

Guest Editorial

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Following SCIE's first annual conference this December, it seems appropriate to reflect on the work of our first year, in particular how we are approaching our core task of developing and promoting better knowledge for better practice.

Quite a task and the title - 'knowledge into practice' - and the themes of our conference reflect some of our early thinking about the nature of knowledge in social care and the partnerships that we need to create it.

Let's start with partnership - first with users, carers and their supporters, as the purpose for which SCIE is established is to improve the quality and experience of using social care services. We have begun to ensure user participation in all aspects of SCIE's work; in SCIE's governance through membership of our board and as stakeholders and experts in our work. We are consulting on the establishment of SCIE's Partners' Council, which will include representation from all our stakeholder constituencies. Earlier this year we conducted a Listening Exercise designed to seek out views about the contribution SCIE can make. We had some interesting results. First was the commitment amongst all participants to greater involvement of users, carers and their supporters in service delivery and a view that work to promote this should be high on SCIE's agenda. Second was the view that people understand what they are meant to be doing and the standards they should achieve, but they need to know more about how to get there. Finally, SCIE needs to be clear about its role and reach decisions about priorities in an open and transparent way.

Our conference workshops demonstrated another sort of partnership: that between user, practitioner and researcher. Such partnerships show how working to bring together knowledge from different perspectives can begin to create the basis for changes in practice and service delivery. This raises the question of knowledge. How do we develop better knowledge for social care and what might such knowledge consist of? This is a contested area in social care (sometimes described as 'a methodological free for all') and it is helpful to reflect on the distinction between research, evidence and knowledge before outlining how SCIE is approaching this question. The shorter

Oxford English Dictionary is helpful; the meaning of research is given as investigation or enquiry, the definition of evidence is an indication, ground for belief, or proof and knowledge appears as, 'acquaintance with facts, range of information' and 'the sum of what is known'.

From the beginning, as described in the Quality Strategy for Social Care, SCIE has been clear that we shall draw on a number of sources of knowledge: quantitative and qualitative research, the experience of service users and carers, practitioner wisdom and inspection and reviews. To do this we are commissioning research reviews, working with user groups and are undertaking practice reviews in order to capture the good practice that is not necessarily written down. SCIE's task then is to synthesise the evidence from these sources in order to discover 'the sum of what is known'. This is a difficult task and one that requires judgement about the strength and quality of the evidence and knowledge in order to identify those findings which will have implications for practice. Early discussions about the role of SCIE raised concerns about a tendency to perceive some sources of knowledge as inherently more valid than others. SCIE, through the rigour of its approach and through having clear criteria has therefore to be able to substantiate its findings and recommendations for best practice. This is why, as one of the building blocks for SCIE, we have commissioned a review on types and quality of knowledge in social care.

So why has SCIE taken this approach to the development and promotion of knowledge in social care? There is already some discussion in the fields of medical sociology and public policy about the importance of lay or 'people' knowledge in understanding health and other public policy problems and of the necessary link to be made between tacit knowledge or practice wisdom and the use of research evidence in practice. Within social care, the user movement is developing its capacity to carry out research. SCIE's approach is different from that in health, in particular medicine, and rightly so. Finding out and drawing together what is known is bound to be shaped by the nature of the subject or field. Models that work in one field may be of more limited use in another. Some recent writing on public policy change and

implementation suggest other reasons for the approach that SCIE is taking. Speaking at a conference last March, Geoff Mulgan (now director of the Prime Minister's Strategy Unit at the Cabinet Office) used the term 'policy fields in flux' to describe areas where most people recognise that things need to change and where there is a great deal of fertility and experimentation, but less evidence concerning what works. In flux is a good description of social care at the moment and we need the best available knowledge to inform policy and practice judgements; this includes knowledge created in a way that captures the results of fertility and experimentation as well as using research evidence to draw on what is already known. In a recent Demos pamphlet, Jake Thomas, arguing for

a systems approach (as opposed to one of command and control), to public sector change, emphasises the importance of learning about what works on an ongoing basis. This requires knowledge that is tested against user and practitioner experience so that it is relevant; it may not be comfortable but it must speak to the concerns of those to whom it is addressed and so can be used to assist organisations to adapt and adopt new ways of working.

At SCIE we have not completed our work on knowledge in social care but know that we are aiming for an approach characterised by inclusiveness, rigour and relevance which moves towards better knowledge for better practice.