Appendix 1: The UK Department of Health, 2009–11

This appendix sets out background information about the Department of Health at the time of the research. It describes the responsibilities of ministers and civil servants, the department's size and the location of its offices, and the policy responsibilities of the department's various directorates. It also describes the reforms to the department that were underway during fieldwork as they were understood at the time.

The roles of ministers and civil servants

The department is led by a secretary of state, with the support of his or her ministerial team, comprising between four and six ministers of state and parliamentary under-secretaries (known as junior ministers). Ministers are drawn from members of the House of Commons or the House of Lords, and are appointed by the prime minister. Collectively ministers are responsible for establishing strategy and policy frameworks, agreeing resources for the department with the treasury and setting out the principles by which the resources will be distributed, as well as for setting performance objectives for the department (Department of Health 2007, p. 42). Ministers are accountable to parliament for all aspects of the department's policies and performance.

In the departmental hierarchy, civil servants sit beneath these political leaders. According to the department, their role is:

- Providing accurate, timely and clear advice to ministers to enable them to set the overall strategy and policies;
- Ensuring the delivery of the strategy and policies ministers have set within agreed timeframes;
- Identifying and developing control strategies for key risks and putting in place an appropriate escalation process for ministers;

- Ensuring that there is a clear performance framework, resource allocation and prioritisation process in place;
- Supporting ministers effectively in discharging their responsibilities to parliament and in communicating on policy and delivery.

(Department of Health 2007, p. 46)

Civil servants are also legally required to abide by the Civil Service code, which is organised around the values of integrity, honesty, objectivity and impartiality, defined in the following terms:

- 'integrity' is putting the obligations of public service above your own personal interests;
- 'honesty' is being truthful and open;
- 'objectivity' is basing your advice and decisions on rigorous analysis of the evidence;
- 'impartiality' is acting solely according to the merits of the case and serving equally well governments of different political persuasions.

(Cabinet Office 2010, sec. 3)

The civil service staffing hierarchy follows a government-wide grading system. Table A.1 describes the grades for mid-ranking and senior civil servants.

At the time of the research, the Department of Health had three (rather than one) civil servants at the top, permanent secretary level. These individuals are responsible for providing leadership, political advice and accountability for their respective areas of responsibility. Under each of these three leadership positions sit a series of directors general, responsible for specific policy areas (see Figure A.1) and accountable to one of the permanent secretaries, and under each director

Table A.1 Civil service grading structure

Current title	**Previous title***
Permanent Secretary	Permanent Secretary
Director General	Grade 2
Director	Grade 3
Deputy Director	Grade 5
Grade 6	Grade 6
Team Leader	Grade 7

* The participants in this study used a mixture of old and new titles.
Source: Civil Service 2011.

general sits directors, deputy directors, team leaders, and their staff (see Figure A.1). These staff, who are on more junior grades, include senior executive officers, higher executive officers and individuals on the civil service fast-stream training programme.

The majority of civil servants in the department are classed as policy-makers, but there are also a small number of analyst civil servants, with skills in economics, statistics, operations research and the social sciences.

Analysts

At the time of the research, the department had a cadre of approximately 150 analysts, employed as professionals in economics ($n = 60$), statistics ($n = 48$), operational research[1] ($n = 40$) and social research ($n = 5$).[2] These four groups had distinct professional identities; their members belonged to the Government Economic Service, the Government Statistical Service, the Government Operational Research Service and the Government Social Research Service respectively, which serve as professional bodies. Most of the analysts encountered in fieldwork were economists. Although data indicates that there are five social researchers in the department, they were never referred to in interviews or meetings. In fact in an informal conversation a senior civil servant wondered aloud why the department did not have sociologists, psychologists or anthropologists, as well as economists, serving the department.

Notwithstanding their distinct subject-related affiliations with analysts in other departments, these civil servants had a single professional identity in the Department of Health as analysts, and they were all professionally accountable to the department's chief analyst (though they could be line managed by policy-makers). A few years prior to fieldwork the organisation of analysts within the department had changed. They had previously been based in one central team, but had since been split up into around fifteen separate groups each supporting a particular policy area. The chief analyst had retained a small central office of around half a dozen individuals; all other analysts were serving either as singleton members of policy teams (a position referred to informally as being 'embedded'),[3] or sitting in groups of analysts supervised by a senior analyst, attached to particular policy areas.

At the time of writing, the implications for analysts of the reduction and restructuring of the department had not yet been announced, but the central unit of analysts (the office of the chief analyst) was already undergoing change. According to participants, its function was being revised from that of a think-tank to a more consultancy-type model;

rather than working on discrete projects initiated directly by permanent secretaries or the chief analyst, the group was now intended to serve as a flexible resource, with its staff working for whichever part of the department is considered most in need of analytical support at any given moment.

Location and size

The department's headquarters were located in London and Leeds. Around two-thirds of its staff were based in London, working across four different sites (Richmond House on Whitehall, Skipton House, Wellington House and New Kings Beam House). The department had an additional nine regional public health offices within England's offices for the regions, and was responsible for a host of arm's-length bodies including executive agencies, non-departmental public bodies and special health authorities.

In 2010 the department's staff, (excluding these agency employees) numbered 2,630 (full-time equivalent) (Office for National Statistics 2010). This was a significant reduction on ten years earlier, and staff numbers were set to be reduced further as the department's role was reconfigured in the context of the Health Bill reforms and as the government pursued its commitment to securing efficiency savings. Such pressures were not new for the department. In the last eight years of the New Labour administration the department had been subjected to government-wide requirements to reduce the costs and increase the efficiency of its operations, in order to release further funding to front-line services. The number of core (e.g. non-agency) staff posts in the department was reduced by over 40 per cent between 1997 and 2009 (Civil Service 2010a). Staff surveys conducted in 2006, 2007 and 2008 all found fewer than half of staff agreeing with the statement 'I feel I have job security' (Civil Service 2010b).

In the run-up to the 2010 general election, both the Conservative and the Liberal Democrat Parties pledged significant cuts to the department's size; the Liberal Democrats said by half (Liberal Democrats 2010) and the Conservatives committed to reducing both Whitehall and NHS administration costs by a third (Conservative Party 2010). Although neither of these commitments featured in subsequent government statements, programmes to reduce management costs in the health service together with the reduced role envisaged for the department by the Health Bill reforms sent a clear message to staff that further cuts were likely.

During fieldwork interviewees reported that an initial round of voluntary redundancies had taken place in the first quarter of 2010. In July 2011, towards the end of fieldwork, two PowerPoint slides were circulated internally within the Department of Health, setting out the planned timetable for changes to posts (Department of Health 2011a). This was set to begin with appointments to the department's new senior civil service positions in autumn 2011, and showed 'DH staff mov[ing] progressively into confirmed posts using the HR framework' in the first six months of 2012. During the course of fieldwork it became clear that posts would be established according to a new organisational structure and, at least in some cases, existing staff would have to reapply for their posts, or for newly created alternatives.

