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**Types and quality of social care
knowledge
Stage two: towards the quality
assessment of social care knowledge**

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This Working Paper summarises the second stage of a research project on Types and Quality of Knowledge in Social Care, commissioned by the Social Care Institute for Excellence (SCIE). The research team was led by Annette Boaz of the ESRC UK Centre for Evidence Based Policy and Practice and included members from the Universities of Leeds and Salford.

The SCIE project

In June 2002 the Social Care Institute for Excellence (SCIE) 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 included 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 was led by Annette Boaz.

The report on stage one of the project (Working Paper 17) recommended a classification based on the institutional sources of social care knowledge. This paper considers potential quality standards for the assessment of that knowledge. Following peer review, a finalised version of both reports is to be published on the SCIE website.

Abstract

This paper focuses on the development of quality standards for the five institutional sources of knowledge identified in the first stage of the project: organisations; practitioners; the policy community; researchers; and users and carers. Standards thinking is highly developed in only a minority of these sources, and the work described here is necessarily provisional. It will require considerable on-going development and refinement by SCIE and the social care community. A set of six generic standards is proposed that can be used as a framework for assessing the quality of knowledge across all five sources: transparency, accuracy, purposivity, utility, propriety, accessibility and specificity. In addition, the state of play on standards (latent and actual) that are specific to each source is examined.

Key words: social care; knowledge; quality assesment

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Types and quality of social care knowledge. Stage two: towards the quality assessment of social care knowledge

Executive summary

This report marks the end of the second stage of an eight month project to explore the types and quality of social care knowledge. Stage one proposed a classification of that knowledge based on its sources: organisations; practitioners; the policy community; researchers; and users and carers. Stage two examines how these different kinds of knowledge might be judged within a framework that respects the wide diversity of views on quality within the social care community.

Standards thinking is highly developed in only a minority of the social care knowledge sources, and the framework presented here is provisional. It requires ongoing refinement by SCIE, working with the many stakeholder groups in the social care community, if it is to evolve into a practical and generally acceptable set of tools. There are two components: six generic quality standards; and commentaries on existing or potential standards for each knowledge source.

The generic standards

These are applicable across the full spectrum of social care knowledge, underpin the more detailed source-specific standards, and have the potential to command support among all stakeholders: knowledge producers as well as users, practitioners as well as policy makers, service users as well as providers and regulators. In brief, the question to be asked of any piece of knowledge is **TAPUPAS?**

<p>Transparency – is it open to scrutiny? Accuracy – is it well grounded? Purposivity – is it fit for purpose? Utility – is it fit for use? Propriety – is it legal and ethical? Accessibility – is it intelligible? Specificity – does it meet source-specific standards?</p>

The phrasing of the generic standards as questions reflects the first key message of the report: that standards do not replace judgement. They are part of an appraisal process, providing a reference point for judgements and a context against which to explain why and how judgements are made. Once fully developed, the generic standards could be used to good effect alone as an appraisal tool, especially in areas where source-specific standards are inadequately developed.

The source-specific standards

The exceptional diversity of the social care knowledge base means that it also desirable for knowledge to meet standards operating within its particular domain. In many cases these are latent and considerable development work is needed, building on broader standards thinking within each domain.

- *Organisational knowledge*: standards, both regulatory and aspirational, abound in this knowledge source and are designed to ensure accountability and best practice in social care. These are a good starting point for developing tools to appraise organisational knowledge.
- *Practitioner knowledge*: explicit standards are rare in this source, and will only be applicable to that portion of practitioner knowledge that is documented. Standards may be adapted from those applied to qualitative research, or derived from research on reflective practice and ways of ‘articulating the unspoken’.
- *Policy community knowledge*: standards are also rare in this source, and a significant proportion of its knowledge (especially ideological and political reasoning) may not be susceptible to formal appraisal except by using some of the generic standards. However, recent work to promote ‘better policy making’ offers scope for developing more specific standards to judge policy community knowledge arising in the aftermath of political decisions.
- *Research knowledge*: there are many standards for the generation and critical appraisal of research knowledge, but judging the quality of knowledge in this source is not without difficulty. There are disputes about the nature and content of standards in areas such as qualitative research, and the implementation of standards is sometimes weak so that conformity with them is not necessarily a guarantee of quality.
- *User and carer knowledge*: standards for knowledge quality are rare, but show signs of emerging from concerns with accountability and participation. Given the diversity of perspectives on the role of users and carers, the chances of consensus on knowledge standards in this domain may be slim.

The diverse and incomplete picture of social care knowledge standards is summarised in a table at the end of the report. A second key message to emerge from the analysis is the interweaving of different knowledge sources in standards development. Potential standards for practitioner knowledge are emerging from the work of researchers; the principle of participation, central to the user and carer community, has permeated across to the organisational and research domains; standards from the research community on peer review and critical appraisal are attracting increasing interest within government organisations. This suggests that, in SCIE’s future development of source-specific standards for knowledge appraisal, much will be gained from looking at ideas and experiences across all five sources.

1. Introduction

This report marks the end of a two-stage investigation to:

- develop a classification of knowledge that is both useful and useable by policy makers, practitioners and others approaching the social care knowledge base
- develop ways of assessing the quality of the different types of knowledge within the classification

Stage one¹ involved an exploration of the social care literature to identify types of knowledge, and examine what existing classification approaches had to offer for the purposes of the SCIE project. This resulted in two possibilities: a classification based on the *purposes* of knowledge and a classification based on the *sources* of knowledge. Application to a sample of social care papers indicated that the *sources* approach was the more practical, and had the additional benefits of clarity and simplicity. This classification also has the advantage of signalling to the social care research, policy and practice communities: that *all* sources of knowledge are of potential value.

Figure 1: A recapitulation of knowledge sources from stage one

SOURCE 1	SOURCE 2	SOURCE 3	SOURCE 4	SOURCE 5
Organisational knowledge gained from management and governance of social care	Practitioner knowledge gained from the conduct of social care	Policy community knowledge gained from wider policy environment	Research knowledge gathered systematically with predetermined design	User and carer knowledge gained from experience of service use and reflection thereupon

The brief for stage two was to provide guidance on an appropriate and feasible quality assessment framework to encompass these widely varying sources of knowledge and to develop methods of assessing quality relevant to each one. The approach used is described in the next section, and the remainder of the report deals, in turn, with:

- Some basic issues to be considered in developing an appropriate standards regime for social care knowledge (Section 3)
- An overall quality standards framework that encompasses six generic, or core, standards which underpin specific standards for each source (Section 4)
- An exploration of ideas for standards in each of the five sources (Sections 5-9)
- Conclusions (Section 10)

Although much ground is covered, the framework and advice on standards are by no means comprehensive. We make no apology for pointing out that the exercise we were set is infinite. The number of activities that comprise social care, and the number of existing and potential standards that could be used or adapted for the quality appraisal of knowledge, are legion. Ours is a skeleton which we hope that SCIE can flesh out, with the wider social care community, in its future programme of work.

¹ Pawson, R et al (Nov 2002) *Types and quality of social care knowledge: stage 1: a classification of types of social care knowledge* Report to SCIE. For three background papers, see: Pawson, R (2003) *Social care knowledge: seeing the wood for the trees*; Pawson, R (2003) *Social care knowledge: SCIE-like 'typologies'*; and Grayson, L (2003) *Social care knowledge: a 'fit for purpose' classification*. They are available as Nos. 12-14 in the ESRC UK Centre for Evidence Based Policy and Practice Working Paper series via <http://www.evidencenetwork.org>

2. Approach to the task

1. **A preliminary search for documents referring to standards in the five knowledge sources.** This built on material already discovered in stage one, and focused on work that reflected upon and/or applied a methodological appraisal of the process of developing and using standards. In addition we searched the internet (Google), ASSIA, Social Sciences Citation Index and Caredata using terms such as ‘quality’, ‘standards’, ‘appraisal’, ‘guidelines’, ‘best practice’, and ‘toolkits’.

