ladder of citizen participation in the USA Journal of the Town Planning Institute Apr vol. 57 pp176-81
Cambridge, P and McCarthy, M (2001) User focus groups and Best Value in services for people with learning disabilities Health and Social Care in the Community 9(6) pp476-89
Danczuk, S (2002) The jury’s out on user consultation Druglink 17(1) p11
Rickford, F (2002) We’re listening Community Care 25 Apr pp34-35
Taylor, F (2001) Connecting young people to local government Local Governance 27(3) pp121-32

(4) Qualitative/case studies

This refers to the thousands upon thousands of reports on the ‘experience’ of being a client or subject or service user of such-and-such a programme (typical sub-title – ‘a report on an qualitative study which explores parents’ experiences of caring for children with autism’). The defining feature of this approach is that research should be sensitive to ‘experiential worlds’, the ‘rich world of meanings’, ‘voices and views from the inside’, ‘situated logics-in-use’ etc. This ontological first principle is often matched with a commitment to a qualitative research method (be it ethnography, unstructured interviewing, discourse analysis etc.) and it is arguable that the two together form an ‘orientation’. Another reason why this ensemble might be thought to constitute a ‘form of knowledge’ is the close association with the ‘paradigm struggles’. The old qualitative/quantitative distinction still runs through the social care research literature and the qualitative opposition to ‘positivism’ remains a key emblem (Ungar, 2001). In particular, the ‘qualitative’ label seems to act as the decisive call to arms in domains such as nursing and mental health care. Associated terms are ‘case study approaches’ and ‘constructivism’.

Another use for this category may be to locate the descriptive, in-house, grey literature report on the ‘implementation of the X project’. Here, we face the problem of stretching a category too much to include these. Such reports are pieces of folk wisdom without the methodological (phenomenological/constructivist) exultation of folk wisdom. Nevertheless, these reports do tend to the ‘qualitative’ and aspire to be no more than a ‘case study’. Potted versions of these often end up in the practitioner journals and that in itself may make them an important part of the knowledge base (Hague et al, 2002; Hewson, 2002; Huxley and Evans, 2002). At minimum, these are simply pieces of ‘self-reflection’, describing for example ‘how a romantic relationship between two eighty year old widows in a care home has impacted on other residents, their families and staff’ (Green and George, 2001). Another variation on the theme is the life story ‘testimony’ in which an individual tells their story (‘I am more than my wheels’) as a balance to the ‘dominant social care discourses’ (Slack, 1999).
Perhaps the major problem in using this heading as a typology classification is that most UK inquiries in the social care field can probably be regarded as 'qualitative case studies'. It would thus eat up the majority of research activity (in the UK at least) and generate a particularly overloaded category within the ‘forms of knowledge’. There is fierce debate about whether the category is homogenous (Chapple and Rogers, 1998). Working from a sociological perspective, Gubrium and Holstein (1997) take the view that there are 'naturalist’, 'ethnomethodological’, 'emotionalist’, and 'post-modern' streams within qualitative method. Against this, there are attempts to find a universal set of standards for qualitative research, some of them close to the social care field (Long and Godfrey, 2002 forthcoming; Popay et al, 1998; Seale and Silverman, 1997). It may turn out that we feel there are too many schisms and divisions within qualitative research to use it as a typology item. The penchant for qualitative research also stretches to other potential orientations in the typology (#s 3, 5, 6, 7) and thereby the ‘mutually exclusive’ rule also comes under threat.

One way of slimming down the category is to exclude qualitative research whose primary driver is that of transforming practice and to admit that as a separate classification (see #6 to come). Certainly there are plenty of qualitative pieces (found primarily in the ‘academic’ journals) where being faithful to reportage of ‘lived experience is the crucial thing. Utilisation of results is at the back of such authors’ minds, often captured in a concluding passage such as ‘the findings may assist social workers in developing practice more sensitive to…’, ‘the model may inform future research and clinical practice with parents of…’.

In short, a big category because ‘Social Care UK’ loves qualitative research, but a messy category in terms of aims and usage.

