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Towards a comprehensive typology of knowledge for social work and alcohol

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Abstract

This article presents a theoretical model of knowledge acquisition by social workers with regards to alcohol, which formed the propositional element of a recently awarded doctoral thesis submission. It begins by briefly contextualising the relationship between alcohol and social work, the profession's response to the increasing sense of alcohol-related issues in workloads and calls for more effective intervention responses. In considering how this is often reflected in demands for social workers to receive more education about alcohol, it critically examines existing considerations of possible typologies of knowledge for social work, before encapsulating them within a model focusing on alcohol. The model suggests that any such typology is likely to be composed of multiple sources, including both codified and non-codified elements. It concludes by considerations of some of the implications for research approaches that could be used to gain a better understanding of these knowledge frameworks. In doing so it proposes that it is through these alternative considerations that more holistic understandings of social work knowledge will be established. Discussion of the implications of working within more inclusive knowledge frameworks, for social work education, policy, practice and research, are contained throughout the article.

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Towards a comprehensive typology of knowledge for social work and alcohol

Introduction

The prevalence of alcohol¹² use and a range of individual, familial and societal problems within the general population and more specific levels of use and issues amongst social work client groups are well-evidenced (Alcohol Concern 2009; Galvani 2012; Livingston & Galvani forthcoming; Paylor, Measham & Asher 2012). These accounts of prevalence and consequences include an increasing range of specific social work client groups: children and families (Forrester & Harwin 2011), mental health (Galvani 2012), young people (Britton 2007), older people (Wadd, Lapworth, Sullivan, Forrester & Galvani 2011), learning disability (Huxley, Copello & Day 2005), physical disability (Beddoes, Sheikh, Khanna& Francis 2010) and black and minority ethnic groups (Hurcombe, Bayley & Goodman 2010). Alcohol use is thus a significant factor in all aspects of social work practice. Social workers through their roles, knowledge and skills are well placed to respond to these situations (Livingston & Galvani forthcoming). However current research (Galvani & Forrester 2011b), continues to demonstrate the work of Shaw, Cartwright, Spratley & Harwin (1978) in identifying and evidencing social workers' perceived lack of training, confidence and role in this aspect of their practice.

The traditional response to bridging these perceived gaps between practice need and social work response is to suggest it refers to an unmet training need for social workers (Adams 1999, Shaw & Palattiyil 2008), and in particular to recommend greater inclusion of alcohol content into qualifying and post qualifying education provision (Galvani & Hughes 2010; Livingston 2013a). Curricula input on alcohol is not a compulsory element in many social work qualifying programmes and its inclusion is very inconsistent (Galvani, Hutchinson & Dance 2012). In addition the perceived lack of social work role legitimacy can in part be explained by recent and voluminous political and policy directives on alcohol, which has led

¹ This article refers to alcohol, problem drinking and drinkers, rather than alcoholism, alcoholics and addiction as a conscious adoption of wider and personal philosophical perspectives on the understanding of the functional nature of alcohol use (Livingston 2012b), consistent with an acknowledgement of the role that such labels play in models of anti-discriminatory practice and social work values.

²This article is concerned with alcohol and drinking and not wider drug use. It does not deny that alcohol is a drug (Heather 2001), but accepts an argument for alcohol being distinct and more prevalent than other illicit and illegal drug use both in terms of its role in society and its occurrence within all social work practice (Plant & Plant 2006).

alcohol services to be increasingly located within specialist adult (health and criminal justice) treatment orientated provision and away from social work practitioners. In this context, social work education is often seen as generic and alcohol work as specialist (Livingston 1996, 2013b), with a smaller cohort of authors arguing that good alcohol work is synonymous with good social work (Forrester & Harwin 2011; Paylor et al 2012).