Given the brief relating to the whole of social care knowledge the potential scale of this exercise was huge, even with this very limited number of sources. We were not simply searching for quality/appraisal/standards in the familiar domain of research but also in areas like practitioner knowledge which are effectively standards-free, and in others such as organisational knowledge where standards do exist but are not specifically related to knowledge. In many cases we were looking for allusions or hints or ideas rather than substantive material on ‘standards in knowledge source X’.

Any attempt to apply the exhaustive search techniques typical of systematic review would have delivered unmanageable amounts of often irrelevant information. We therefore employed a ‘snowball’ approach of following up promising leads rather than trying to capture all potentially relevant material. This element of our work was no more than ‘dipping a toe in the water’, but this was inevitable given the limited time span of the project and the technical challenges of identifying relevant literature through conventional search techniques. For example:

- a. Social science databases do not generally index or abstract methodological concepts and where they do, it is often done inconsistently. Both abstracting and indexing are often inadequate for comprehensive information retrieval.
 - b. Free text searches on terms such as quality, standard*, apprais*, assess*, evaluat*, review* deliver an enormous number of irrelevant hits because all these terms are in general, non-technical usage by authors and abstractors.
 - c. At the same time such searches miss potentially relevant material in which concepts of quality or standards are discussed but not directly referred to.
2. **The initial mapping of standards against the knowledge sources.** This also proved far from straightforward. Some of the material was generic in nature, with authors musing upon general expectations of quality frameworks; and some crossed the divide between sources, providing standards that referred, for instance, to both ‘user’ and ‘research’ knowledge. The main difficulty, however, was the stubborn lopsidedness of the material. Standards thinking is highly developed within the ‘research’ and ‘organisational’ communities but it is much harder to find materials relevant to other types of knowledge. This no doubt reflects the infancy and difficulty of work on quality appraisal in these areas.

3. **The interrogation of (a sub-set) of potential standards material from each knowledge source.** This initially took the form of familiarisation with the nature of standards across the different sources, a phase of some importance in itself. The report sets out, in simple descriptive terms, the ‘state of play’ on the development of standards across the different knowledge sources in social care.
4. **The application of a more critical perspective to the emerging standards².** This varies considerably across the knowledge sources. For the plethora of well-defined research standards it is a case of concentrating on their use and application. For sources in which standards are embryonic, the aim is to establish some first principles, before exploring their potential development and implications for future use.
5. **The development of an overarching framework for the standards.** The aim is to provide SCIE with a tool for use as part of a knowledge management strategy for social care. Though as yet only sketched, its originality lies in beginning and enabling the comparison of standards development and usage within and across the five knowledge sources.

3. What kind of quality system is appropriate?’

Prior to the development of specific standards for each knowledge source it is important to address a crucial issue highlighted in the research brief, namely: ‘what kind of assessment system is appropriate?’ There is a huge diversity of views about quality within social care, and this section identifies some of the issues SCIE will need to consider in fostering realistic expectations about what a standards regime can and cannot cover.

- SCIE should expect some contradiction and conflict within the standards framework. There is a limit to which dispute about what constitutes good practice can or should be hidden, but it may be handled to some extent by adopting a ‘fit for purpose’ ethos in which particular knowledge claims are judged by the apposite standards.
- Research standards are often expressed as formulae and checklists to be applied to written documents. This may be the most appropriate model for SCIE’s research activities, but it places limits on the applicability and usage of a broad quality framework. Standards also operate in and through training, experience, policy development, tacit wisdom, professional practice and so on, and many of these activities are the responsibility of other social care agencies. They are beyond the remit of this report, but there is a case for further attention to be paid to the boundary between standards-on-paper and standards-in-practice.
- Standards are developed and used for very different purposes, ranging from aspirational standards at one end of the spectrum to regulatory standards at the other. Thus ‘standards’ as a term is often unhelpful and, in some instances,

² This work is documented in detail in: Pawson, R *Shifting standards: towards a quality framework for social care* to appear shortly in the ESRC UK Centre for Evidence Based Policy and Practice Working Paper series via <http://www.evidencenetwork.org>

resented. It might be more constructive to think in terms of related sets of quality concepts ranging from ‘principles’ to ‘exemplars’ to ‘markers’ to ‘indicators’ and so on. This report continues to refer to standards, although by the end the ambition is to instil the notion of an appraisal process.

- Standards are sometimes considered the enemy of intuition and inspiration. Very few of those that have been uncovered attempt or have the capacity to provide instant verdicts on the quality of knowledge. The framework is thus a permissive one, requiring skill and judgement in its application.
- This exercise has identified several examples of how the aspirations of those attempting to lay down standards for a particular activity outstrip the working assumptions of those engaged in its practice. This suggests that SCIE will need to balance the exposition of standards with a great deal of careful explanation of their limited sway, authority and longevity.
- Although SCIE can expect to deliver a broadly based standards framework, it should be appreciated that there are some important types of knowledge – notably in the ideological and political realms – that lie beyond its compass. The choice between creeds is not something that can be appraised against a quality criterion. Standards can be applied to the aftermath of political decisions. Thus the framework is intended to apply, broadly speaking, to the development, implementation and practice of social care policy.

4. Towards a quality standards framework

There are certain principles that apply to any standard setting exercise. Before looking at the specific knowledge sources six ‘generic standards’, extracted and reduced from the literature, are introduced. They have the potential to command wide support across the highly varied social care community – knowledge producers as well as users, practitioners as well as policy makers, service users as well as providers and regulators – and might be thought of as the elemental standards underlying all standards. They insist on evidence rather than assertion, and require that knowledge claims should not exceed the evidence³.

SCIE is urged to consider them for three reasons. Firstly, a not insignificant proportion of writing about social care struggles in the face of even these basic requirements, and its quality assessment cannot realistically be conducted other than at the generic level. Secondly, standards concerning methodological quality often appear to have priority and, occasionally, exclusivity in the appraisal process. In practice, these have a limited compass, and the generic standards help in the development of a tool with more universal application. Thirdly, they underpin the

³ We deliberately avoid the use of pre-determined definitions of certain key terms and occasionally use ‘evidence’ and ‘knowledge’ interchangeably. *Evidence* is usually thought of as the empirical means that support more abstract and theoretical forms of *knowledge*, and it can also undergird *practical decisions* (as embodied in the phrase ‘evidence based policy’). However, it is not always easy to maintain strict distinctions; for example, in social care there is a school of thought which perceives practical knowledge as the empirical evidence that can guide more general theory. The boundaries between the practical, the empirical and the theoretical are always in a state of flux, and our terminology reflects this.

source-specific standards and should form a solid foundation for the on-going discussions on knowledge quality that this report hopes to stimulate.

I. Generic standards

In each of the generic standards, the basic working principle is expressed as a ‘should’ statement, with very short examples to orient the reader to the underlying theme. These are selected from across the knowledge sources and provide some basic questions that might be asked of particular source materials. The generic standards framework requires further elaboration, application and refinement before it can be used directly for knowledge appraisal. But it is a useful first step in orienting the social care community to the kinds of questions to be raised in the appraisal process.

Transparency

Principle:

The process of knowledge generation should be open to outside scrutiny. For knowledge to meet this standard, it should make plain how it was generated, clarifying aims, objectives and all the steps of the subsequent argument, so giving readers access to a common understanding of the underlying reasoning.

Examples:

- A record of the case notes of a mental health practitioner – does it give the reasoning behind a recommended course of action?
- A qualitative research report on adoption – does it give full details of how the study was conducted, who was involved and what techniques were used in the analysis?

Accuracy

Principle:

All knowledge claims should be supported by and faithful to the events, experiences, informants and sources used in their production. For knowledge to meet this standard, it should demonstrate that all assertions, conclusions, and recommendations are based upon relevant and appropriate information.

Examples:

- A group produces a report that purports to convey users’ experiences of home care services – are the users’ perspectives merely asserted, or is their voice clearly reported in the data and reflected in the analysis?
- A policy document is produced that claims to be a comprehensive review of existing legislation on adoption – is the coverage and analysis of previous legislation selective or all-inclusive?