Cullen, L and Barlow, J (2002) Parents’ experiences of caring for children with autism and attending a touch therapy programme Child Care in Practice Jan 8(1) pp35-45
Daniel, K. (2002) Holding the baby; one school nurse’s award winning project to reduce the rate of teenage pregnancy in her area Community Practitioner Jun 75(6) pp206-07
Greene, P and George, M (2001) A romance in the twilight Community Care 8 Nov pp42-43
Huxley, P and Evans, S (2002) Regenerating minds Community Care 8 Nov pp40-41
Long, A and Godfrey, M (2002 forthcoming) An evaluation tool to assess the quality of qualitative research International Journal of Something or the Other query
Popay, J; Rogers, A and Williams, G (1998) Rationale and standards for the systematic review of qualitative literature in health services research Qualitative Health Research 8(3) pp341-51
(5) Action research

Action research is by now a rather venerable tradition in health and social care. It has its own text books (Hart and Bond, 1995; Winter and Munn-Giddings, 2001) and features in basic training (McNicoll, 1999). It has a couple of traditional identifiers:

i) the close link to practice – in particular, the ‘action research cycle’, whereby findings are systematically incorporated into organisational reform and changing practice
ii) it can readily be undertaken by reflective practitioners; indeed it is based on a melding of roles (practitioners as researchers)

This blend of objective, philosophy and method makes it a good candidate for a paradigm. It is also sometimes associated with a particular kind of refocusing of professional practice: ‘enabling’ rather than ‘doing to’ (Walker and Poland, 2000). There are no tight technical prescriptions on research methods to be employed, but it seems to favour qualitative case studies and thus blurs with (#3).

‘Action research’ has the makings of a neat classification but seems recently to have been pulled apart at the edges on the issue of the content and nature of the partnerships involved. Action research used to be driven by the practitioner (with the teacher-researcher as the prototype). But the method has also been extended to service users under the title ‘participatory action research’ (e.g. Healy, 2000) and thus creates a boundary problem with the next candidate (#6). The biggest debate within the approach seems to concern the purpose and control of the research. The action that follows from research is going to be rather different if it is based on a ‘conflictual’ or a ‘consensual’ model of social action. Accordingly, Hart and Bond have recently (2000) come up with a typology that distinguishes different forms of action research by the assumed ‘models of society’ and by ‘distinguishing characteristic’. An associated term interchangeable with action research seems to be ‘participative inquiry’ but, again, Mullen (2002) recognises that partnerships formed to conduct such practice research will vary according to which group initiates the inquiry. UK practitioners of the art include Boaz and Hayden (2000).

A ‘coming-apart-at-the-seams’ category.

(6) User-led, emancipatory approaches

The prime model here is ‘emancipatory disability research’ (Oliver, 1992), though this approach is adopted more broadly in, for instance, social work under the term ‘anti-oppressive practice’ (Dominelli, 1998; Hopton, 1997). Some hallmarks are:

a) alliance with ‘oppressed’ groups, and the research objective of facilitating their ‘empowerment’

b) a major role change in ‘research management and design’ in order to match increasing user ‘participation’ and ‘control’ of programmes and services

c) in disability research, at least, concentration on the ‘social model’ and a research focus on the economic, environmental and cultural barriers that render someone disabled

The basic epistemological stance is that all knowledge/truth results from the conditions of its production. Studies of an oppressive reality should not, therefore, be carried out by ‘experts’ but by the objects of oppression. Applied to the research environment this principle requires ‘accountability’ as well as ‘user ownership’ or ‘user leadership’ of research. However, standpoint epistemologies tend to struggle on the matter of defining precisely who are the ‘authentic bearers of knowledge’, and there are differences within the emancipatory paradigm about who should speak for whom. Debates concern:

i) the difference between ‘representative’ and ‘user controlled’ organisations

ii) whether seemingly contented (rather than oppressed) users have false consciousness

iii) whether certain academics and practitioners appropriate users’ knowledge for their own benefit

iv) whether a term like ‘service user’ is itself oppressive (Oliver, 1997; Wilson and Beresford, 2000)