Functions and structure

2010

The organisation of the department has been subject to frequent reviews and reforms ever since it took its contemporary form after splitting from the Department of Health and Social Security in 1989. As Day and Klein reported in 1997, 'The regularity of these introspective exercises over the decades underlines the difficulty of bringing together the various strands of the DoH's multifarious activities into a coherent pattern' (Day & Klein 1997, p. 13). These changes notwithstanding, over the previous fifteen years or so and up to and during the fieldwork period, the department's organisation had coalesced around two or three relatively distinct groupings: policy development, NHS management, and technical medical and public health advice (Day & Klein 1997; Civil Service Capability Reviews 2009; Jarman & Greer 2010).

Throughout fieldwork, the department was divided into three formal streams which map roughly onto those groupings (see Figure A.1). These three areas, which were each overseen by a civil servant at permanent secretary grade, covered:

- Medical advice; oversight of health-related research and development; and leadership on public health, led by the chief medical officer;
- Policy development; the 'Department of State' functions such as advice to ministers, developing legislation, supporting ministers to account to parliament, and acting for the department on international issues; leadership on adult social care; and communications for the department led by the permanent secretary;
- Management of the NHS, led by the NHS chief executive.

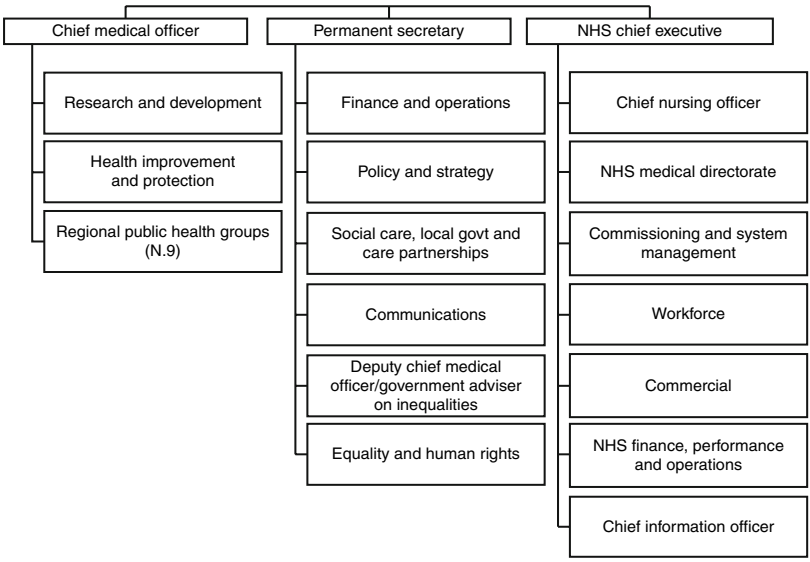

Figure A.1 Department of Health structure, 2009
Source: Department of Health 2009a, p. 5.

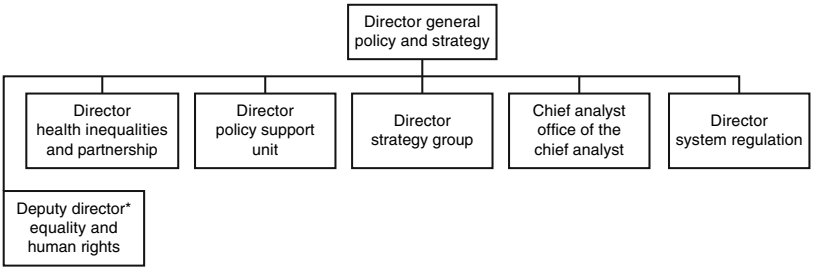

Figure A.2 Policy and strategy directorate structure, 2009
* Reports directly to the Director General, but not included in descriptions of the directorate's 'top team'.
Sources: Department of Health 2009b, 2009c.

The research for this book was focused in the department's policy and strategy directorate. This directorate's responsibilities were described by the department in 2009 as 'to develop departmental-wide policy and strategy, lead on health system reforms policy, and improve the department's capability in strategy, analysis and policy' (Department of Health 2009, p. 23). The directorate was organised into six groups (see Figure A.2).

Post-2010

The Equity and Excellence health white paper, published in July 2010, together with a host of further consultation and command papers published over the following eighteen months, set out plans to significantly reform the department's role. Responsibilities for managing the NHS would be transferred to a new non-departmental body, the NHS Commissioning Board (later 'NHS England') (Secretary of State for Health 2010) and a number of the department's public health functions would be moved to a new executive agency, Public Health England (Secretary of State for Health 2011). Responsibility for setting the legislative and policy framework for the NHS, in addition to overseeing adult social care services, would remain with the secretary of state and the department (Secretary of State for Health 2010). These plans were ratified in the Health and Social Care Act 2012 (HM Government 2012).

At the time of fieldwork, the plans had just been published and the department's staff were required to 'flesh out the policy details' of the proposed reforms to its own structure, as well as for the establishment of the various new quasi-independent bodies, and for the proposed reorganisation of public health services and the NHS (Secretary of State for Health 2010, p. 48).

In anticipation of these reforms, the policy and strategy directorate entered a new transition structure during 2010–11. When the directorate's director general was promoted to the post of permanent secretary, her position was not refilled, and the directorate's groups were temporarily distributed among other directorates in the department. However, the directorate's functions are those which the department was envisaged to keep, and as fieldwork was finishing in late autumn 2011 it looked likely that many if not all of its groups would survive in some form as part of a new system design, NHS & finance directorate (Department of Health 2011c).

Appendix 2: Studying Practices in Practice

There are a number of challenges associated with studying 'practice'. Firstly, practices are, by definition, situated. Hendrik Wagenaar describes this in terms of the 'indexicality of [...] human action' (2004, p. 648); the meaning of a practice is entwined with its context, with social interaction and with the nature of the task towards which it is directed. Attempting to extract a practice from its situation in order to subject it to closer and cleaner inspection according to some experimental logic would transform the practice beyond recognition. Practices must be studied in situ, hence the importance of a case study approach. Practices are also emergent. This is not the Weberian conception of a modern bureaucracy that 'administers according to rationally devised regulations' (Weber 1918, p. 147); practices cannot be known by simply reading standard operating procedures. They have a distinctive contemporary quality, in which each instance of a practice is carried out for 'another first time' (Garfinkel 1967; cited in Freeman & Maybin 2011, p. 129), in an 'eternally unfolding present' (Cook & Wagenaar 2012).

Furthermore, the know-how by which practices are organised may often be tacit, and not easily available for reflection by the actors themselves. The nature of practices in some contexts may also be in direct tension with organisational narratives about appropriate ways of working: in Chris Argyris and Donald Schön's terms, practices constitute an organisation's 'theory in use', which often stands in tension with its 'espoused theory' (Argyris & Schön 1974). In this sense, practice may be undiscussable. It is what goes without saying, and sometimes what must not be said.