Purposivity

Principle:

The approaches and methods used to gain knowledge should be appropriate to the task in hand, or ‘fit for purpose’. For knowledge to meet this standard, it should demonstrate that the inquiry has followed the apposite approach to meet the stated objectives of the exercise.

Examples:

- A local authority publishes a strategy that claims to measure changes in take-up resulting from a new residential care services regime – is an audit using

standardised participation indicators applied before and after the change more appropriate than a satisfaction survey or practitioner case notes?

- A policy development team commissions a report to improve the implementation details of community sentencing – would a process evaluation fit the bill more readily than an academic ‘think piece’ or an inspection report?

Utility

Principle:

Knowledge should be appropriate to the decision setting in which it is intended to be used, and to the information need expressed by the seeker after knowledge. For knowledge to meet this standard it should be ‘fit for use’, providing answers that are as closely matched as possible to the question.

Examples:

- Practitioners are looking for knowledge on how to help first generation immigrant families suffering from alcohol-related problems – do they need to consider just the disorder or should they also call on information sensitive to the background, history, culture and context of the clients?
- A senior child care manager is considering the balance between residential and community-based services over the next decade – would a Green/White Paper or the report of an influential think tank be more useful than the results of Best Value reviews or the results of user surveys?

Propriety

Principle:

Knowledge should be created and managed legally, ethically and with due care to all relevant stakeholders. For knowledge to meet this standard, it should present adequate evidence, appropriate to each point of contact, of the informed consent of relevant stakeholders. The release (or withholding) of information should also be subject to agreement.

Examples:

- A carer’s group shares information about members with other organisations – has there been consent from all the members concerned?
- A government department consults regularly with the same community – has it considered or used results from previous exercises, and can this be demonstrated?

Accessibility

Principle:

Knowledge should be presented in a way that meets the needs of the knowledge seeker. To meet this standard, no potential user should be excluded because of the presentational style employed.

- A research team produces a report on autism aimed at parents – is it too long, too dense and too prone to technical language, or is it patronising to the point of insult?
- The Department of Health produces guidelines on charging for the residential care of elderly people – are they clear and unambiguous, comprehensive or selective?

In summary: the basic question to ask of any piece of knowledge is **TAPUPA?**

Transparency – is it open to scrutiny?
Accuracy – is it well grounded?
Purposivity – is it fit for purpose?
Utility – is it fit for use?
Propriety – is it legal and ethical?
Accessibility – is it intelligible?

We forward these criteria as first principles for assessing social care knowledge. They can be employed directly by individual end users of knowledge to help them make judgements about particular documents. However, it is more likely that they will be used by intermediaries who filter and synthesise the knowledge base on behalf of end users. For example, TAPUPA has considerable potential as a screening framework for information professionals in selecting material for inclusion in bibliographic databases, or creating the more structured, informative abstracts that are increasingly in demand within the social sciences. It could also be of value to systematic reviewers in the social care field where the inclusion/exclusion of material on the basis of strict methodological criteria is often difficult or inappropriate.

It is important to remember that these principles are not intended to be a simple checklist; they do not replace judgement. Experience of their application will be needed to assess their value in practice and identify where they may need amendment, refinement or clarification. Here we offer a brief example, based on a scored assessment of one article by a member of the research team (AL).

An application of TAPUPA

Wenger, G C and Tucker, T

Using network variation in practice: identification of support network type

Health and Social Care in the Community 2002 10(1) pp28-35

The aim of this study was to develop an instrument (Practitioner Assessment of Network Type – PANT) to identify support network types for older people, validate it and evaluate its use in social work practice.

Transparency

The study explains its aims, theoretical framework and setting, but needs to provide greater clarity and full details about methods and the process of analysis. However, it would pass ‘normal’ thresholds on transparency. (Score: 6-7/10)

Accuracy

The findings are credible but no quotes or examples of discussions within meetings are included. Insight into client cases, suitably anonymised, would have added greater depth of insight into the way practitioners used PANT, and how they found it useful for their clients. (Score: 7/10)

Purposivity

The study meets this standard in full. The intervention, sample and modes of fieldwork are appropriate to the purpose of the study. (Score: 10/10)

Utility

The study meets this standard in full insofar as this can be judged by an assessor who is not also the potential end user of this piece of knowledge. The study aims to explore the value, use and acceptability of PANT and achieves this, showing via the experience and views of participating practitioners how it could be of use to others. (Score: 10/10)

Propriety

There is no reason to doubt that this standard was not met. All data are reported in an anonymous form. However, there is no indication as to whether staff were given the option to attend the training, or were required to do so. At the same time, as is common with social care research, the study does not appear to have passed through a Local Research Ethics Committee. Nor is there any statement about how issues of ethics and proper conduct were addressed, save in terms of total confidentiality for client cases. (Score: probably 10/10; met at least partially)

Accessibility

This standard is met. Academic language and jargon is used but this is appropriate for the potential reader and user of an article from an academic, peer reviewed journal.

AL also carried out a parallel assessment of this article using a domain-specific evaluation template for use with qualitative research. Overall, he concludes that:

- TAPUPA is a useful tool because of its breadth of coverage. The study chosen for examination is firmly within the research domain, and the alternative assessment using a domain-specific evaluation template covered many of the TAPUPA elements (transparency, accuracy, purposivity and propriety). However, TAPUPA prompted the additional consideration of important utility and accessibility issues.
- In the other knowledge domains which lack specific quality assessment standards or frameworks of their own, TAPUPA is likely to be much more important.
- The examples appended to each element of TAPUPA help to illustrate the anchor points for judgements and prompt the critical reflection, based on a full and close reading of the article, that is appropriate in a quality assessment context.

This assessment was conducted by a practised researcher with considerable experience of judging the methodological quality of the research literature. For those with similar skills and experience, TAPUPA adds extra dimensions to quality assessment without posing any major technical difficulties. For others who might use this tool – for example information professionals creating records for bibliographic databases – there is likely to be a critical appraisal training requirement. If SCIE intends to employ TAPUPA in this context it will need to consider not only training needs but the inevitable increase in document processing time attendant on the need to read documents critically and in depth.

II. Specific standards for different types of knowledge

Important as they are, it is clearly insufficient to rely solely on generic standards. Each piece of knowledge also needs to pass muster in its own field, against the standards operating there. Having identified the diverse sources that comprise social care knowledge, the key ambition of this exercise is to draw together best practice from these contrasting domains. In order to explore similarities and differences, the construction of standards in each domain is followed through the sequence of issues illustrated in Figure 2.

Figure 2: A profile on which to compare standards

- What is covered by the standards?
- What is the origin of the standards?
- What is the nature of the standards?
- How are the standards activated?
- What is their use and impact?

Some of the social care knowledge sources are much more thickly populated with standards than are others and, in many cases, these do not relate directly to the quality assessment of knowledge. The descriptions that follow take into account the future practical use of the framework, and include some preliminary thoughts on how existing (or latent) standards might be adapted for knowledge assessment purposes. Despite the diversity of the knowledge sources, there are certain parallels to be drawn, and reading *across* the five sources can create added value.

5. Organisational knowledge

Coverage

The organisational source is awash with standards governing all aspects of social care including the conduct of organisations and individuals, the regulation of services, and the registration and training of practitioners. Each one subdivides so that there are rules for checking criminal records in staffing, regulations for fire safety in residential homes, requirements for social care workers to prevent self-harm by clients, and so on. The aim is to build a comprehensive accountability framework for all activities in social care.

Origin

This emphasis on accountability is reflected in the establishment of five bodies to promote and govern standards within the Quality in Social Care national institutional framework⁴. Supplementing these are the Audit Commission and the Social Services Inspectorate (SSI) while, at times of crisis, commissions and inquiries are appointed to reform and fine-tune standards⁵. The standards trail also drives downwards, with

⁴ These bodies are the National Care Standards Commission; TOPSS; the General Social Care Council; the Social Services Inspectorate; and the Social Care Institute for Excellence.

⁵ The Climbié Inquiry (<http://www.victoria-climbie-inquiry.org.uk>) is just the latest of these.

regional and local statutory bodies having the power to stipulate and check upon standards. Recently, there has been an attempt to weld some of these components together through Joint Reviews of Social Services.