The research methods associated with emancipatory research first tended to the ‘qualitative’. (Barnes, 1992) This follows from the need to give ‘voice’ to the oppressed but is curious in the light of point (c) above, which maintains that it is material externalities that do the oppressing. At least some measurement is needed to demonstrate the causal powers of material forces, and current thinking admits any research technique into the emancipatory family as long as the ‘accountability’ rule is in operation (Barnes, 2002 forthcoming). The main products of the approach, however, remain small-scale, descriptive studies of some element of service provision by a member of a user organisation backed by an advisory group (Evans and Banton, 2001; Mental Health Foundation, 2001). There is also considerable interest in how user control can be applied to the goal of improving the standard tools of research (Fisher, 2002). For some, these practical questions are a relapse into ‘investigatory discourse’, when it should be understood that ‘research produces the world’ (Oliver, 1999).

In terms of a typology, this is a fairly clear category in terms of epistemology and organisational imperatives. But there is 1) a fluid boundary with action research (#5) on the precise extent of researcher/user partnership; 2) potential overlap with most other orientations as the user led approach attempts to go pluralistic, and 3) potential friction with the method-defined paradigms (#1, 2, 11) as the user led approach sucks in methods with contrasting epistemological assumptions.

Barnes, C (1992) Qualitative research: valuable or irrelevant? Disability Handicap and Society 7(2) pp115-23
Barnes, C (2002) What a difference a decade makes: reflections on doing ‘emancipatory’ disability research Disability and Society Forthcoming
We reach a point where we might begin to split hairs (the classifier’s eternal problem) but we are not yet done with the qualitative approach. It is perhaps useful, provisionally, to demarcate some unstructured, case-oriented approaches that are nevertheless carried out for formal evaluative purposes. These are also known as ‘utilisation-focused’, ‘formative’, and ‘developmental’ evaluation (Patton, 1997). Typical issue for such research are:

i) ‘is the delivery working?’ (Owen and Rogers, 1999 p45)
ii) are practitioners joining up? (Allen, 2001)
iii) how can training support implementation? (Brooker, 2002)

The research is mainly qualitative or descriptive but it is not driven by trying to mirror ‘lived experiences’ (#3), or by attempting to transform practice according to the values of one group of users (#6). The purpose is actually much closer to evaluating the effectiveness of particular programmes (#1, #2). The differences between process evaluation and the experimental/outcome approach, however, is that effectiveness is judged by a close examination of the internal mechanics within a programme. The bit of the world under investigation is the ‘implementation chain’ in a social programme (Exworthy et al, 2002). It is assumed that (social care) interventions are often complex and pass through many hands. This generates rather different research questions, such as:

a) are the intermediate outputs and stepping stones actually contributing to programme goals?
b) what are the active ingredients that must come together to make for good programme implementation?

Example of (a): ‘the research suggests that the use of certain skills by child protection workers is likely to be related to positive client outcomes. Skills include: helping clients and client families to understand the role of the child protection worker; working through a problem-solving process which focuses on the client’s definitions of problems; reinforcing the client’s pro-social expression and actions and using these skills within a collaborative client/worker relationship’ (Trotter, 2002).
Example of (b): ‘critical ingredients were good management, stable staff, shared ownership by other agencies, a repertoire of changing methods and a holistic approach’ (Hill et al, 2002).

In terms of the typology, process evaluation overlaps with several other perspectives (as noted above) and may be squeezed out as a consequence. In terms of methodological writing it is very much a North American approach (Paulson, 2002).

Allen, C (2001) They just don’t live and breathe the policy like we do: policy intentions and practice dilemmas in modern social policy and implementation networks Policy Studies 22(3/4) pp149-66
Brooker, C et al (2002) Mapping training to support the implementation of the National Service Framework for mental health Journal of Mental Health 11(1) pp103-16
Exworthy, M; Berney, L and Powell, M (2002) ‘How great expectations in Westminster may be dashed locally’: the local implementation of national policy on health inequalities Policy and Politics 30(1) pp79-96

(8) Audit/inspection/cost-benefit analysis

There is a massive literature here, very difficult to penetrate from a ‘knowledge’ perspective. Nevertheless, I start by identifying what is distinctive about the A/I/CBA perspective before worrying about internal differences and overlaps with other categories. The first distinguishing feature of this family is that the ‘unit of analysis’ refers usually to the audit/inspection of whole chunks of service provision rather than the evaluation of specific initiatives. The second defining feature is the management framework. The majority of this literature also ponders upon the underlying objective of these strategies, namely better ‘regulation’, ‘management’ and ‘accountability’ of the public services.