These defining features of practice mean that, in order to study it, the researcher needs to be there, in context, as the action unfolds in real-time. After all, this is how practitioners themselves become

accomplished actors in communities, by watching and engaging at the margins (Lave & Wenger 1991). The researcher must do the same, using the interpretive skills she possesses as a social actor to get a feel for the tacit rules which guide and emerge from practice while, all the time, maintaining 'a self-conscious awareness of what is learned, how it is learned, and the social transactions that inform the production of such knowledge' (Hammersley & Atkinson 1995, p. 101). An ethnographic approach is therefore especially well placed to capture practice.

An ethnographic approach to data production

There are various definitions of the ethnographic method and its epistemology (Atkinson et al. 2007), but ethnographies commonly include a focus on 'culture' in the sense of the patterns of behaviour, ideas and beliefs which characterise a particular group, the use of participant-observation as a method of data collection, a holistic approach to data collection in which data from different sources are collected and synthesised to represent some social whole, and an attention to the contexts in which data are collected or generated (Hammersley & Atkinson 1995; Lofland 1995; Stewart 1998; Atkinson et al. 2007; Fetterman 2010). My role was closest to the 'observer-participant' (Junker 1950 in Hammersley & Atkinson 1995, pp. 104–07), or 'peripheral-member-researcher' (Adler & Adler 1994, p. 380), who is present in activities (rather than watching from afar or through a one-way mirror), and interacts with participants, but is not a full member of the group.

Alongside conducting the research for this book, I was employed as a researcher at The King's Fund, a London-based health policy think-tank with close links to the department, and this proved a valuable position from which to conduct the research. Colleagues and former colleagues at The King's Fund had experience of working with the department and, in some cases, had been employed as civil servants either before or after their time at the Fund. These colleagues were a useful source of knowledge about the department and the ways in which it works, and I was able to check facts and discuss interpretations with them during the research. Furthermore, a significant part of the work programme of The King's Fund responds to and seeks to inform national policy development, which meant I had a degree of fluency in the language, ideas, organisations and structures which dominate contemporary health policy discussions.

Research access

Gaining initial research access was laborious, and it was only after a year of fieldwork, when my knowledge and contacts had developed sufficiently to enable a more informed approach to engaging potential participants, that better opportunities began to present themselves.

Initial contacts with very senior civil servants (provided by colleagues at The King's Fund) which were made in an attempt to secure in-principle permission for the project as a whole, resulted ultimately in just a single day of observation. As part of an alternative strategy, I approached two mid-ranking civil servants through personal contacts. They agreed to be interviewed on the basis that their anonymity would be protected, and provided access to internal organograms and directories as well as ideas for further contacts. Once potential interviewees were identified and contacted, very few declined to be interviewed.

Securing access to observe meetings was much more difficult, no doubt in part because, compared to interviews, it is more difficult for participants to control the information and impression the researcher takes away from these encounters: there is a greater risk that the department's reputation might be damaged or that controversial information about policy in development might be exposed. Although employment with The King's Fund provided some advantages in securing access (by providing ideas for contacts and helping to establish the credibility and trustworthiness of the researcher), for some participants it positioned me as an 'interested party' in relation to the content of policies in development, making them more wary of sensitive information being exposed at the wrong time.

The mid-ranking civil servants who formed the majority of the interviewees (especially in the first phase of the research) said they did not feel authorised to grant access to observe meetings and attempts to request formal 'in-principle' permission for the research via emails to very senior civil servants were unproductive. The tactics which ultimately proved successful included cultivating a patron through a chain of contacts and learning how to effectively sell the research using contemporary discourses about 'good government'. These techniques mirrored how the civil servants themselves navigated the department to promote whatever policy area they were working on, and were learnt through watching the participants at work (see Chapters 5 and 6). Eventually a virtuous circle formed, in which the better I understood the department, the more successful I was at getting access.

As with interviews, access to observe meetings was granted on the basis that all identifying information and details of policy content would be redacted.

Interviews

The research included twenty-three semi-structured interviews (an additional three individuals who were contacted declined to participate). Interviewees were initially selected using internal directories to ensure coverage of the range of different activities of the directorate: five of the directorate's six teams were represented, as well as individuals with particular responsibilities relating to formal knowledge resources in the department. Early interviews also included two cabinet office employees who had a particular responsibility for health policy. Interviewees were also selected to ensure a range of levels of seniority, but with a particular focus on mid-ranking 'policy leads' who were senior enough to be charged with developing policy content but not so senior that they were only involved in high-level strategy, and who have been relatively under-researched as a group. 'Analyst' civil servants were included as well as 'policymaking' civil servants (see Chapter 4 and Appendix 1). As the fieldwork progressed, individuals were identified on the basis that they had particular experiences, views or approaches which were relevant to the study's emerging hypotheses.

The interviews were organised around three open-ended questions relating to the interviewee's current role and project(s), the roles and projects they had worked on as civil servants in the past, and the detailed pattern of their working life in the three to four weeks preceding the interview. In addition to encouraging interviewees to offer detailed extended accounts of their work, interviews included 'active' approaches to questioning, in which participants were encouraged to reflect on their experiences and views in new ways.

The minutiae of daily work practices can seem like inappropriate material for interviews, and for all their normalness these practices may be difficult to recall and describe to an outsider. It proved particularly productive to ask participants to bring copies of their work diaries to use as an anchor point for conversations and enable the discussion of concrete cases rather than talking in the abstract. It was also helpful to pose counterfactuals to descriptions of particular practices (for example 'Do you think that would have worked out differently if that

had been an email exchange and not a meeting? How and why?') Asking interviewees to talk about particularly effective colleagues was a useful way in to understanding the skills involved in this work, and yielded more reflective and nuanced accounts than abstract questions about competence, which triggered corporate-type accounts of the good civil servant. Finally, periods of absence from post (through sabbatical placements or maternity leave) were particularly helpful in temporarily estranging the civil servants from their work practices and so rendering those practices more amenable to reflection. In these cases I asked participants question such as 'What struck you most about the department or your work when you returned?'

Meeting observations

Existing research on the nature of policy work suggests that it comprises principally meetings and desk-based work (Noordegraaf 2000; Freeman 2006; Freeman 2008). Since the latter is very difficult to observe effectively and existing research on knowledge-mobilisation in policy-making points to the importance of interpersonal interaction, observations for this study were focused on meetings. Thirty-two hours of meetings were observed for the study. They included the meetings attended by the different members of a single team over the course of one day, shadowing a senior civil servant to his various meetings over the course of two days, and attending the meetings related to a particular policy programme over the course of six months. The meetings included those with just Department of Health staff as well as meetings with other government departments, senior NHS staff and a range of outside groups such as charities. There was also an opportunity to observe activities around meetings: sitting in open plan offices between sessions, travelling to and from meetings with the civil servants, and sharing lunches and coffee breaks, and even an evening trip to the pub.