This overall picture reflects the existence of a dominant dialogue that suggests the solution to this perceived dichotomy between prevalence of alcohol in social work and any response, lies in improving, primarily through education, social workers' knowledge in respect of alcohol and ways of working with it. A more critical exploration (Fook 2002) of this stance with regard to the nature of what knowledge for social work is, and how it is both acquired and used, leads to more complex typological considerations.

Typological Considerations of Learning about Alcohol

Social work has strived to develop a credible evidence base as part of its claim for professional status (Drury-Hudson 1997; Meemeduma 2001). This quest has resulted in the increasing identification of a social work foundation of knowledge and within this the development of an apparent polarised dialogue between theoretical and practice based considerations (Klein& Bloom 1995, Wilson & Kelly 2010). Indeed discourse about the nature of social work knowledge and the evidence for practice, features regularly in the list of the one hundred most cited articles in disciplinary journals (Hodge, Lacase & Benson 2012). In this context it would appear, that any claim to a unique or exclusive knowledge base in social work is fraught and tenuous (Drury-Hudson 1997). Interestingly the very existence and titles of many recent (and past) core texts for social work theory (for example Gray & Webb 2009; Howe 2008; Payne 2005) would suggest the reality of an argument for a unique social work knowledge base, however what they often reference is a huge pantheon of much wider social science, philosophy, psychology and other disciplines.

Many of these discussions often lead to the adoption of some prescriptive and narrow definitions of what is or is not constituted as knowledge, with frequent descriptions of the essential elements of social work as a combination of (the above distinct theoretical) knowledge, plus skills and values (Collingwood 2005). This distinction between knowledge, skills and values often reinforced within national occupational standards appears to be

discordant with the wider accepted definitions of knowledge, which rather than maintaining any difference, usually incorporate skills within any definitions of knowledge (Eraut 2004). What consistently emerges is that social work knowledge (even if we include skills and values) is most often described in the context of two perspectives: theory (academia) and practice (agency) (Healy 2000; Meemeduma 2001). This sense of the social work knowledge theory and practice divide is reinforced by the use of specific terms in the context of particular client groups or an exclusive work setting. Thus social work texts are frequently either generic, for example 'An introduction to social work theory' (Howe 2008) or very specific, for example 'Violence against women in South Asian communities' (Thiara and Gill 2009). A further example of these more specifically focused texts, include recent focusing on social work with alcohol and other drugs (Forrester & Harwin 2011; Galvani 2012; Paylor et al 2012).

Despite this apparent portrayal of potentially discordant dialogues, it is possible to identify some social work literature which has sought to develop more cohesive typologies of knowledge (Drury-Hudson 1997; Meemeduma 2001; Gordon &Cooper 2012; Gould 2006; Osmond 2005; Osmond 2006; Trevithick 2008; 2012). These frameworks explore some of the divides between theory and practice, knowledge and skills as highlighted above, aligning the theoretical, factual, organisational, empirical and personal into singular typologies of social work knowledge, into overlapping and interwoven considerations (Drury-Hudson 1997; Gould 2006; Osmond 2005; Trevithick 2008). All these constructs have inclusive consideration of a range of different knowledge sources into singular frameworks. They are typologies described within the context of a profession or the individual social worker, and as such do not always explicitly incorporate service user and carer knowledge, and its' capacity to helps us explore wider knowledge considerations (Biskin, Barcroft, Livingston & Snape 2012; Fenge 2010).

The general arguments being made here are consistent with wider knowledge explorations (Eraut 2004, 2007) in that the elements of knowledge are considered to be overlapping rather than distinct, and the usefulness is in the merging of apparent distinctions. Moreover, it is claimed that experiential knowledge (practice) can be translated or communicated into more generic theoretical knowledge and that codified knowledge can similarly be converted into principles for informing action. This bridging (or not) of the gap between theory and practice is acknowledged within some social work texts and referred to as praxis (Healy 2000,

Thompson 1992). Broader, non-social work specific, considerations of what can be defined as knowledge are extensive, and include considerations of the processes of education and learning (Eraut 2004, 2007).