A preliminary search on this takes us to the materials produced by the big players: the Audit Commission, Joint Reviews of Social Services, the Social Services Inspectorate, and HM Inspectorate of Probation. Much of this literature is in the form of audit/inspection reports (e.g. Audit Commission, 2002) but also statements of general principles. The latter are mainly about the ‘new public management’ and arriving at a better definition of the scope of audit and inspection (Pallott, 1999). There is massive interest in extending A/I/CBA into the ‘softer public services’, ‘cross cutting themes’ and ‘area based provision’. There is also a desire to move beyond a narrow ‘performance measurement’ approach (if you cannot measure you cannot manage) to one that embraces ‘process’ as well as ‘performance’ measures (the ‘balanced scorecard method’ (SSI, 2002)).

In terms of identifying associated methods (and eventually standards) of A/I/CBA the core approaches still trade on the methodology of ‘performance indicators’ (conceptualising, validating, and monitoring thereof). Good measures are ‘clear’, ‘timely’, ‘reliable’, ‘economical’, ‘related to a standard’ etc. (Waldersee, 1999). There is significant overlap here with some of the literature on outcome measures (#2). Auditing entire services requires the extra step of compiling multiple measures or ‘performance assessment frameworks’ (SSI, 2002). ‘Benchmarking’ is another associated tool that involves ‘helping organisations to
deliver better services by comparing performance and learning from other organisations’ (Audit Commission, 2001). The move into ‘process audit’ involves adoption of some methods from other categories (e.g. #3 citizen’s juries, #7 assessing intermediate outputs) as well as novel approaches (‘mystery shoppers’). Also recommended for auditing the more intangible services are ‘naturally occurring information systems’ (Waldersee, 1999), c.f. observational methods (as used in #3). There are even moves to get a ‘user involvement’ perspective (#6) into Best Value audit (Evans and Carmichael, 2002).

A crucial aspect of inspection is, of course, the ‘site visit’ to examine individual and team performance and organisational processes. In addition to performance monitoring, the ‘communication skills of the inspector’ are sometimes considered a crucial part of the method (reflected in the many pieces entitled ‘the inspector calls’, e.g. Hopkins, 2000).

Coming to cost-benefit analysis, this approach tends to remain true to performance measurement principles (emphasising economic indicators). There are also quite characteristic methods here such as various forms of cost-effectiveness, cost-benefit, cost-utility and sensitivity analysis. Needless to say, audit and economic analysis of social care is contentious; how does one put a price on ‘quality of care’, ‘quality of life’ etc? The literature here divides between attacks on the arbitrary positivism involved in economic analysis (Humphry, 2001) and practical pilot studies, for example attempting to cost ‘social worker time’ via use of the ‘diary method’ (Denniston et al, 2000).

In short, there are plenty of descriptions of how to do audit, inspection and so on. It is tougher to find material on standards, guidelines and rules for good practice in these various methods. This may be due to their place in the management apparatus rather than the methodological literature. Boyne et al (2002) go so far as to claim ‘no comprehensive theoretical framework for the evaluation of regulatory mechanisms such as inspection exists’. The preliminary literature search uncovered Audit Commission titles like *Who audits the auditors?* and *Code of Audit Practice* and a series of *How to* guides but these tend to be brief and/or designed for public consumption rather than detailed ‘technical’ guidance for auditors and inspectors. It may be difficult to identify sources relevant to ‘standards’ here. However, there may be a difference across the sub-fields of social care with the ‘harder’, clinical areas being more amenable to such guidelines (NICE et al, 2002)

This category clearly responds to the considerable shaping force of the ‘management perspective’ on social care knowledge. It also operates with a particular and distinctive scope (entire ‘systems of delivery’). To convey its overall importance in knowledge broking might require subdivision into different sub-categories. Modern audit seeks a broader platform, but in typology terms this enlargement introduces overlaps with other orientations.