Throughout the observations handwritten notes were taken of what people said, how they said it, physical cues (a raise of the eyebrow, a frown, turning away from somebody and so on), as well as any initial interpretations of what was being observed. In line with anthropologist James Spradley's metaphor of the funnel (Spradley 1980), early notes tried to incorporate as much as possible of what was being observed (necessarily summarising some exchanges, but being sure to include verbatim quotes which seemed important), while later notes were more selective, and focused around fruitful avenues of data identified through on-going analysis.

Combining interviews and meeting observations proved particularly productive. The observations provided subject matters for discussion in the interviews (activities, events, processes, artefacts and so on); they gave a toe-hold into a world about which I knew so little that, at the start of fieldwork, it could be difficult to know how to formulate appropriate questions. They made it possible to start to learn the departmental language: its technical terms, its acronyms, and the colloquial phrases which civil servants used when interacting with one another about their work. By using such terms in interviews, I was able to better articulate to the civil servants what it was I was asking about, and to establish a degree of credibility; I understood something about how things worked, and so I and my research became more worthy of their attention and reflection.

In turn the interviews were an opportunity to ask about that which was difficult to observe: writing practices and meetings with ministers, for example. Also, although the lone researcher can observe a meeting, once the meeting closes and the members disperse, she can only follow one individual or group. Interviews were an opportunity to ask what happens afterwards. They also provided an opportunity to test my hypotheses about the tacit knowledge that guided the practices I observed.

Supporting documents

Internal and external documents were collected throughout the fieldwork period and beyond, including internal directories and organograms, staff newsletters and bulletins, and guidance documents, as well as publically available reports, including data on the department's size and make-up,[1] staff survey results,[2] the results of government reviews of the department's performance,[3] and reports by academics, consultants and a former senior civil servant on the department's ways of working.[4] Major policy documents provided a back-drop to the civil servants' work at the time of my research,[5] and documents specific to the particular policy areas which were the subject of the observed meetings were also reviewed.

Notes

1 Knowledge and Policy in the Literature

1. The first published formulation of this claim appears in Peirce's 1878 paper 'How to Make Our Ideas Clear', in these (slightly less clear) terms: 'Consider what effects, which might conceivably have practical bearings, we conceive the object of our conception to have. Then our conception of these effects is the whole of our conception of the object' (Peirce 1878).

2 Knowledge Sources

1. The 2008 Code of Practice on Consultations did not specify when the process ought to be used. I sought clarification on this point from a number of my informants, none of whom was quite sure of the situation. I was directed to someone who has a role in relation to managing consultations in the department, but they did not respond to my requests. Whatever the official position, it was significant that the civil servants in mid-ranking roles were not aware of any compulsion.
2. The Code was updated in 2012, after the fieldwork for this project was complete.

3 Learning through Interaction

1. References to policy content have been included in this quote because these details have since been put into the public domain, and because so many of the department's teams were affected by these developments that to do so does not identify the particular meeting or individuals involved.
2. This interviewee was happy for his comments to be quoted directly, without redactions. Andy Burnham's subsequent conference speech was described in *The Guardian* as 'emotional and crowd-pleasing' (Bowcott 2009).

4 Analytical Practices

1. There were also a handful ($n=5$) of social researchers employed at the time of my research, though I was unable to locate them and even senior interviewees were not aware of their existence.
2. A footnote to the department's data on the number of analysts in post states that the numbers do not include analysts currently in non-analyst posts, suggesting that the key demarcation between analyst/non-analyst resides in a particular role or post, rather than the skills of its inhabitant. As the quotes that follow will show, in practice, even this distinction was not clear-cut.

3. There are three principles that UK citizens can invoke when requesting a judicial review of a decision by a public body, including government departments; one of them is that the way in which a decision was reached was 'irrational' (Council of Civil Service Unions v Minister for the Civil Service 1985).
4. Since the terms 'classify' and 'categorise' have such similar definitions, I use them interchangeably here. The Oxford English Dictionary defines them respectively as:

   classify *v* 1. *trans*. To arrange in or analyse into classes according to shared qualities or characteristics; to make a formal or systematic classification of.
   categorise *v.* 1. *trans*. To place in a category or categories; to classify.

5 Articulating People, Ideas and Instruments

1. Defined as: n. a. *Anat. and Zool.* Connection (of bones or skeletal segments) by a joint; the state of being jointed; a manner of jointing. [...] d. *Fig.* A conceptual relationship, interaction, or point of juncture, esp. between two things. (Oxford English Dictionary 2008)
2. The Big Society was a key plank of the Conservative Party's 2010 election manifesto, and also featured in the Government's Coalition Agreement. The stated aim of the policy was 'to create a climate that empowers local people and communities, building a big society that will "take power away from politicians and give it to people"' (Number 10, 2010).
3. QIPP stands for the Quality, Innovation, Productivity and Prevention programme. Initiated by the department in 2009, its broad stated aim was to improve productivity in the health service. After the reforms associated with the Health and Social Care Bill, this was one of the most high-profile policy agendas during fieldwork.
4. These are references to documentation requirements and public bodies being established as part of the coalition government's NHS reform programme.
5. Dewey himself would have resisted this characterisation because for him, true inquiry involved the discovery of new ends. He wrote that: 'the pragmatic theory of intelligence means that the function of mind is to project new and more complex ends – to free experience from routine and from caprice. Not the use of thought to accomplish purposes already given either in the mechanism of the body or in that of the existent state of society, but the use of intelligence to liberate and liberalize action, is the pragmatic lesson. Action restricted to given and fixed ends may attain great technical efficiency; but efficiency is the only quality to which it can lay claim' (Dewey 1917, p. 137).

Appendix 1: The UK Department of Health, 2009–11

1. Operational research is defined by the Government Operational Research Service as 'the application of scientific methods to management problems. It aims to provide a rational basis for decision-making, by understanding and structuring complex situations. Often this involves building mathematical models to predict system behaviour and thereby assist the planning of

changes to the system' (Government Economic and Social Research Team et al 2011, p. 8).
2. Data are full-time equivalent, representing people in post in February 2012 (personal communication, DH-wide statistics team, 13 February 2012).
3. The term 'embedded' carries connotations of war correspondents out on missions with army units; this seemed pertinent in the context of the 'them and us' culture which persisted among some analysts and policy-makers, and the potentially 'dirty' nature of policy-making by contrast to 'pure' analytical work; see Chapter 4.

Appendix 2: Studying Practices in Practice

1. See for example Civil Service (2010a), Office for National Statistics (2010).
2. See Civil Service (2010b).
3. Including by the Government Office for Science (2008), the Analytical Coordination Working Group (2008), the Civil Service Capability Review teams (Civil Service Capability Reviews 2007, 2009) and by the Department of Health (2012).
4. See: Jigsaw Research (2009); Jarman & Greer (2007, 2010); Day & Klein (1997); Smee (2005); Berridge (1997, 2008); Alvarez-Rosete & Mays (2008); Page & Jenkins (2005); Rhodes (2005); Rutter et al. (2011).
5. Secretary of State for Health (2010); Department of Health (2010); Secretary of State for Health (2011).