When definitions of knowledge are constructed into typologies they adopt models divided into two broad types: those of explicit or codified knowledge, and those of the tacit or noncodified knowledge. In these simplistic divisions it is possible to see how the less inclusive academic/practice divide in social work literature is sustained. The clearest and most consistent agreement appears to be in identifying what is explicit knowledge; this is usually defined as knowledge that is acquired through formal learning processes. Eraut (2004, 2007) chooses to describe this as codified knowledge. The other half of the knowledge spectrum is most often referred to as inexplicit or tacit knowledge, defined in terms of what it is not, as non-codified knowledge. It is often given a greater diversity of components and names within the various typologies. Professional debates, including those of social work, appear to reduce this to the most dichotomised conversations about the extent to which practice is science or art (Walker 2003). Aesthetics, or the 'art' of practice, is explored in the notion of the skill of the craftsman, or the influence of the intuitive. England (1986) goes as far as to explore 'Social Work as Art', and argues for the primacy of the subjective, and subsequent authors have argued for the use of intuition, imagination and experience (England 1986; Howe 1992;2008; Parton 2002; Payne2005; Thompson 2010). It is these acknowledgements of the widest possible definitions of knowledge, which suggest the widest range of influences on professional practice (Eraut 2007). The more inclusive and overlapping typological constructions can, in part be seen as the means by which authors seek to ameliorate any divides and suggest more integrated origins and use.

Some of the discourse, has a distinct focus on collective learning (Gould 2000), and in particular, there has been the development of the concept of the 'learning organisation' (Tsang 1997). This sort of collective team knowledge does not necessarily fit easily within the established frameworks. Additionally within some of these typological discussions, but more often missing in others, is the role of experience. In particular the question of whether or not experience is distinct from or a part of what might be considered as knowledge. It is easier to find the acknowledgement of experiential knowledge more in the wider literature rather than in social work (Carneiro 2007; England 1986; Howe 1992; 2008). It is possible

within this context to consider experience or experiential knowledge as a key element of any typology (Carneiro2007).

If, as it appears, social work has only begun over the last decade to consider more actively the adoption of holistic definitions of knowledge, an explanation for some of these restrictions and future solutions probably means acknowledging how, where and in what ways social workers learn. In this context, the overlapping complexities of knowledge typologies would suggest an overlapping complexity of ways of learning. It would seem likely that knowledge is acquired and learnt through formal and informal learning environments. Social workers come into the profession with prior learning (previously acquired knowledge) and the learning process is career long. They are required to complete pre and post qualifying elements of formal education, which include both classroom and work-based learning. Additionally they practise, and undertake, different ways of learning within the workplace, which are in turn influenced by individual and organisational preferred learning styles and processes (Osmond 2005). Gilligan (2007) would suggest that these different learning processes become the point of synthesis between the societal, organisational, theoretical and individual frame analysis, where: individual views are usually dominated by the mental shortcuts people use to make sense of the world (P 736). Not only is the way of learning situated within the different contexts outlined, but it is also a product of, and can be seen in the analysis of, the decision-making undertaken by social workers (Rosen 1994; 2003; van de Luitgaarden 2009; Webb 2001). These studies have shown that often there is both an inconsistency about what knowledge is applied and a frequent predilection for one type of knowledge over another (Drury Hudson 1997). They often support a preference for naturalistic rather than analytical decision-making (van de Luitgaarden 2009, Webb 2001).