(9). Legal provisions and public inquiries

Social care is tightly regulated and so ‘legal provisions’ constitute a major restraining influence on practice. I also include ‘public inquiries’ within this legal framework. Following some very high profile inquiries in social work, they too have come to impose strict obligations on social care practice (Pearce, 2002; Revans, 2002). Public inquiries could be thought of as a very formal, intensive type of ‘inspection’ rather than having a strictly legal function. But, instead of placing them in this already over-packed category (#7), I have included them here. Together with Acts and Statutes, Public Inquiry reports provide what might be thought of as ‘supra-management’ knowledge, namely legislative frameworks, case law, organisational principles and regulations on the basic operation and role of social care.

Legal knowledge enters social care in at least four ways:

a) Advising upon and interpreting legislation, especially in relation to new Acts. This literature ranges from information on ‘what you must now do’ (Stanley and Manthorpe, 2000; Witton and Grant, 2001) to more reflective pieces on ‘how things might change’ (Williams, 2002). Advice in the area also includes compliance with European conventions such as the Human Rights Act (Williams, 2001). Munro (1998) is an attempt to identify ‘recurrent’ social work errors in 45 public inquiries.

b) Monitoring and evaluating the implementation of legislation. Has the legislation operated in the intended way and, if not, what have been the unintended consequences? There is much work of this ilk including Fisher et al (1987) on the operation of the 1983 Mental Health Act and Maclean (2000) on where legal aid goes.

c) Training – acquiring the legal ‘basics’ is considered de rigueur in social work training and textbooks thereupon (e.g. Thompson, 2000). Findings from inquiries are also entering the curriculum (Corby and Cox, 2000). There is also some reflective material on what exactly should be taught (Madden, 2000).

d) Challenging the need for, or success of, legislation. Legal declarations never go uncontested, of course, and there is a considerable ‘political’ literature challenging the value assumptions or constitutionality of new legislation. Sometimes they are for keeping the law out of a social care issue (Masson, 2000), sometimes for getting it in (Burnett, 2000).

There is also, obviously, a huge legal literature on social care law, where the point of departure is with the technicalities and protocols of law making. Most of the commentary on public inquiries is political, but there is at least one source on how to conduct them (Cambridge, 2001).
This is quite a tricky category for the typology. It is highly distinctive as a form of ‘knowledge’ but its impact on practice is diversified. The closest point of contact is with those other modes (#8, #2) which inform social care practice through a management channel.

Pearce, J (2002) Victoria Climbié Inquiry: front-line workers faced pressures of isolation, lack of support and chaos Community Care 21 Feb pp16-17

(10) Systematic review and meta-analysis

There may be a contradiction in contemplating such a category in that our work is supposed to provide the quality standards, which SCIE will then apply in future in commissioned systematic reviews of its own. However, as we all know, systematic review and meta-analysis have a distinctive, some say pivotal, place as the knowledge base for evidence based policy. Moreover, there would appear to be no shortage of review work in the social care field.