This standards infrastructure has a professional and methodological substance. Standards are buttressed by the authority and training of those who produce and operate them, and whose legitimation is established by a further set of standards for standard-making⁶. These administrative details are rehearsed to show that standards for organisational knowledge are hardened institutionally in a manner that does not apply to standards in the other social care knowledge sources.

Nature

Organisational standards take on a range of forms but their prime purpose is governance. At their core are regulatory requirements, often in the form of ‘minimally acceptable’ standards, that cover every aspect of social care practice. For instance in the following extract (one of six sets) from the General Social Care Council (GSCC) *Code of practice for social care workers*⁷:

Figure 3: GSCC code of practice for social workers (extract)

As a social care worker you must protect the rights and promote the interests of service users and carers:

This includes:

- 1.1 Treating each person as an individual
- 1.2 Respecting and, where appropriate, promoting the individual views and wishes of both service users and carers
- 1.3 Supporting service users’ rights to control their lives and make informed choices about the services they receive
- 1.4 Respecting and maintaining the dignity and privacy of service users
- 1.5 Promoting equal opportunities for service users and carers
- 1.6 Respecting diversity and different cultures and values

The regulatory intent of these propositions, which are delivered as a ‘must’ statement, is evident and there is a clear contrast with the ‘should’ statements typical of standards in the other four knowledge sources.

Organisational standards also set down clear lines of accountability. An example extracted from the GSCC *Code of practice for employers of social care workers* gives an indication of their nature⁸:

⁶ e.g. Social Services Inspectorate, and Joint Review Team (2002) *Getting the best from Best value: sharing the experience of applying best value in social care* Department of Health. Available via <http://www.doh.gov.uk/ssi/gettingbestvalue.htm>; and Hopkins, G (2000) *An inspector calls: a practical look at social care inspection* Russell House: Lyme Regis

⁷ General Social Care Council’s *Code of practice for social care workers* Available via http://www.gsc.org.uk/codes_practice.htm

⁸ General Social Care Council’s *Code of practice for employers of social care workers* Available via http://www.gsc.org.uk/code_practice.htm

Figure 4: GSCC code of practice for employers (extract)

To meet their responsibilities in relation to regulating social care workers, social care employers must:

- 1.4 Give staff clear information about their roles and responsibilities, relevant legislation and organisational policies and procedures they must follow in their work
- 3.2 Contribute to the provision of social care and social work education and training, including effective workplace assessment and practice learning
- 4.5 Put in place and implement written policies and procedures that promote staff welfare and equal opportunities
- 5.6 Co-operate with GSCC investigations and hearings and respond appropriately to the findings and decisions of the GSCC

Other standards in this knowledge source are aspirational and promissory. The imperative changes from 'must' to 'ought' in standards such as the series of *Toolkits* produced by the Leeds Health Authority⁹. A typical format involves: heralding the standard (why do it?), laying down responsibilities (who should do it?), charting courses of action (how to do it?) and measuring outcomes (how to assess it?). Such presumptive standards approach the boundaries of other sources, principally those for practitioner and user knowledge.

Activation

Although the organisational domain may seek to enable as well as constrain, many of its standards are safeguarded *de facto* as statutory rules, regulations and guidance administered through a complex apparatus of training, inspection, audit, inquiry and so on. Because of all this apparatus, organisational standards are often thought of as 'given' – they cannot be challenged, and so 'write themselves' into the chapter and verse of practice.

In reality there is a range of reasons why the organisational knowledge embodied in standards is not simply 'given'. Factors such as risk aversion¹⁰ or resistance¹¹ can subvert the 'writing in' process, while the notion of standards as something simply handed down to a subordinate body for implementation has been overtaken by 'the revolution in accountability'. The 'modernisation' of government has led to a proliferation of standard making processes but, crucially, these now involve attempts to involve a wider range of stakeholders.¹²

The recognition that standards do not simply fall into place has also led to an extended role for the bodies that check and maintain them. Auditors no longer just check that the books balance, and the concern of inspectors goes well beyond probity.

⁹ *Toolkits* have been produced on partnership self-assessment, project evaluation, project planning, project implementation, communications, and service user and carer involvement. They are available via <http://www.haznet.org.uk>

¹⁰ Clark, A and Oswald, A (1996) *Status risk-aversion and following behaviour in social and economic settings* Warwick University Department of Economics, Coventry CV4 7AL (The Warwick Economic Research Paper Series, TWERPS 476)

¹¹ Cragg, M (1997) Performance indicators in the public sector: evidence from the Job Training Partnership Act *Journal of Law, Economics and Organization* 13(1) pp147-68

¹² Cabinet Office (1999) *Modernising government* Stationery Office: London (Cm 4310) Available via <http://www.archive.official-documents.co.uk/document/cm43/4310/4310.htm>

Evaluative standards are being created around much more difficult issues such as, ‘do interventions work?’, ‘are authorities providing best value?’, and ‘do services interlink properly?’¹³ One fruit of these changes are the standards applied in Joint Reviews, and the following quotation captures the upgraded notion of ‘reality checking’, including the link into other knowledge sources and the borrowing of some of their standards apparatus.

Reviewers draw upon a social scientific methodology in a pragmatic and eclectic manner – this includes documentary analysis of, and in respect of, policies and plans; comparative statistical analysis of cost and service data: surveys, focus groups and home visits with selective users and carers; individual and group interviews with staff from local authorities and agencies which provide social care; visits to day centres, residential centres and special projects, etc. The methodological innovation resides in the strategy of ‘reality checking’ which sutures together the multiple methods.¹⁴

Use and impact

Organisational standards have a quite different scope and significance from those operating in other domains of social care. While many of these are, so to speak, waiting in the wings, organisational standards of considerable depth and coverage already prevail. SCIE is sister to the GSCC and insofar as SCIE is committed to discovering best practice in those social care activities embedded within statutory and regulatory standards, there is a clear case for making use of the GSCC framework.

SCIE is seeking criteria on which to judge knowledge from all five sources identified in Figure 1 (p4) and it is quite possible that subsets of the GSCC codes could be used as the basis of appraising knowledge outside the purely organisational domain. For instance, Figure 3 (p11) provides an embryonic set of issues on which to evaluate knowledge involving the rights of users and carers. For use as appraisal instruments the GSCC codes would have to be treated as more than ‘minimal standards’, and perhaps elaborated with further indicators and exemplars. Nevertheless, their coverage is so wide that the adaptation of quality standards from the national institutional framework remains a key starting point for knowledge standards. Given further refinement, the more aspirational standards produced within the organisational sphere also hold promise as tools for knowledge appraisal.

6. Practitioner knowledge

Coverage

The literature searches did not uncover any explicit standards to appraise practitioner knowledge. As this is commonly tacit, passed on through word of mouth and observation, the notion of explicit rules for its quality assessment may seem a contradiction in terms. At the same time, everyday experience is widely reported and reflected upon in print for the benefit of the wider social care community, for example

¹³ Humphrey, J (2002) A scientific approach to politics? On the trail of the Audit Commission *Critical Perspectives on Accounting* 13(1) pp39-62

¹⁴ Humphrey, J (2002) Joint Reviews: retracing the trajectory, decoding the terms *British Journal of Social Work* 32(4) pp463-76

in practitioner journals. It is also documented in reports of good and best practice, especially in guidance and other documents arising from the organisational and policy knowledge sources.

Origin

Practitioner knowledge is acquired directly through the practice of social caring and the distillation of collective wisdom at many points through media such as education and training, requesting and receiving advice, attending team meetings and case conferences, and comparing notes. It is from these co-operative encounters, especially the more formal ones, that it may be possible to derive some elemental quality standards. Further codification may arise from working with practitioners to assist them in making explicit how they arrive at decisions.

Nature

Practitioner knowledge belongs to the personal dimension, and distilling everyday experience is not simple. 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"'¹⁵. 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'¹⁶.