The notion that different forms of knowledge beyond the codified and different ways of learning beyond the formal, are both desirable and probably intrinsic to the practice of effective social work, has implications for improving the effectiveness of formal education. Social work training, not unlike other professional training, has seen an increased emphasis on responding to a competency-based approach to education (Nixon &Murr 2006). Haegert (1987) sees this move to competency-based education as a change in emphasis from knowledge acquisition to knowledge use. Reid (2002) counters this by arguing, through some content analysis research, that social work qualifying programmes have increasingly become places where the potential different theoretical frameworks and/or practice movements are

being taught in a synthesised manner. If the dominance rather than integration of the competency-based approach is the case, then we might ask how such an educational emphasis is enabling individual and professional creation of new knowledge. Importantly in this context, workers are likely, through the adoption of the short cut to existing frames of understanding, to reject new knowledge where it does not fit with their existing frame, rather than reject their own well-established frames of reference. It would be surprising to find a social worker who adopts or incorporates all of the possible knowledge bases that have been offered to and incorporated by social work over the last eighty years, let alone information and teaching about alcohol. What they do choose to adopt is likely to change with roles, agencies and time.

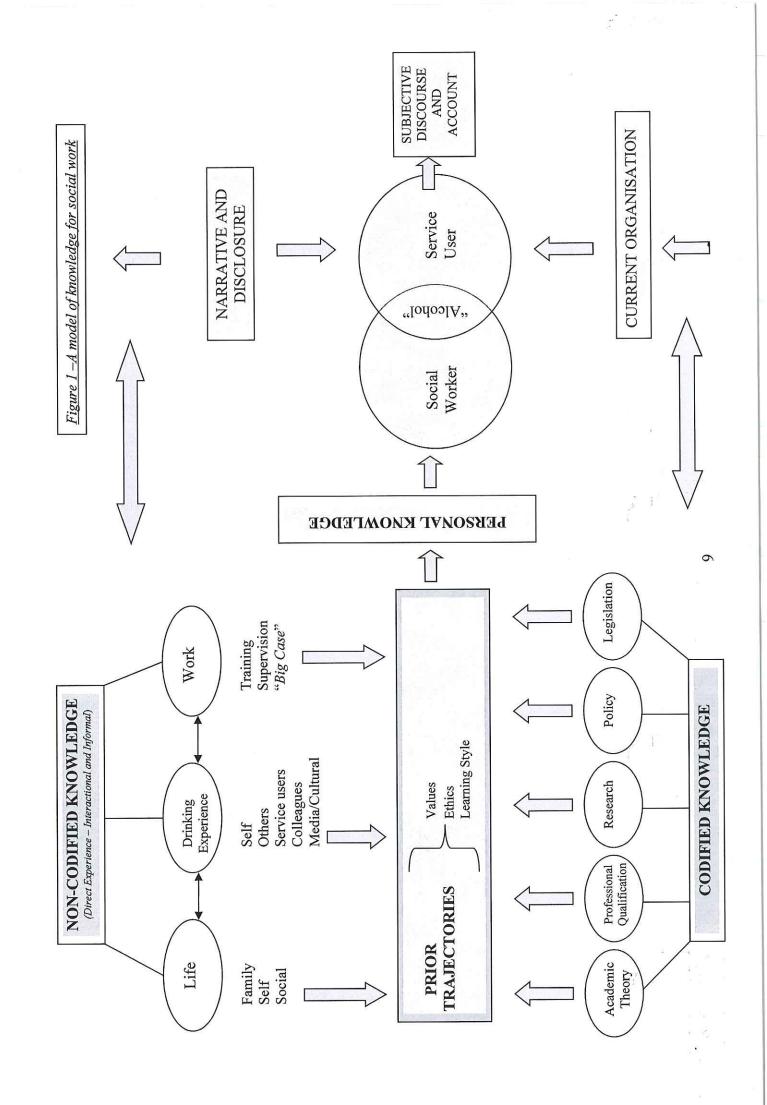
From these theoretical considerations of types of knowledge and ways of learning —we might then consider a) what typicality or heuristics of alcohol are formulated by social workers and b) how they are used by them in their professional decision making practices. Further what role does experience play in this?