References

Adler, P. & Adler, P., 1994. Observational Techniques. In N. Denzin & Y. Lincoln, eds. *Handbook of Qualitative Research*. Thousand Oaks, CA: Sage, pp. 377–92.

Alvarez-Rosete, A. & Mays, N., 2008. The Evolution of the UK Health Policy Process since 1997: A Shift from Government to Governance. *British Politics*, 3(2), pp. 183–203.

Analytical Coordination Working Group, 2008. Analysis and Use of Evidence: Research and Analysis in Government, Online: Civilservice.gov.uk. Available at: www.civilservice.gov.uk

Anon, 1985. Council of Civil Service Unions v Minister for the Civil Service.

Anon, 2008. articulation, n. Oxford English Dictionary. Available at: http://www.oed.com/

Argyris, C. & Schön, D., 1974. *Theory in Practice: Increasing Professional Effectiveness*, San Francisco & London: Jossey-Bass.

Atkinson, P., Delamont, S., Coffey, A., Lofland, J., Lofland, L., 2007. *Handbook of Ethnography*, London: Sage.

Bailey, F., 1969. *Stratagems and Spoils: A Social Anthropology of Politics*, Oxford: Basil Blackwell.

Barthes, R., 1977. *Roland Barthes*, Basingstoke: Macmillan.

Bennett, C. & Howlett, M., 1992. The Lessons of Learning: Reconciling Theories of Policy Learning and Policy Change. *Policy Sciences*, 25(3), pp. 275–94.

Bernstein, B., 1971. *Class, Codes and Control*, London: Routledge & Kegan Paul.

Bernstein, R., 2010. *The Pragmatic Turn*, Cambridge & Malden, MA: Polity Press.

Berridge, V., 1997. Doctors and the State: The Changing Role of Medical Expertise in Policy-making. *Contemporary British History*, 11(4), pp. 66–85.

Berridge, V., 2008. History Matters? History's Role in Health Policy Making. *Medical History*, 52(3), pp. 311–26.

Blackler, F., 1995. Knowledge, Knowledge Work and Organizations: An Overview and Interpretation. *Organization Studies*, 16(6), pp. 1021–46.

Bohm, D., 1996. *On Dialogue*, L. Nichol, ed., New York: Routledge.

Boswell, C., 2008. The Political Functions of Expert Knowledge: Knowledge and Legitimation in European Union Immigration Policy. *Journal of European Public Policy*, 15(4), pp. 471–88.

Boswell, C., 2009. *The Political Uses of Expert Knowledge: Immigration Policy and Social Research*, Cambridge: Cambridge University Press.

Bourdieu, P., 1991. *Language and Social Power*, J. Thompson, ed., Boston, MA: Harvard University Press.

Bowcott, O., 2009. Labour Offers Free Parking Passes for Hospital Inpatients. *The Guardian*. Available at: http://www.guardian.co.uk

Bowker, G. & Star, S., 1999. *Sorting Things Out: Classification and Its Consequences*, Cambridge, MA & London: MIT Press.

Brooks, S. & Gagnon, A. eds., 1990. *Social Scientists, Policy, and the State*, New York & London: Praeger.

Cabinet Office, 2010. *Civil Service Code*, London: Cabinet Office. Available at: http://www.civilservice.gov.uk

Callon, M., 2002. Writing and (Re)Writing Devices as Tools for Managing Complexity. In J. Law & A. Mol, eds. *Complexities: Social Studies of Knowledge Practices*. Durham, NC: Duke University Press, pp. 191–217.

Caplan, N., 1979. The Two Communities Theory and Knowledge Utilization. *American Behavioral Scientist*, 22, pp. 459–70.

Civil Service, 2010a. Civil Service Statistics 1997–2009. Civil Service Statistics Archive. Available at: http://webarchive.nationalarchives.gov.uk/20110620155535/www.civilservice.gov.uk

Civil Service, 2010b. Staff Surveys: Department of Health 2006–2009. Available at: http://www.civilservice.gov.uk

Civil Service, 2011. Civil Service Grading Structure. Available at: http://www.civilservice.gov.uk

Civil Service Capability Reviews, 2007. *Capability Review of the Department of Health*, London: Cabinet Office.

Civil Service Capability Reviews, 2009. *Department of Health: Progress and Next Steps*, London: Cabinet Office.

Civil Service Commission, 2012. Civil Service Code. Civil Service Commission Website. Available at: http://civilservicecommission.independent.gov.uk

Colebatch, H.K. (2006). *What Work Makes Policy Policy Sciences*, 39(4), pp. 309–321.

Colebatch, H., Hoppe, R. & Noordegraaf, M. eds., 2010. *Working for Policy*, Amsterdam: Amsterdam University Press.

Collins, H., 1993. The Structure of Knowledge. *Social Research*, 60(1), pp. 95–116.

Conservative Party, 2010. *Invitation to Join the Government of Britain. Conservative Manifesto 2010*, London: Conservative Party.

Cook, S. & Seely Brown, J., 1999. Bridging Epistemologies: The Generative Dance between Organizational Knowledge and Organizational Knowing. *Organization Science*, 10(4), pp. 381–400.

Cook, S. & Wagenaar, H., 2012. Navigating the Eternally Unfolding Present: Toward an Epistemology of Practice. *American Review of Public Administration*, 42(1), pp. 3–38.

Cook, S. & Yanow, D., 1993. Culture and Organizational Learning. *Journal of Management Inquiry*, 2(4), pp. 373–90.

Cyert, R. & March, J., 1992. *Behavioral Theory of the Firm*, 2nd ed., Oxford: Blackwell.

Dash, P., 2003. *Increasing the Impact of Health Services Research on Health Service Improvement*, London: Nuffield Trust & Health Foundation.

Dash, P., Gowman, N. & Traynor, M., 2003. Increasing the Impact of Health Services Research. *British Medical Journal*, 327(7427), pp. 1339–41.

Day, P. & Klein, R., 1997. *Steering but Not Rowing? The Transformation of the Department of Health: A Case Study*, Bristol: The Policy Press.

Department for Business Innovation and Skills, 2010. Impact Assessment Template: Quick Start Guide. Available at: www.bis.gov.uk

Department of Health, 2007. The DH Guide: A Guide to What We Do and How We Do It, Central Office of Information. Available at: http://webarchive.nationalarchives.gov.uk

Department of Health, 2009a. Department of Health: Departmental Report 2009, London: Department of Health. Available at: http://www.dh.gov.uk

Department of Health, 2009b. Department of Health Policy and Strategy Directorate Prospectus, Internal document: Department of Health.

Department of Health, 2009c. Department of Health Senior Team Guide, Issue 2 (revised), Internal document: Department of Health.