How are reviews conducted? The expectation here was that social interventions towards the clinical end would be subject to ‘quantitative meta-analysis’ and that soft social interventions would be approached through ‘narrative reviews’. A first look at some of the actual reviews reveals a messier story. The terms (systematic review and meta-analysis) are used rather interchangeably. There are few real meta-analyses, since there are rarely enough controlled trials (generating clean effect sizes that allow for pooled estimates) around in the social care field. Hence, one frequent type of review belongs to the ‘more evidence is needed’/’not enough decent research’ school (Bower et al, 2001; Hunter and Nicol, 2002). The most common form is probably some sort of ‘hybrid’, which begins with a research quality assessment that leaves the reviewer with eight or nine acceptable studies, which are then perused to see if there is a generally positive outcome, which in turn are scrutinised for key processes and ingredients (Cooke et al, 2001).
A first glance at abstracts of social care reviews reveals rather a lot of them coming up with ‘null’ or ‘inconsistent’ findings (Bower and Sibbald, 2000; Tullis and Nicol, 1999; Van Haastregt et al, 2000). There is unease about whether this is a result of the interventions, the original research methodology, or the review methodology. This produces an instant diagnosis that this is an ‘orientation’ in transition. Thus there is a growing social care literature on how to conduct reviews (Forward and Hobby, 2001; Cwikel et al, 2000). Social and health care is also the home of methodological innovation on reviews, namely on how to draw qualitative studies (#4) more firmly into systematic review (Dixon-Woods et al, 2001; Long et al, 2002) In summary, this is an absolutely clear category in terms of methodology (i.e. unlike the other categories, this is all secondary analysis) but it is still a bit of an internal mess in terms of how to conduct reviews. This is where we came in. As noted at the beginning, we may simply choose to omit this category as ‘under construction’. 

Forward, L and Hobby, L (2002) A practical guide to conducting a systematic review Nursing Times 10 Jan 98(2) pp36-37
Long, A et al (2002) Feasibility of systematic reviews in social care Health Care Practice R&D Unit, University of Salford, and Nuffield Institute for Health, University of Leeds

(11) Post-modern and dialogic approaches

It was a bit of a surprise (for me) to find this in the social care literature. The genesis of the perspective seems to go as follows. All knowledge is regarded as a situated practice. It is impossible to detach knowledge claims from the power and standpoint of those making the claim. Hence post-modernism joins the emancipatory paradigms in assuming that much (state-sponsored) social work practice reinforces the powerful-powerless dualism that runs through modern/capitalist/sexiist/racist society. The social relations of power in social care (practitioners activate, clients respond) contribute to dominance. Evidence based research on social work emanates from the same social relationship, hence it too is merely part of the dominant discourse.

This sounds like emancipation (part II), save for the twist (Fawcett et al, 1999; Turney, 1997) which is to appreciate that standpoints are multiple and that all discourses, including emancipatory ones, are themselves assertions of power. One example: ‘what if I think a
A woman is oppressed and she does not? What does empowerment mean here – the imposition of my set of values over hers?” (Wise, 1995). Answer: we had better ‘shift the focus away from clear-cut notions of oppressors and victims to interrogating how subjects are constructed in relation to such categories’ (Powell, 2002). Hence ‘discourse’ assumes the master ontological status; we need to understand how truths are always relative to the myriad cultural and social practices that frame them.

Such a relativist position, of course, bites its own tail and leaves one in no doubt about the knowledge claims of post-modernism itself (Shaw and Lishman, 1999: p24). The postmodernists, of course, believe that they have a hold on the truth but cannot deny that what they have to say may be false for other discursive communities. Moreover, there is no (non-discursive) vantage point from which to adjudicate between knowledge claims. Therefore, a consistent postmodernism sees its own output as being as fallible as anything else.

How does this convert to social care practice and research? There seem to be three lines of thought. One is to promote marginalised discourses. Social care is primarily westernised, so one incorporates non-western thinking, e.g. about the survival techniques of Aboriginal people (Pease, 2002). Two is to engage in ‘dialogic methods’, negotiating truths permanently, endlessly with everyone, everywhere (Powell, 2002). Three is to deconstruct the ‘authorial strategies’ that lend power to a discourse (Brown, 2000).

In short, it undoubtedly carves out a distinct ‘orientation’. Its methods remain a bit of a mystery, as is the notion that it can ever supply an evidence base. Here is a contemporary summary of what is on offer:

It offers a both/and position avoiding either/or sterility. Client driven it conserves the useful, tolerates inconsistency, dogmatically refutes dogma, nurtures the strength of professional impotence, bears uncertainty and challenges complacency. It cherishes the old roots of psychodynamic theory that continue to nourish practice and dares to take risks with new innovative models in order to achieve a better outcome with a sophisticated process for users based on evidence of effectiveness. It strives to maintain a broad vision while focussing on the personal detail of people’s troubled lives and encourages self-reflection on the pain and contradictions deep within us all. Moreover it accepts that change is ceaseless and sometimes imperceptible even in the face of major social work intervention, while positive change can happen spontaneously for clients, when social work has exhausted its repertoire of methods, models and supportive techniques – despite rather than because of help. (Walker, 2001).