A Model of Knowledge for Social Work (and Alcohol)

In order to be able to answer these questions, it is useful to be able to identify, translate and group some of the divergent discourse about the nature of 'knowledge' into a working model. Such typologies should consider the overlap between a) explicit and inclusive definitions of codified knowledge, b) the combination of more disparate elements into a grouping of noncodified knowledge and c) an incorporation of personal knowledge, which combines both codified and non-codified knowledge through individual experiences. This inter-connectivity is consistent with Stevenson's (2000) suggestion that individuals should not have to segment types of knowledge, as the challenges they consistently meet in the individual, society and workplace are all interwoven. This further resonates with Eraut's (2007) notion that an individual's personal knowledge reflects their own specific absorption of codified and noncodified knowledge. Values and ethics will need to be included and, whilst they could be considered as a fourth distinct knowledge type, it is more plausible to see these as products of other knowledge types. Any framework needs also to acknowledge organisational context as well as that of the individual. Further, given the predominance of references to skills, values and practice that occur within the social work literature, it would need to identify where these concepts are incorporated.

Figure 1 encapsulates how such a model might look like diagrammatically. Initially this author adopted a very narrow, one-dimensional and static Venn diagram-like approach. In that version, the three overlapping circles reflected the codified, cultural and personal knowledge groupings, with such concepts as values, ethics, skills, agency approaches being in the overlapping segments. However, it became increasingly clear that the Venn model approaches do not have a sufficient complexity, even when taking into account the already limited but functional restrictions of such typologies. So what is presented in Figure 1, offers a more integrated diagrammatical interpretation of a typology.

Insert Figure 1 here



This model acknowledges that any interaction between a social worker and a drinker is a highly contextual one. The framework offered of an interactionist perspective on such encounters. It is focused on a dialogue about alcohol, where that conversation between social worker and service user is a unique representation of a number of knowledge influences from both parties, and a construct within a specific contextual moment. The model is concerned with what knowledge it is that the individual social worker brings to this discourse, and how the specificity of that knowledge impacts on the interaction, the predominant exploration and explanations of knowledge types and ways of learning are of the social worker and not the service user. It also does not expand on the construction of knowledge that might evolve as a consequence of the specific interaction, rather than previous interactions. In this the model acknowledges at least three substantive issues that could influence the practice moment, but which require additional detailed literature considerations beyond the scope of this article. These are: (1) that the service user will choose to disclose to the interaction their own knowledge from their distinct narrative journeys (thus if a fuller typological diagram were to appear this might to some extent create a similar mirroring image of knowledge types for the service user), (2) that the interaction between the social worker and the service user in turn generates knowledge, perceived truths and specific conversations (a specific discourse analysis) and (3) that the account of the interaction has different interpretations and subsequent uses.

The model incorporates the concept of codified knowledge; however, it finds the existing conceptualisations of cultural knowledge too limiting and prefers to adopt an overarching concept of non-codified knowledge. The adoption of codified knowledge as distinct seems appropriate and is designed to reflect that codified knowledge is both of the profession and acquired by the individual. The model suggests that a range of unique experiences combine to formulate individual knowledge frameworks. These are what an individual social worker takes into any given work situation and, in the instance of this article, an interaction with a service user about issues of alcohol consumption. In this context, codified knowledge is incorporated through a number of origins: formal education, government legislation, research and government policy directives, which a social worker will experience on their route to the time of the dialogue with the service user.

The incorporation of non-codified knowledge is designed to reflect the complexities of accounting for individual experience within and outside of the realm of the formal or current work place. Social workers lead lives in families and communities; they consequentially experience wider societal and cultural perspectives, including those of alcohol. Additionally they are likely to have had prior work experience, both in social work and other environments. Specifically for this model, a particular reference to their knowledge and exposure to alcohol is acknowledged, what might be termed their relationship with alcohol. Their exposure to these worlds will include positive and negative experiences from which they will have accumulated a range of understandings and interpretations. These are their individual and specific frames of reference (Gilligan 2007).