Department of Health, 2010. Revision to the Operating Framework for the NHS in England 2010/11, Department of Health Website. Available at: http://www.dh.gov.uk/

Department of Health, 2011a. DH Timeline for Change, Department of Health: Internal document.

Department of Health, 2011b. Policy Research Programme. Best evidence for best policy, London: Central Office of Information.

Department of Health, 2011c. Transforming the Department of Health, Department of Health: Internal document.

Department of Health, 2012. Department of Health Capability Action Plan for 2011-12, Department of Health Website: Department of Health. Available at: http://www.dh.gov.uk

Department of Health, 2013. Civil Servants Swap Whitehall Corridors for the NHS Frontline. Press Release. 20 May 2013. Available at: https://www.gov.uk

Dewey, J., 1910. *How We Think: A Restatement of the Relation of Reflective Thinking to the Educative Process*, Boston, MA: Heath & Company.

Dewey, J., 1917. The Need for a Recovery of Philosophy. In R. Talisse & S. Aikin, eds. *The Pragmatism Reader: From Peirce Through the Present*. Princeton, NJ & Oxford: Princeton University Press, pp. 109–40.

Dewey, J., 1920. *Reconstruction in Philosophy*, Boston, MA: Beacon Press.

Dewey, J., 1938. *Logic: The Theory of Inquiry*, New York: Henry Holt & Company.

Dye, T.R., 1972. *Understanding Public Policy*, Englewood Cliffs, NJ: Prentice-Hall.

Espeland, W. & Stevens, M., 2008. A Sociology of Quantification. *European Journal of Sociology*, 49(3), pp. 401–36.

Exworthy, M., Blane, D. & Marmot, M., 2003. Tackling Health Inequalities in the United Kingdom: The Progress and Pitfalls of Policy. *Health Services Research*, 38(6, ii), pp. 1905–22.

Feldman, M. & March, J., 1981. Information in Organizations as Signal and Symbol. *Administrative Science Quarterly*, 26(2), pp. 171–86.

Fetterman, D., 2010. *Ethnography: Step-by-step*, Thousand Oaks, CA: Sage.

Foucault, M., 1980. Truth and Power. In C. Gordon, ed. *Power/Knowledge: Selected Interviews and Other Writings 1972–1977*. Brighton: Harvester Press, pp. 109–133.

Freeman, R., 2006. Learning in Public Policy. In M. Rein, M. Moran, & R.E. Goodin, eds. *The Oxford Handbook of Public Policy*. Oxford: Oxford University Press, pp. 365–86.

Freeman, R., 2008. Learning by Meeting. *Critical Policy Studies*, 2(1), pp. 1–24.

Freeman, R., Griggs, S. & Boaz, A., 2011. The Practice of Policy Making. *Evidence & Policy*, 7(2), pp. 127–36.

Freeman, R. & Maybin, J., 2011. Documents, Practices and Policy. *Evidence & Policy*, 7(2), pp. 155–70.

Freeman, R. & Sturdy, S., 2014. Introduction: Knowledge in Policy – Embodied, Inscribed, Enacted. In R. Freeman & S. Sturdy, eds. *Knowledge in Policy: Embodied, Inscribed, Enacted. Bristol*: Policy Press, pp. 1–20.

Gadamer, H.-G., 1975. *Truth and Method*, New York: Seabury Press.

Gains, F. & Stoker, G., 2011. Special Advisers and the Transmission of Ideas from the Policy Primeval Soup. *Policy and Politics*, 39(4), pp. 485–98.

Garber, D., 2003. Descartes, René (1596–1650). In T. Crane, ed. *Routledge Encyclopedia of Philosophy Online*. Taylor & Francis. Available at: http://www.rep.routledge.com

Garfinkel, H., (1967). *Studies in ethnomethodology*, Cambridge: Polity Press.

Gilbert, G., 1977. Referencing as Persuasion. *Social Studies of Science*, 7(1), pp. 113–22.

Goody, J., 1986. *The Logic of Writing and the Organisation of Society*, Cambridge: Cambridge University Press.

Government Economic and Social Research Team (GES), Government Operational Research Service (GORS), Government Statistical Service et al (2011). Research and Analysis in Government. Available at: www.civilservice.gov.uk

Government Office for Science, 2008. *Science Review: Department of Health*, Department for Business, Innovation and Skills Website. Available at: http://www.bis.gov.uk/

Granovetter, M., 1973. The Strength of Weak Ties. *American Journal of Sociology*, 78(6), pp. 1360–80.

Granovetter, M., 1983. The Strength of Weak Ties: A Network Theory Revisited. *Sociological Theory*, 1, pp. 201–33.

Grayling, A.C. ed., 1998. *Philosophy 1: A Guide Through the Subject*, Oxford: Oxford University Press.

Greenhalgh, T. & Russell, J., 2006. Reframing Evidence Synthesis as Rhetorical Action in the Policy Making Drama. *Healthcare Policy*, 1(2), pp. 34–42.

Haas, P., 1992. Introduction. Epistemic Communities and International Policy Coordination. *International Organization*, 46(1), pp. 1–35.

Haas, P., 2001. Policy Knowledge: Epistemic Communities. In *International Encyclopedia of Social and Behavioral Sciences*. Amherst, MA: University of Massachusetts, pp. 11578–86.

Hajer, M., 1993. Discourse Coalitions and the Institutionalization of Practice: The Case of Acid Rain in Great Britain. In *The Argumentative Turn in Policy Analysis and Planning*. London: UCL Press, pp. 43–76.

Hall, P., 1988. Policy Paradigms, Social Learning and the State. *Paper to the International Political Science Association*. Washington, DC.

Hall, P., 1993. Policy Paradigms, Social Learning, and the State: The Case of Economic Policymaking in Britain. *Comparative Politics*, 25(3), pp. 275–96.

Hammersley, M. & Atkinson, P., 1995. *Ethnography: Principles in Practice*, 2nd ed. London & New York: Routledge.

Hanney, S.R., Gonzales-Block, M., Buxton, M.J., Kogan, M., 2003. The Utilisation of Health Research in Policy-making: Concepts, Examples and Methods of Assessment. *Health Research Policy & Systems*, 1, p. 2.

Haynes, A.S., Gillespie, J.A., Derrick, G.E., Hall, W.D., Redman, S., Chapman, S., Sturk, H., 2011. Galvanizers, Guides, Champions, and Shields: The Many Ways That Policymakers Use Public Health Researchers. *The Milbank Quarterly*, 89(4), p. 564.

Heclo, H., 1974. *Modern Social Politics in Britain and Sweden: From Relief to Income Maintenance*, New Haven & London: Yale University Press.

Heclo, H. & Wildavsky, A., 1974. *The Private Government of Public Money: Community and Policy Inside British Politics*, London: Macmillan.