In other words, it can be anything one wants it to be – the bête noir of the classifier.

(12) Tacit knowledge, practice wisdom, experiential learning

‘Tacit knowledge’ appears to be the latest big-thing in the management/organisations literature (Lam, 2000). It has been argued (Ambrosini and Bowman, 2001) that tacit knowledge is ‘the core, intangible resource that gives firms competitive advantage’, with the result that the management gurus have been hot on its heels. The importance of such craft skills has been celebrated rather earlier in the social work/education literature, being traced back to Schön's ‘reflective practitioner’ (1983). Practice wisdom, however, seems to be a double-edged sword. On the one hand it is the raison d'être for a personal approach to social care in which practitioners judge their efforts in terms of emotional rewards, peer approval, lack of harm caused, client appreciation, and gut reactions that ‘the case is moving on’ (Shaw and Shaw, 1997). On the other hand ‘social workers’ widespread preference for a personal, private style of working is a major obstacle to changing their use of theories and evaluating practice’ (Munro, 1998). Social work students are highly positive about ‘intuition’ (Luoma, 1998), but that is the very thing that gets them into trouble at public inquiries (Munro, 1998).

The literature on ‘tacit knowledge’ splits into at least four bits:

a) **Is it a good or bad thing?** (references as above)

b) **What exactly is it?** There are many explorations about the appropriate way to describe tacit knowledge (Reed, 1994; Sheppard, 1995; White, 1997). The stress is on characterisations like ‘common human understanding’, ‘self-monitoring’, ‘situation monitoring’, ‘reflexivity’, ‘practical wisdom’, ‘on-the-spot learning’, ‘creativity’ and so on. A typical definition centres on the idea that it is ‘knowledge that has been subconsciously assimilated and emerges in practice, without practitioners necessarily being aware of this’ (Paley, 1987). Such ‘process knowledge’ is also often contrasted with ‘product knowledge’ and the preference for the former often goes hand in hand with antipathy to the very idea of evidence based practice.

c) **Passing it on.** The notion of ‘experiential learning’ is big in social work education (Goldstein, 2001; Krill, 1990; Weaver, 1998; Armstrong et al, 1991). The idea is to pass on knowledge of how to cope with real situations, whilst coping with the uncertainties. There seems to be a range of pedagogic practices associated with this aim such as ‘portfolios’ and ‘process recording’ and ‘cultural competence’. Another metaphor at work to describe the learning process is the gradual accumulation of *craft skills*.

d) **Exploring, formalising and codifying it** in order to get it shaped up as evidence. This seems to be a significant new research venture in its own right (supported by ESRC). A memorable phrase to capture the idea is to regard social workers as ‘practical qualitative researchers of the individual instance’ (Sheppard et al, 2000, 2001). Sheppard’s research tries to delve into the cognitive processes that social workers use in their daily case work decisions. He shows that these have some affinity with the more formal processes described in the literature on qualitative methodology. Thus social workers use primitive forms of ‘analytic induction’, ‘quasi-triangulation’ and so on. It is acknowledged that practice varies but the underlying message is to codify these ‘practical reasoning processes’ so that they can be passed on and taught more effectively. Another research
example examining how these ‘naïve theories’ actually work is reported in Olsson and Ljunghill (1997).

In summary. This is an important category for social work (look closely at the sources below) but also another rather messy and contested category. There is also a major drawback in terms of the usage of our typology. What is tacit is tacit. So, if the objective is to provide a tool that will assess and filter information onto the social care knowledge base then getting the ‘subconscious’ into Caredata might be a bit tricky.