The model suggests that over time, the codified and non-codified become the personal narrative journeys or trajectories that influence the creation of personal frameworks. This experiential and formal learning, along with an adopted value perspective, is translated into the individual's personal knowledge. It is possible, therefore, to consider a position, if reflecting on the idea of total subjectivity and relativity, that there is only one individual knowledge type, and that is the personal as acquired and experienced. In other words, the cultural, codified and other knowledge forms as used in individual practice are only those that the individual acquires and experiences. This perspective suggests that the constituent elements of this personal knowledge are: absorbed codified, personalised values, ethics, accumulated experiential memories, absorbed cultural references, personal expertise (tacit) and individual knowhow. Thus, whilst this model is designed to help explore the specificities of the contextual interaction between social worker and drinkers about alcohol use, it has a potential for wider universality and transferability. The 'drinking experience' and 'alcohol' could be changed to say 'mental health experience' and 'schizophrenia' and the rest of the framework would stand.

Table 1 explores some definitions and detailed groupings of this model and how it compares with the other three principle social work typological frameworks of Drury-Hudson (1997), Osmond (2005) and Trevithick (2008).

Insert Table 1 here

³ This expression became a keen theme of the data analysis associated with the thesis.

However, these diagrammatic or tabulated approaches cannot truly convey the complexity of the overlapping considerations, and to some degree the arbitrary preference of any given author, this one included. Presentation of the intricacies, however limited, acknowledge that to take a reductionist approach to knowledge and professional practices both fails to do justice to the complexities or to recognise the importance of difference in context and service users (Eraut 2007). The development of social work specific frameworks of knowledge enable us to see social work as an 'applied field' rather than a discipline, with a rationale derived from its social purpose and not a specifically owned knowledge source (Eraut 2004, 2007). Its original knowledge is thus that of a wider range of disciplines. The process of professionalization has resulted in the creation of social work's own theories and the creation of a knowledge base drawn from both the theoretical (codified) and practice (cultural) incorporated. The individual social worker then experiences some of these to varying degrees and translates them into personal knowledge frameworks. In this context this includes their considerations of working with alcohol use. To clients and contexts we could also add the difference between workers. Translated into a model this then enables us to explore highly contextual analysis of social workers' acquisition of knowledge about alcohol and its use in practice. Any applied exploration of these considerations will equally require highly contextual approaches.

Concluding Discussion

The dominant response to exploring social workers' knowledge and attitudes towards working with alcohol and other drugs is the use of attitudinal surveys, concentrating on social workers' confidence, preparedness and supportive educational experiences in undertaking work with alcohol (Cartwright 1975; Galvani & Hughes 2010; Gorman & Cartwright 1991; Lightfoot & Orford 1986; Loughran, Hohman & Finnegan 2010, Rassol & Rawaf 2008; Richardson 2008; Shaw et al 1978; Watson, MacLaren, Shaw & Nolan 2003). The consistencies over such a long period, in which these approaches report similar findings, provide a firm evidence base for social work role insecurity with alcohol. These positivist and natural scientific analysis essentially look for and report on codified knowledge, through ontological and epidemiological perspectives, which are also reflected in the wider research field associated with alcohol and other drugs.

Indeed any look at the extensive North American addictions literature reveals a plethora of journals and publications originating from positivist, objectivist and experimental positions, producing a succession of random control trials which demonstrate minute variations and effectiveness in psychological, biological or pharmacological interventions.

Recently however, Orford (2008) has suggested that such approaches to addictions research over the last 20 years can be summarised as having asked the wrong questions in the wrong way. Pivotal to this argument is the fact that the two largest alcohol random control trials of the last decade, Project MATCH and UKATT, failed to demonstrate any significantly discernible difference in outcomes between different approaches to treatment. Orford (2008) concludes by highlighting that addiction research has not kept up with wider social science research in the adoption of design and methodologies beyond the quantitative. These alternatives incorporate broader considerations of what might be evidence, who might contribute to its generation and how it may be collected. A similar critique has been offered by Gould (2006) within the context of mental health. The need to use a multiplicity of research methodologies was also stressed by Eriksson, Geidne, Larsson and Petterson (2011) in their meta-case study analysis of effective interventions by non-governmental organisations in Sweden.