HM Government, 2008. *Code of Practice on Consultation*, London: Better Regulation Executive. Available at: http://www.bis.gov.uk

HM Government, 2010a. *Equality Act 2010*, London: The Stationery Office. Available at: http://www.legislation.gov.uk

HM Government, 2010b. *The Coalition: Our Programme for Government*, Cabinet Office Website. Available at: http://www.cabinetoffice.gov.uk

HM Government, 2011. *Impact Assessment Guidance: When to Do an Impact Assessment*, London: Department for Business, Innovation and Skills. Available at: www.bis.gov.uk

HM Government, 2012. *Health and Social Care Act 2012*, London: The Stationery Office. Available at: http://www.legislation.gov.uk

Hobson, P., 2002. *The Cradle of Thought*, London: Macmillan.

Hogg, M. A., & Abrams, D. (1988). *Social Identifications*: A *Social Psychology of Intergroup Relations and Group Processes*. London: Routledge.

Innvær, S., Vist, G., Trommald, M., Oxman, A., 2011. Health Policy-makers' Perceptions of Their Use of Evidence: A Systematic Review. *Journal of Health Services Research & Policy*, 7(4), pp. 239–44.

Jarman, H. & Greer, S., 2007. *The Department of Health and the Civil Service: From Whitehall to Department of Delivery to Where?*, London: Nuffield Trust. Available at: http://www.nuffieldtrust.org.uk

Jarman, H. & Greer, S., 2010. In the Eye of the Storm: Civil Servants and Managers in the UK Department of Health. *Social Policy & Administration*, 44(2), pp. 172–92.

Jenkins, R., 2000. Categorization: Identity, Social Process and Epistemology. *Current Sociology*, 48(3), pp. 7–25.

Jigsaw Research, 2009. *Stakeholder Relationship Research: Report of Findings from Qualitative Research (May 2009)*, Department of Health Website. Available at: http://www.dh.gov.uk

Kahneman, D., 2011. *Thinking, Fast and Slow*, London: Allen Lane.

Kingdon, J., 1995. *Agendas, Alternatives and Public Policies*, New York: HarperCollins College.

Klein, R., 2013. The 20 year war over England's National Health Service: A Report from the Battle Field. *Journal of Health Politics, Policy and Law*, 38(4), pp. 849–69.

Klein, R. & Marmor, T.R., 2012. What's Special about Health Care and Its Politics? In Marmor, T.R. & Klein R. eds. *Politics, Health and Health Care*. New Haven: Yale University Press, pp. 22–33.

Knott, J. & Wildavsky, A., 1980. If Dissemination Is the Solution, What Is the Problem? *Science Communication*, 1(4), p. 537.

Lam, A., 2000. Tacit Knowledge, Organizational Learning and Societal Institutions: An Integrated Framework. *Organization Studies*, 21(3), pp. 487–513.

Landry, R., Amara, N. & Lamari, M., 2001. Utilization of Social Science Research Knowledge in Canada. *Research Policy*, 30, pp. 333–49.

Lassman, P. & Speirs, R. eds., 1994. *Weber: Political Writings*, Cambridge: Cambridge University Press.

Latour, B., 1986. Visualisation and Cognition: Drawing Things Together. Available at: www.bruno.latour.fr

Latour, B. & Woolgar, S., 1986. *Laboratory Life: The Construction of Scientific Facts*, Princeton, New Jersey: Princeton University Press.

Lave, J., 1988. *Cognition in Practice: Mind, Mathematics and Culture in Everyday Life*, Cambridge: Cambridge University Press.

Lave, J. & Wenger, E., 1991. *Situated Learning: Legitimate Peripheral Participation*, Cambridge: Cambridge University Press.

Lavis, J.N., Ross, S.E., Hurley, J.E., Hohenadel, J.M., Stoddart, G.L., Woodward, C.A., Abelson, J., 2002. Examining the Role of Health Services Research in Public Policymaking. *Milbank Quarterly*, 80(1), p. 125.

Lavis, J., Davies, H., Oxman, A., Denis, J.L., Golden-Biddle, K., Ferlie, E., 2005. Towards Systematic Reviews That Inform Health Care Management and Policymaking. *Journal of Health Services Research & Policy*, 10(S1), pp. 35–48.

Liberal Democrats, 2010. *Liberal Democrat Manifesto 2010*, London: Chris Fox.

Lindblom, C., 1959. The Science of 'Muddling Through'. *Public Administration Review*, 19(2), pp. 79–88.

Lindblom, C., 1979. Still Muddling, Not Yet Through. *Public Administration Review*, 39(6), pp. 517–26.

Lofland, J., 1995. Analytic Ethnography. *Journal of Contemporary Ethnography*, 24(1), pp. 30–67.

Lomas, J., 1997. Research and Evidence–based Decision Making. *Australian and New Zealand Journal of Public Health*, 21(5), pp. 439–41.

Lynch, M. & Woolgar, S., 1990. Introduction: Sociological Orientations to Representational Practice in Science. In M. Lynch & S. Woolgar, eds. *Representation in Scientific Practice*. Cambridge, MA & London: The MIT Press.

Majone, G., 1989. *Evidence, Argument and Persuasion in the Policy Process*, New Haven, Connecticut: Yale University Press.

March, J. & Simon, H., 1958. *Organizations*, New York & London: John Wiley & Sons; Chapman & Hall.

Margolis, J., 2006. Introduction: Pragmatism, Retrospective, and Prospective. In J. Shook & J. Margolis, eds. *A Companion to Pragmatism*. Blackwell reference online. Malden, MA & Oxford: Blackwell publishers.

Marian, D., 2009. The Correspondence Theory of Truth. In E. Zalta, ed. *Stanford Encyclopedia of Philosophy*. http://plato.stanford.edu

Matthews, G., 2008. The Epistemology and Metaphysics of Socrates. In G. Fine, ed. *The Oxford handbook of Plato*. Oxford handbooks. Oxford & New York: Oxford University Press.

McCarthy, E., 1996. *Knowledge as Culture: The New Sociology of Knowledge*, London: Routledge.

McFarlane, K., 2011. *Library and Information Professionals: Their Value to Government*, London: Chartered Institute of Library and Information Professionals. Available at: http://www.cilip.org.uk

Meltsner, A., 1976. *Policy Analysts in the Bureaucracy*, Berkeley: University of California Press.

Newman, J., 2011. Boundary Troubles: Working the Academic-Policy Interface. *Policy & Politics*, 39(4), pp. 473–84.

Noordegraaf, M., 2000. *Attention! Work and Behavior of Public Managers amidst Ambiguity*, Delft, The Netherlands: Eburon Publishers.

Number 10, 2010. Government Launches Big Society Programme. *Number 10*. Available at: http://www.number10.gov.uk

Nutley, S.M., Walter, I. & Davies, H.T.O., 2007. *Using Evidence. How Research Can Inform Public Services*, Bristol: The Policy Press.