Luoma, B (1998) An exploration of intuition for social work practice and education Social Thought: Journal of Religion in the Social Services 18(2) pp31-45

(13) A. N. Others

Here we reach the last refuge of the typologiser, a category for those rag-bag of approaches that do not seem to fit in easily anywhere else. Unsurprisingly, there are plenty of candidates that might be described as different-but-little-used or much-in-evidence-but-is-it-evidence?

For instance, there are quite a few papers on the ‘spiritual’ (Derezotes and Evans, 1995) or ‘bodily’ (Tangenberg, 2000) or ‘ethical’ (Faith and Muzzin, 2002) basis of social care. Moreover, there is a house journal for such knowledge, Social Thought: Journal of Religion in the Social Services. However, there are obvious difficulties in incorporating the spiritual in a formal evidence base.

From the more orthodox ‘research’ side, there are still perspectives untouched by the previous categories. For instance, the whole family of ‘theory-driven’ approaches to evaluation is not
yet there. This is despite the fact that the ‘theories-of-change’ approach has cropped up significantly in the Health Action Zone evaluation (South and Green, 2001) and some American literature on community care initiatives (Connell and Kubisch, 1995). The theories-of-change approach might (just) be tidied away into the typology as a form of process evaluation (#7) but it is much harder to gauge whether the broader idea of theory-driven research has had much impact in social care. It has come under criticism from both ends, the tacit-knowledgers (#12) and the RCTers (#1) (Thyer, 2001)

Also virtually absent from social care is the realist approach (Pawson and Tilley, 1997) although it has been the subject of academic discussion (Smith, 2000; Houston, 2001). Another innovate research stance involves ‘decision analysis’. This is an approach that maps the multiple decisions that lie behind social care practice and then applies a statistical approach to unearth the probabilities of success in each decision pathway. It is supposed to address the fact that social care decisions deal with risk and uncertainty, intangibles, multiple criteria, long-term implications, interdisciplinary input etc., and there is an energetic advocate in Webb (2002). Its origins lie in the Bayesian approach used in medical statistics.

Another hard-to-fit category (and a potentially important one) is the ‘mixed-method’ approach. This is obviously difficult for typology purposes because it tries to build bridges between forms of knowledge kept apart in the classifications (#1 to #12). The underlying logic of ‘pluralism’ is impeccable; namely, that every approach has its strengths and weaknesses, so let’s combine the strengths. However, there is little agreement (beyond the gut instinct for pluralism) about how combination is actually to be achieved. It is hard to gauge whether there is a pluralist paradigm within social care but the chances are that it is still relatively rare and unfocused, as in other fields. There have been decades of calls-to-arms for mixing methods in social care research (Allen-Meares and Lane, 1990; Lishman, 2000; Means and Smith, 1988; Smith and Cantley, 1988), but there seems to be only a scatter of studies practising what is preached (Hammond, 2002; Stevens, 1999) and they are not particularly uniform.

Last but not least. Perhaps the major omission in all this is what might be called ‘policy thought pieces’. In terms of volume, this is the 1812 overture to social care. The format broadly speaking is to begin with an ideological standpoint (called a ‘normative theory’, if it is in the academic style). A policy (actual or pending) is examined by the lights of these conceptual predilections and then declared promising or ill-fated. Empirical evidence is often brought to bear but this is generally some pre-digested material borrowed selectively from existing sources, and it is difficult to imagine pushing this kind of material through to the issue of standards. Policy thought pieces come in all sorts of shapes and sizes, from the weekly journal or newspaper onslaught, to the think tank report, to the academic monograph (Steele, 2001; Vanderbroucke, 2001; Chandler, 2001; Orme, 2001; Prideaux, 2001; Fitzpatrick, 2002).

In short, we have sprawling jumble of leftovers – not what the typology doctor ordered.

South, J and Green, E (2001) Learning from practice: evaluating a community involvement team within a Health Action Zone Research Policy and Planning 19(3) pp1-10
Steele, L (2001) Public services take centre stage in new term Community Care 20 Jun pp12-13
Vandenbroucke, F (2001) European social policy: is co-operation a better route than regulation? New Economy, 8(1) pp30-33