Where practitioner knowledge is written and explicit, quality standards might appropriately be drawn and adapted from within the research knowledge domain and particularly from the qualitative research style¹⁷. These include:

- The authenticity and credibility of the source (who is the practitioner, what is their experience, what is their contact with the context and setting reported on?)
- The credibility of the content, including evidence of traceable links to practice
- The provision of sufficient detail for wider relevance and take-up into others' practice

At an elemental level, the core of a quality standard for tacit practitioner knowledge is a retrospective assessment of the correctness of the decision making process and implemented actions arising for a social care practitioner in his/her everyday work. Two strands of research are evident in the literature, both of which attempt to articulate formally and explicitly how, and why, particular decisions are reached: reflection on practice; and 'mining' or articulating the unspoken.

The idea of reflective practice lies at the heart of practitioner knowledge¹⁸. In action learning sets¹⁹, participants work together to share experiences and reflections on

¹⁵ Shaw, I and Shaw, A (1997) Game plans, buzzes, and sheer luck: doing well in social work *Social Work Research* 21(2) pp69-79

¹⁶ Munro, E (1998) Improving social workers' knowledge base in child protection work *British Journal of Social Work* 28(1) pp89-106

¹⁷ Hammersley, M (1998) *Reading ethnographic research: a critical guide: 2nd edition* Longman: London

action, providing constructive comments, advice, and ideas on future action. In ‘peer reflection schemes’ practitioner teams, backed by facilitators and administrative support, reflect systematically on common issues pertinent to their work with clients. As part of this process prior intuitions and experiences may become hardened into written action plans, providing a format to codify the knowledge and then arrive at quality standards.

Mining engages practitioners in a research process that involves ‘articulating the unspoken’. In the context of this exercise, interest lies in the way that this articulation may uncover implicit standards for the knowledge itself. In one approach, Rosen and colleagues²⁰ disinter and decipher case records produced by social workers in their assessment, intervention and referral of a class of clients presenting with the same problem. The practitioners employ a standard grid for making detailed case notes that spells out the stages in decision making and documents a ‘personal logic of intervention’. Each decision tree is then coded for similarities and differences. A large sample of such records enables mapping of the typical and preferred patterns of intervention.

Sheppard and colleagues²¹ pursue a slightly different approach, presenting social workers with case ‘vignettes’. Participants are then asked to ‘think aloud’ about the procedures and protocols they would employ in dealing with the case. Using a sample of social workers, each working through the same scenario, provides the opportunity to investigate the patterning of practitioner knowledge.

These two strands of research illustrate embryonic standards of a rather different sort. From the field of action learning, one may derive standards for an institutional framework required to marshal practitioner knowledge. This may involve requirements for regular time away from practice areas, support of a facilitator, mutual trust and confidentiality, and the production of action and implementation plans²². From research aimed at ‘articulating the unspoken’ insight is provided into the concealed formal structure of practitioner knowledge. Standards may then involve the credibility of the alternative hypotheses developed, the critical appraisal process and the choice of ‘if, then’ statements about prospective practice actions. Both of these approaches are ‘hot topics’ in social care training. For example, Morrison and Horwarth’s recommendations echo the action learning approach by proposing a standard relating to learning partnerships,²³ while the decision logic unearthed by the

¹⁸ Schön, D (1983) *The reflective practitioner: how professionals think in action* Basic Books: New York

¹⁹ Revans, R W (1980) *Action learning: new techniques for management* Blond and Briggs: London

²⁰ Rosen, A; Proctor, E and Staudt, M (1999) Social work research and the quest for effective practice *Social Work Research* 23(1) pp4-14

²¹ Sheppard, M; Newstead, S; di Caccavo, A and Ryan, K (2000) Reflexivity and the development of process knowledge in social work *British Journal of Social Work* 30(4) pp465-88; Sheppard, M; Newstead, S; di Caccavo, A and Ryan, K (2000) Comparative hypothesis assessment and quasi-triangulation as process assessment strategies in social work practice *British Journal of Social Work* 31(6) pp863-85

²² For example, see Joyce, L (1999) Development of practice. In: S Hamer and G Collinson *Achieving evidence-based practice* Baillière Tindall: London

²³ Morrison, T and Horwarth, J (1999) *Effective staff training in social care: from theory to practice* Routledge: London

‘mining studies’ bears a strong family resemblance to the critical thinking advocated by Gambrill.²⁴

Activation

The ‘activation’ phase of Figure 2 (p9) relates to the decision by a group of stakeholders to take up an agreed set of standards, apply and implement them. This phase seems to be entirely absent from practitioner knowledge since much of this is unrecorded and unstandardised. However, one reason why such knowledge exerts so powerful an influence, and appropriately stands shoulder to shoulder with the other sources of knowledge in Figure 1 (p4), is because it brims with *latent* standards. Thus while evidence based practice pre-supposes a rational decision making model (choice between explicit alternative interventions, each with an associated probability of success), in the tacit model, practitioners may make selective observations on a case, and then go through a personal and experientially based archive of patterns and experiences to arrive at a chosen course of action.

Use and impact

The mining studies suggest that practitioner knowledge operates through a highly analytical and critical process. This process awareness provides a potential basis for standards in this knowledge domain. As Sheppard et al comment, ‘the data presented here...represent the beginnings of the means by which we can evaluate minimal standards of practice, and develop ways of educating social workers for these minimum standards (or better)’²⁵. Zeira and Rosen concur, perceiving in their research on tacit knowledge the possibility of producing guidelines on how to appraise the alternative hypotheses that gather around a particular class of intervention targets.²⁶

Appraising the quality of ‘tales from the field’ could take the form of making judgements on the basis of evidence of some collective heart-searching in their production. For example, do they bear the marks of approved, regular, confidential, supported, collective time for reflection? Alternatively, the critical thinking formulas could be applied. For example, do the accounts reflect information scrutiny, hypothesis development, selection between courses of action, staged strategy development, and so on?

Joyce points out that it is a fairly short step from ‘action learning groups’ to ‘action research teams’ and to ‘research awareness associations’²⁷. Instead of ‘figuring out best practice’ their core activities would be, respectively, ‘testing out best practice’ and ‘seeking out best practice’. Standards appropriate to these missions may be considered to fall under the research knowledge umbrella. This is one of several

²⁴ Gambrill, E (2000) The role of critical thinking in evidence-based social work. In: P Allen-Meares and C Garvin (eds) *The handbook of social work direct practice* Sage: Thousand Oaks, CA, pp43-63

²⁵ Sheppard, M; Newstead, S; di Caccavo, A and Ryan, K (2000) Reflexivity and the development of process knowledge in social work *British Journal of Social Work* 30(4) p482

²⁶ Zeira, A and Rosen, A (2000) Unravelling ‘tacit knowledge’: what social workers do and why they do it *Social Services Review* 74(1) pp103-123

²⁷ op cit footnote 17

examples of the mutual benefit gained by borrowing from standards regimes across knowledge sources.

7. Policy community knowledge

Coverage

This source provides vital knowledge about how social care does, might or should fit into its complex political, social and economic environment. It is also among the most thinly populated with formal standards although many contributors assert criteria for best practice in policy making. Policy community knowledge ranges from the profession of broad principles to underpin social services (e.g. from ‘welfare to well-being’), to suggestions for structural models to deliver them (e.g. ‘public-private partnerships’), to the promotion of implementation strategies (e.g. ‘user and carer involvement’). It is often rhetorical or speculative: ‘As politicians know only too well, but social scientists too often forget, public policy is made of language. Whether in written or oral form, argumentation is central to all stages of the policy process’²⁸.

Origin

The key contributors to policy community knowledge include officials of central, regional and local government and its agencies, the members of think tanks and lobby groups, policy and research staff in political parties and their affiliates, and scholars of public policy. Their outputs range from newspaper and magazine articles to pamphlets and reports (‘grey’ literature), official documents (especially Green and White Papers), and academic journal papers and books. The sources with the greatest potential in a search for knowledge standards are analytical and reflective pieces on policy making which consider the optimal forms of its components such as formation, drafting and implementation.