There has more recently been an impetus and demands for more interpretive social work research, with greater use of qualitative approaches, active consideration of research addressing issues of social injustice, action for change and service user involvement; and some significant shifts in epistemological perspectives (Philips and & Shaw 2011). In this context augmenting the attitudinal and survey evidence base for social workers knowledge requires alternative research approaches. In the broadest sense, this includes the use of open-ended questions to conclude the survey examinations within more mixed method approaches (Galvani & Forrester 2011a). It is, however much more, likely to imply the adoption of some fully qualitative approaches and methods to offer different and complementary pictures to the existing data. So, for example, the possible adoption of case study, narrative or ethnographic designs. This might include the explicit involvement of service users and carers in all aspects of the research process (Biskin et al 2012, Phillips & Shaw 2011). In the consideration of non-codified knowledge, it seems especially pertinent to consider a possible role for biography and narratives in social work

and alcohol research as ways to capture personal experiences. Whilst the use of narratives and narrative framed research have gained some limited momentum in both social work (Riessman & Quinney 2005; Phillips, MacGillorari & Callaghan 2012; Somerfield & Hollenstein 2011) and alcohol and other drug research (McIntosh& McKeganey 2000; Prins 2008; Rhodes, Bernays & Houmoller2010; Sandberg 2008), there appears to be very little research using such approaches to explore social work and alcohol as intertwined experience.

The testing of the presented alcohol knowledge model is reported elsewhere (Livingston 2013b). However, the conclusions of that examination provide us with a useful summary to the distinct theoretical exploration within this paper. These suggest that, social workers' have personal voyages in acquiring their knowledge and understanding about alcohol and its relationship to social work practice. These begin prior to any social work practice, and are rooted in familial and personal experiences. They are then added to through pre and post qualifying experiences of education and work, which result in a fusion of the non-codified and codified. Such that for many social workers their knowledge of a topic like alcohol is likely to be influenced by what they have acquired from outside the classroom as much as in. The core messages of which are perhaps that: social workers need support in identifying the non-codified knowledge they have as much as the codified knowledge they do not have, secondly, this non-codified knowledge will be utilised to inform practice and needs to be given legitimacy as well as the codified; and finally, the processes which support social workers to identify their own knowledge typologies, and which they can use confidently, safely and effectively in practice, need to be reinforced both in the classroom and workplace.

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Table 1 -Comparing typologies

Knowledge Type	Definition	Livingston	Drury Hudson	Osmond	Trevithick
Codified	Knowledge that is formally written researched and taught. Delivered to individuals through formalised organisational, educational and information processes.	Academia Theory Research Government policy Law Agency policy	Theoretical Empirical Procedural (including organisational procedural considerations)	Explicit Received/Accepted Theory Concepts Research	Theoretical Factual
Non-codified	Knowledge acquired through other contexts, particularly experiential.	Life experiences (family, self and social) Drinking experience (own, familial, cultural, media) Work (supervision, support, training, 'Big Case', culture)	Procedural Personal Practice Wisdom (makes reference to the wisdom of others colleagues and not just the individual)	Tacit Action of Clients of Situations Organisational	(Non-codified sources are not really acknowledged)
Personal	The individual synthesis of codified and non-codified knowledge over time.	Absorbed codified Absorbed culture Personalised values and ethics Accumulated memories Personal expertise (tacit) Know how	Personal (intuitive, cultural and common sense) (identifies the experiential within this framework) Practice Wisdom	Interactional-Contextual Personalized Emotive Embedded	Practice Practical Personal