Nature

This is not an area in which standards are presented as formal frameworks. Quality principles are more likely to surface as general ‘markers’, ‘concepts’ and ‘competencies’. They suggest ways that things could be done better, and the potential sources of improvement, rather than providing a detailed blueprint of best practice. As such they tend to be aspirational and promotional, reflecting the rhetorical and argumentative nature of this particular knowledge source.

This presents a dilemma for the would-be standards maker and it is necessary to re-state a point made in Section 3, namely that some forms of knowledge, especially ideological and political reasoning, can never be appraised against a quality criterion. Accordingly, the search for standards is restricted to that portion of policy community knowledge that claims to forward testable claims about policy making, rather than asserting ideological preferences for policy choices. This is emphatically *not* to say that other kinds of policy community outputs should be dismissed by the knowledge seeker. The speculative or rhetorical can have great value (depending on information need) even if it falls at every formal quality appraisal fence. Indeed, freedom from the

²⁸ Majone, G (1989) *Evidence, argument and persuasion in the policy process* Yale University Press: New Haven, CT

constraining requirement to be strictly evidence based and testable may be a *sine qua non* of the most innovatory and profound thinking.

Given the dearth of agreed standards in this area any recommendations must necessarily take the form of a speculative journey, in this case using as an example the Cabinet Office report on *Better policy making*²⁹ which is one element of the government's wider attempt to develop a model of 'modernised and professional policy-making'³⁰. If its general standards have veracity, then their form (if not content) might be adapted for the social care context and for the quality assessment of policy community knowledge.

Better policy making argues that knowledge should be useful and relevant to policy makers, helping them to be forward looking and to demonstrate foresight and connectivity. Its key feature is the identification of nine core 'competencies' or standards that are argued to encapsulate the key elements of the modern policy-making process.

Figure 5: A taxonomy of standards for policy-making

- | | |
|-------|-----------------------------------|
| i) | forward looking |
| ii) | outward looking |
| iii) | innovative, flexible and creative |
| iv) | evidence-based |
| v) | inclusive |
| vi) | joined up |
| vii) | subject to review |
| viii) | evaluated |
| ix) | lesson learning |

Some of these standards are reflected in other knowledge sources; for example the call for evidence based inquiry is also characteristic of the research community. However, those concerned with promoting skills and thinking are especially characteristic of this knowledge source. For each of the competencies, there are further markers to demonstrate that the objective in question has been met. For example, and quite uniquely, there is an attempt to set standards for 'thinking outside the box'.

²⁹ Bullock, H; Mountford, J and Stanley, R (2001) *Better policy making* Cabinet Office Centre for Management and Policy Studies: London. Available at http://www.cmps.gov.uk/better_policy_making.pdf

³⁰ Wyatt, A (2002) Evidence based policy making: the view from a centre *Public Policy and Administration* 17(3) pp12-28. This provides a useful summary and review of *Better policy making* and associated reports.

Figure 6: Some key markers of forward and outward looking policy

- Early identification of outcomes and a communication strategy to present them
- Using contingency or scenario planning (for e.g. using brainstorming sessions to identify unintended consequences and cross domain effects)
- Bringing in people from outside into policy teams
- Looking at the experience of national and regional variation and how other countries do things

Activation

The status of these standards is clearly provisional. *Better policy making* goes on to identify the ‘drivers’, ‘benefits’, ‘barriers’, and ‘enablers’ that surround the implementation of a new approach to policy making. Key drivers originate in senior government ranks and in the need to maintain the civil service at the forefront of policy making. Key benefits cluster round broad concurrence with the aims of the modernising government agenda. Key barriers include the limitations imposed on changing practice by tight timetables, hierarchical structures, a risk-averse culture and lack of training. Key enablers include improved sharing of best practice and a higher profile for implementation issues in the policy maker’s brief.

Even in this most conjectural area, there are the beginnings of a standards framework. In particular, *Better policy making* and related documents in the ‘modernising government’ canon use a similar expository structure on standards to that employed in more mature fields of quality assurance³¹. The identification of ‘competencies’ and their ‘key markers’ is akin to the shift from ‘principles’ to ‘indicators’, while the use of wide-ranging examples of ‘good practice’ is again customary in establishing a standards framework. In activating such a framework ‘peer review’ is a well established mechanism, and this has been introduced in the Cabinet Office as part of the drive for better policy making, alongside other quality-promoting initiatives such as knowledge pools³².

Usage

There is a long and perhaps insurmountable hill to climb before standard setting and application become priority issues in the policy community. The *Better policy making* framework describes the key competencies as ‘features’ rather than standards, and there is no formal apparatus to quality check emerging policies against them. However, as ‘aspirations’, it seems not unreasonable to claim that such ‘features’ have the potential to inspire and promote change.

When it comes to the assessment of documented policy community knowledge, it is possible that markers such as those highlighted in Figures 5 and 6 (p18) could be used as the basis of quality standards. More research is clearly needed on knowledge

³¹ e.g. The Joint Committee on Standards for Educational Evaluation (1994) *The program evaluation standards: 2nd edition* Sage: Thousand Oaks

³² See: National Audit Office (2001) *Modern policy-making: ensuring policies deliver value for money* Stationery Office: London (HC 289). Available at http://www.nao.gov.uk/publications/nao_reports/01-02/0102289.pdf

quality standards in this domain but the *Better policy making* example has at least provided some initial tools for promoting greater transparency in the assessment and use of policy knowledge. In addition, useful insights into its quality can be gained by applying the generic standards proposed in Section 4.

8. Research community knowledge

Coverage

Standards abound in the research knowledge domain. It is an area that members of the research community both talk and write about and one that is undergoing continual elaboration and refinement. Recognised and accepted standards, presented in the form of methodological questions, checklists and evaluative frameworks, are increasingly available for the multiple families of research strategies. Examples include: randomised controlled trials³³; action research³⁴; economic evaluation³⁵; qualitative research designs³⁶; and methods for systematic review within the Cochrane³⁷ and Campbell Collaborations³⁸.

Origin

Quality standards in the research community are rooted in debates about what counts as knowledge and truth. Standards have been generated through and in relation to peer reference groups within particular disciplines, across disciplines, and within and across research approaches. There are a variety of forms including peer review of grant proposals and publications; professional standards for research within particular disciplines (emanating, for example, from the British Sociological Association, Social Research Association, UK Evaluation Society, and Social Sciences Research Group³⁹); and external evaluation of the research community through, for example, the higher education funding councils' Research Assessment Exercise. The standards themselves are inculcated through academic research education and training across the qualification spectrum, and through the process of doing research.

³³ e.g. Moher, D; Schulz, K F; Altman, D G and Lepage, L for the CONSORT Group (2001) The CONSORT statement: revised recommendations for improving the quality of reports of parallel-group randomized trials *Lancet* 357(9263) pp1190-94

³⁴ e.g. Waterman, H; Tillen, D; Dickson, R and de Konig, K (2001) Action research: a systematic review and guidance for assessment *Health Technology Assessment* 5 (23). Available at <http://www.ncchta.org/fullmono/mon523.pdf>

³⁵ e.g. Drummond, M F and Jefferson, T (1996) Guidelines for authors and peer reviewers of economic submissions to the BMJ *British Medical Journal* 313(7052) pp275-83

³⁶ e.g. Murphy, E; Dingwall R; Greatbatch, D; Parker, S. and Watson, P (1998) Qualitative research methods in health technology assessment: a review of the literature. *Health Technology Assessment* 2 (16). Available at <http://www.hta.nhsweb.nhs.uk/fullmono/mono216.pdf>; and Spencer, L; Ritchie, J; Lewis, J and Dillon, L (forthcoming) *Assessing quality in qualitative evaluations* National Centre for Social Research: London

³⁷ Cochrane Collaboration <http://www.update-software.com/collaboration>

³⁸ Campbell Collaboration <http://www.campbellcollaboration.org>

³⁹ Respectively to be found via <http://www.britisoc.org.uk>, <http://www.the-sra-org.uk>, <http://evaluation.org.uk> and <http://www.ssr.org.uk>

Nature

Debates about quality standards for research knowledge take the form of discussions in three areas: research design, research practice and, more recently, the take-up of research into practice. The main body of work focuses on research design, in particular:

- What counts as ‘high’ quality research, in general?
- What research designs are most appropriate to particular sorts of research question? For example, the randomised controlled trial for questions of cause and effect, and qualitative research using observation and interviewing to understand process features or to capture the meanings of participants.
- How can the quality of particular research designs be assessed? Design is variously interpreted as referring to the design as such, and/or doing the research and/or the (potential for) take-up of research into practice.

These core questions are answered by reference to many of the generic principles outlined in Section 4, in particular transparency, accuracy, purposivity and propriety. These principles are related to general features of research, for example, informed consent, the balance of doing good and doing harm, control of sources of bias and potential for generalisability. Of central concern is the principle of openness of method, or the provision of adequate details about how the study was done to allow it to be replicated, or for its findings to be taken up in practice. More recently, with the promotion of evidence based practice, the principle of ‘relevance’ or ‘utility’ has come more to the fore, focusing on the relevance of the research question and research findings to practice or policy.

These principles are commonly translated into a set of methodological questions and/or checklists, to be applied to written reports on the design and undertaking of research. Sometimes the checklists are of a general form (that is, drawing on elements that make for high quality of research). In other instances, the questions relate directly to the nature of a particular research style (for example, qualitative or quantitative). The decision made is explicitly a judgement over quality. Good practice involves the appraiser making explicit why a particular judgement is reached, for example, the chain of reasoning that led to doubts over sample size or data interpretation as severely affecting the wider validity of the study and its conclusions.

Activation

While there are elements of commonality in standards frameworks (for example, clarity of the research question, fitness of the particular research study to the research question, adoption of ethical practices), there are also points of difference relating to the underlying approach of the research design. In addition, evaluating the quality of research is not uncontested. Some query the validity and usefulness of this process noting, for example, that: doing research is messy; reports are only accounts of how the research was done; and page limits in journals and books reduce the amount of space that can be devoted to how a study was done. Others question the appropriateness of the evaluation activity *per se*. This is most notable within the qualitative style where some argue that the reflexivity and relativity of qualitative inquiry mean that it is irrelevant and inappropriate to develop criteria to judge its

products⁴⁰. Finally, there is debate over the priority or relative importance of the multiple components of the methodological questions/checklists.

There has also been debate about the ability of essentially self-regulatory structures for appraisal and review to promote good quality research. Following the emergence of a number of high profile ethical scandals, the Department of Health has established a research governance framework for health and social care⁴¹. This outlines principles of good research practice, elaborates the responsibilities and accountabilities of all parties, and introduces a monitoring and inspection system. Key responsibilities for researchers relate to the areas of employer approval for research to take place, research ethics committee approval, and informed consent.

At present, the framework plays a 'gatekeeping' and 'forward looking' monitoring role. Proposed research that does not come up to standard will not be allowed to go forward; access to settings will be denied, and permission to do the research withheld. Responsibility to ensure adherence to the principle of propriety falls to the researcher's employer organisation and the research sponsor. The Department of Health is monitoring the degree of compliance within NHS organisations via a baseline assessment, while arrangements for social care are being developed as part of the implementation of the quality framework for social care⁴². The Social Services Research Group supports the implementation of the research governance framework across social care, 'so that it enhances the quality and ethical standards of research in a practical and realistic way'⁴³. However, issues of ethics and quality are often confused, and it is notable that there are currently few, if any, arrangements for seeking ethical approval within social care.

Use and impact

The various evaluation tools and checklists are in routine use within the systematic review industry and in any context where the critical appraisal of research is either central or highly rewarded. The latter include the promotion of evidence based practice, with its emphasis on all research users being able to judge the quality of a piece of research. Such tools could, with benefit, be used more systematically and thoroughly to guide research design and to judge its quality.

It can be argued that the use of standards has affected the quality of research in two significant ways. Firstly, despite journal article limitations, more recently published articles give more detail about the way studies are done, and about the meaning of such terms as 'grounded theory', 'thematic analysis' and 'randomised into groups'. Secondly, critical appraisal is now routinely taught within academic training at undergraduate and postgraduate level, and is likely to become a core competency within continuing professional development in social care and elsewhere.

⁴⁰ Smith, J (1984) The problem of criteria for judging interpretive inquiry *Educational Evaluation and Policy Analysis* vol. 6 pp379-91

⁴¹ Department of Health (2001) *Research governance framework for health and social care* Department of Health: London. Available via <http://www.doh.gov.uk/research/documents/listofpublications.htm>

⁴² Department of Health (2000) *A quality strategy for social care* Department of Health: London. Available at <http://www.doh.gov.uk/pdfs/qstrategy.pdf>

⁴³ Social Sciences Research Group (2003) *Current consultations* www.ssr.org.uk/briefings/consult/govern2.htm, accessed 12 February 2003

Despite the abundance and widespread usage of standards, judging the quality of research knowledge is still not without difficulty. The very abundance of standards generates problems of choice, perhaps suggesting that these also need to be subjected to quality appraisal. There are also limited guarantees that standards are followed. Implementation can be weak or permissive, for example in the context of publication peer review⁴⁴, while the effect on research practice is rarely evaluated. The impact of the research governance framework, in particular, deserves close attention.

9. User and carer knowledge

Coverage

The growth of user and carer-oriented initiatives has marked a sea change in the provision of social care in the last decade. These comprise a movement with a range of different ambitions, ranging from ‘giving users a voice’ to ‘increasing user participation’ to ‘ceding to user control’⁴⁵. In addition there are parallel, and sometimes overlapping, movements within the organisational and policy communities in which user and carer knowledge is considered as part of the debate about democratic accountability in which emerging standards about consultation and participation play a major role. Within the user and carer community itself, examples of emerging standards can be found in user-led and emancipatory research⁴⁶, and the activities and publications of user organisations such as the British Council of Disabled People⁴⁷.

Origin

The source of these standards lies within user and carer organisations, and they have developed within a political movement centred on ‘giving users a voice’. They have also been informed by the involvement of those with research expertise, who are either themselves users or carers or empathetic to the importance of the ‘active consumer’ view. They perceive research knowledge as part of a way to articulate a legitimate and but under-recognised voice.

Nature

Standards in this area are essentially aspirational. They set out criteria which user and carer knowledge ‘should’ meet and, particularly in the organisational arena, which social care services ‘should’ meet. They revolve around the twin principles of ‘participation’ and ‘accountability’. Participation connects to the wisdom of users and

⁴⁴ e.g. Grayson, L *Evidence based policy and the quality of evidence: rethinking peer review* ESRC UK Centre for Evidence Based Policy and Practice: London (Working Paper 7). Available via <http://www.evidencenetwork.org>

⁴⁵ Arnstein, S (1996) A ladder of citizen participation *Journal of the American Institute of Planners* 35(4) pp216-24

⁴⁶ e.g. Barnes, M; Harrison, S J; Mort, M; Shardlow, P (1999) *Unequal partners: user groups and community care* Disability Policy Press: Bristol; Goodley, D (2000) *Self-advocacy in the lives of people with learning disabilities: the politics of resilience* Open University Press: Buckingham

⁴⁷ *Personal Assistance Users’ Newsletter* available via <http://www.ncil.org.uk/newsletters.asp> See also publications of the Creating Independent Futures initiative at <http://www.leeds.ac.uk/disability-studies/projects/independentfutures.htm>

carers ('it's time to listen to people who know') and centres on an insistence about who should control research. Accountability centres on the need for all aspects of the conceptualisation, development, implementation, management and evaluation of services to be in the hands of users. This is translated into the knowledge generation process through accountability to user groups and their membership.

Standards for user and carer knowledge are emergent, with many statements of first principles that draw on examples of best practice. For example, drawing on a 'disability' and 'emancipatory' research perspective⁴⁸, high quality user and carer knowledge should be able to demonstrate the following:

- *Accountability.* All knowledge production should be answerable to social care users and their organisations
- *Use of a 'social model'.* All knowledge should adhere to an explanatory model, focusing on the institutional, economic, environmental and cultural barriers – and their social and psychological consequences – for disadvantaged groups and individuals
- *Clarity of ideological standpoint.* As all knowledge is coloured by the political complexion of its producers, there should be a clear declaration of loyalties
- *Empowerment.* All knowledge should be judged on whether it has meaningful political and practical outcomes for users, rather than simply being assessed on paper

The principle of participation may be taken forward in terms of mapping the types of user and carer participation (passive, consultative, active and ownership) against the various phases of the research process, from problem identification and design to writing up, dissemination and action⁴⁹. The core idea of such an evaluative grid (Figure 7), produced in a project commissioned by the Empowerment Sub-group of Consumers in the NHS, is that the user orientation should infuse every stage of the research process.

Figure 7: Levels of participation at different stages of the research cycle

Type of User Participation				
Project cycle	Passive	Consultative	Active	Ownership
Problem identification				
Project design				
Planning				
Data-collection				
Data-analysis				
Writing-up				
Dissemination				
Action and evaluation				

⁴⁸ Barnes, C (2003) What a difference a decade makes: reflections on doing 'emancipatory' disability research *Disability and Society* 18(1) pp3-17

⁴⁹ Baxter, L; Thorne, E and Mitchell, E (2001) *Small voices big noises: lay involvement in health research – lessons from other fields* Washington Singer Press: Exeter. Available at http://www.conres.co.uk/pdf/small_voices.pdf

Good practice is reflected in research in which the majority of elements are judged to fall into the active and ownership types of participation. This and other grids can be deepened using a further range of modifications, such as the production of advice and examples ('tips of the trade') about how to achieve the ownership goal at each stage.

There are, however, significant differences of opinion on what constitutes the 'gold standard' of participation. Debate centres on the extent to which best practice involves the search for 'user control,' or a 'full/equal partnership' between users and practitioners⁵⁰.

The principle of accountability may be taken forward by identifying key features of best practice in user controlled organisations, including:

- The wish to bring about radical change
- Recruitment practices designed to employ 'people like those using the services'
- Using a social model to plan access to and the nature of services
- Flexibility in the delivery of services to respond to the varied need of users
- Increasing users' choice and their control over their own lives
- Involving users in all decisions about the delivery of services

Looking beyond the core principles of participation and accountability, there is also debate over whether quality criteria appropriate to the production of user and carer knowledge should be adopted or adapted from the research community. A limited consultation with a range of user and carer groups, undertaken as part of this project, suggests agreement with the notion that the standards appropriate to user-led research should be no different from the standards that are applicable to research conducted by 'professionals'.

Activation

Standards are realised through the ongoing work and activities of user and carer organisations but it is not known to what extent they are followed through. They are beginning to permeate across to other knowledge sources, for example, research⁵¹ and, most significantly, organisational knowledge.

For the former, the increasing advocacy of user involvement by sponsors requires the research community to address its form, extent and stages of occurrence. There is also a growing understanding of the need to develop outcome indicators and measures that give priority to user and carer perspectives. This leads on to a concern with the importance of exploring the experiences of users and carers in order both to understand the nature of the intervention process, and to explore the cause-effect link.

From the 'organisational' perspective, a similar shift in perspective is underway. The concern here is with implementing the accountability principle and evaluating its

⁵⁰ Morris, J (1994) *The shape of things to come? User led social services* National Institute for Social Work: London (Social Services Forum Paper 3)

⁵¹ Fisher, M (2002) The role of service users in problem formulation and technical aspects of research *Social Work Education* 21(3) pp305-12

execution. Thus Best Value performance reviews combine the measurement of service performance with the idea of accountability to local citizens⁵².

Use and impact

The various grids of participation are commonly used by user organisations as an aid to development and progress-chasing in service provision, and by members of the research community to produce more user-friendly research. They may also be used *post hoc* as a means of evaluating the quality of documented accounts of completed research.

Despite burgeoning interest in standards issues within this knowledge domain, little is known so far about their likely impact. However, the chances of consensus on what constitutes quality may be slim given the existence of stakeholder groups with very different aims and objectives. Those who are concerned with greater user involvement in service planning and delivery, for example, are likely to have very different priorities from those who seek to challenge ‘anti-oppressive practice’⁵³.

10. Conclusion

This report has outlined a framework for assessing the quality of social care knowledge within five source domains. It is based around a set of six generic standards or principles operating across the domains, and standards or principles that apply (or might be adapted for application) within each of the domains. The latter suggest the addition of a seventh generic standard, namely specificity: does the knowledge pass muster within its own domain, as perceived by its participants and proponents? The basic question to be asked of any piece of knowledge thus becomes **TAPUPAS?**

<p>Transparency – is it open to scrutiny? Accuracy – is it well grounded? Purposivity – is it fit for purpose? Utility – is it fit for use? Propriety – is it legal and ethical? Accessibility – is it intelligible? Specificity – does it meet source-specific standards?</p>

Phrasing standards in this way makes clear that they do not replace judgement. They are part of an appraisal process, providing a reference point for judgements and a context against which to explain why and how judgements are made. To use the framework appropriately, a user must therefore state how the piece of knowledge has, or has not, met the standards. It is as important to know why one piece of knowledge is accepted or included as to know why another is rejected and excluded.

⁵² Evans, C and Carmichael, A (2002) *Users’ Best Value: a guide to user involvement good practice in Best Value reviews* York Publishing Services: York

⁵³ Wilson, A and Beresford, P (2000) ‘Anti-oppressive practice’: emancipation or appropriation *British Journal of Social Work* 30(5) pp553-73

The generic standards offer a coherent and rational approach to judging the quality of evidence from all five knowledge sources. Although requiring considerable further refinement in the light of experience with their application, they are likely to figure prominently in SCIE's initial development of the knowledge quality framework. Important in their own right, they currently offer a practical way forward for assessing quality from those knowledge sources where specific standards remain emergent, latent or inappropriate. Table 8 summarises the very mixed state of play across the sources.

Figure 8: Standards – the state of play

	SOURCE 1 Organisational knowledge	SOURCE 2 Practitioner knowledge	SOURCE 3 Policy community knowledge	SOURCE 4 Research knowledge	SOURCE 5 User and carer knowledge
Coverage	All social care activities	Minimal. Potentially applicable only to documented knowledge	Minimal. Potentially applicable only to part of the knowledge base	All social research perspectives	Minimal
Nature	Rules, regulations, codes of practice, statutory and aspirational guidance	Latent within the process of practitioner decision making	Emergent. Concepts, competencies, markers of good practice rather than formal standards	Abundant sets of methodological rules	Emergent. Rooted in demands for accountability and participation
Origin	Within the organisational domain at national, regional and local level; increasing external involvement through consultation processes	Potential development from analysis of reflective practice by researchers working with practitioners; and from qualitative research standards	Organisational domain at present but, potentially, also from think tanks, political parties, public policy scholars	Largely within the research domain; involvement of government departments and agencies in recent years	Potential development by multiple sources: user/carer bodies; research domain; policy community; government
Activation	Statutory implementation, inspection and audit	Unknown	Unknown	Internal self-regulation; recent introduction of external monitoring and inspection	Unknown
Use and impact	Use imposed by statute; adherence or avoidance	Unknown	Unknown	Routinely used, implementation sometimes weak, impact largely unknown	Unknown

An important message to emerge from this analysis is the interweaving of different sources in standards development. Potential standards for practitioner knowledge are emerging from the research domain. The principle of participation has permeated from the user and carer across to the organisational and research domains. Organisational standards for research governance are being imposed on researchers

while some of their standards (for example in relation to critical appraisal) are attracting interest within government. In developing knowledge appraisal standards, there is scope not just for adapting standards developed for other purposes within a particular domain, but also for borrowing standards from other domains.

This report is a foundation point for exploring a complex world of latent, emerging and actual standards that might be applied to knowledge. The model to be used should be one of 'apply...refine...apply...re-refine' in an ongoing development spiral which focuses on improving the robustness of standards and their intelligibility, practicality and acceptability to a wide range of social care knowledge users.