Office for National Statistics, 2010. Civil Service Statistics, 2010, Office for National Statistics website: Office for National Statistics. Available at: http://www.ons.gov.uk

Oliver, K., Innvaer, S., Lorenc, T., Woodman, J., Thomas, J., 2014. A Systematic Review of Barriers to and Facilitators of the Use of Evidence by Policymakers. *BMC Health Services Research*, 14(1), p. 2.

O'Toole, M., 2010. Policymakers. Civil Service Live Network. Available at: http://network.civilservicelive.com

Page, E. & Jenkins, W., 2005. *Policy Bureaucracy: Government with a Cast of Thousands*, Oxford: Oxford University Press.

Peirce, C., 1878. How to Make our Ideas Clear. *Popular Science Monthly*, 12 (January). Available at: http://en.wikisource.org/wiki/How_to_Make_Our_Ideas_Clear

Peirce, C., 1905. What Pragmatism Is. In J. Buchler, ed. *Philosophical Writings of Peirce*. New York: Dover Books, 1955.

Petticrew, M., Whitehead, M., Macintyre, S.J., Graham, H., Egan, M., 2004. Evidence for Public Health Policy on Inequalities: 1: The Reality According To Policymakers. *Journal of Epidemiology and Community Health*, 58(10), pp. 811–16.

Petticrew, M., Platt, S., McCollam, A., Wilson, S., Thomas, S., 2008. 'We're not short of people telling us what the problems are. We're short of people telling us what to do'. An appraisal of public policy and mental health. *BMC Public Health*, 8, p. 314.

Polanyi, M., 1967. *The Tacit Dimension*, London: Routledge & Kegan Paul.

Radaelli, C., 1995. The Role of Knowledge in the Policy Process. *Journal of European Public Policy*, 2(2), pp. 159–83.

Radin, B., 2000. *Beyond Machiavelli: Policy Analysis Comes of Age*, Washington, DC: Georgetown University Press.

Rhodes, R., 2005. Everyday Life in a Ministry: Public Administration as Anthropology. *American Review of Public Administration*, 35(1), pp. 3–26.

Riles, A., 2006. Introduction: In Response. In A. Riles, ed. *Documents: Artefacts of Modern Knowledge*. Michigan: University of Michigan Press, pp. 1–38.

Rosch, E., 1978. Principles of Categorization. In E. Rosch & B. Lloyd, eds. *Cognition and Categorization*. Hillsdale, NJ: Lawrence Erlbaum, pp. 27–48.

Russell, J. & Greenhalgh, T., 2011. Policy making through a rhetorical lens. In J. Glasby (Ed.), *Evidence, policy and practice: Critical perspectives in health and social care* (pp. 49–60). Bristol: Policy Press

Rutter, J., Parker, S. & Hallsworth, M., 2011. *Policy Making in the Real World*, London: Institute for Government. Available at: http://www.institutefor government.org.uk

Ryle, G., 1949. *The Concept of Mind*, London: Hutchinson.

Schatzki, T., Knorr-Cetina, K. & von Savigny, E., 2001. *The Practice Turn in Contemporary Theory*, London: Routledge.

Schön, D.A., (1983). *The Reflective Practitioner: How Professionals Think in Action*. London: Temple Smith.

Schwartz-Shea, P., 2006. Judging Quality: Evaluative Criteria and Epistemic Communities. In D. Yanow & P. Schwartz-Shea, eds. *Interpretation and Method: Empirical Research Methods and the Interpretive Turn*. Armonk, New York & London: ME Sharpe, pp. 89–114.

Schwartz-Shea, P. & Yanow, D., 2012. *Interpretive Research Design: Concepts and Processes*, Abingdon, Oxon & New York: Taylor & Francis.

Secretary of State for Health, 2010. *Equity and Excellence: Liberating the NHS*, London: The Stationery Office.

Secretary of State for Health, 2011. Government Response to the NHS Future Forum Report, London: HM Stationery Office. Available at: http://www.dh.gov.uk

Simon, H., 1947. *Administrative Behavior: A Study of Decision-making Processes in Administrative Organizations*, 1st ed., New York: Macmillan.

Simon, H., 1957. *Administrative Behavior: A Study of Decision-making Processes in Administrative Organizations*, New York: Macmillan.

Simon, H., 1976. *Administrative Behavior: A Study of Decision-making Processes in Administrative Organizations*, 3rd ed., New York: Free Press.

Smee, C., 2005. *Speaking Truth to Power. Two Decades of Analysis in the Department of Health*, Oxford: Radcliffe Publishing Ltd.

Smith, D., 2001. Texts and the Ontology of Organizations and Institutions. *Studies in Cultures, Organizations and Societies*, 7, pp. 159–98.

Smith, K., 2008. *Health Inequalities in Scotland and England: The Translation of Ideas between Research and Policy*, Edinburgh: University of Edinburgh.

Smith, K., 2013. *Beyond Evidence-Based Policy in Public Health: The Interplay of Ideas*, Basingstoke: Palgrave Macmillan.

Smith, K.E. & Joyce, K.E., 2012. Capturing Complex Realities: Understanding Efforts to Achieve Evidence-Based Policy and Practice in Public Health. *Evidence & Policy*, 8(1), pp. 57–78.

Sokal, R., 1974. Classification: Purposes, Principles, Progress, Prospects. *Science*, 185(4157), pp. 1115–23.

Spradley, J., 1980. Participant observation. Orlando, Florida: Harcourt Brace Jovanovich College Publishers.

Star, S., 1992. The Trojan Door: Organizations, Work, and the 'Open Black Box'. *Systems Practice*, 5(4), pp. 395–410.

Starr, P., 1992. Social Categories and Claims in the Liberal State. *Social Research*, 59(2), pp. 263–95.

Stewart, A., 1998. *The Ethnographer's Method*, Thousand Oaks, CA: Sage.

Stone, D., 2002. *Policy Paradox: The Art of Political Decision Making*, New York: W.W. Norton.

Taylor, C. 2002. Gadamer on the Human Sciences. In R.J. Dostal ed. The Cambridge Companion To Gadamer. Cambridge: Cambridge University Press, pp. 126–42.

Thayer, H., 1968. *Meaning and Action: A Critical History of Pragmatism*, Indianapolis: Bobbs-Merrill.

Timmins, N., The King's Fund & Institute for Government, 2012. *Never Again? The Story of the Health and Social Care Act 2012*, London: Institute for Government.

Vlastos, G., 1983. The Socratic Elenchus. In J. Annas, ed. *Oxford Studies in Ancient Philosophy*. Oxford: Clarendon Press, pp. 27–58.

Voloshinov, V., 1973. *Marxism and the Philosophy of Language*, New York: Seminar Press.

Vygotsky, L., 1978. *Mind in Society: The Development of Higher Psychological Processes*, M. Cole et al., eds., Cambridge, MA: Harvard University Press.

Wagenaar, H., 2004. 'Knowing' the Rules: Administrative Work as Practice. *Public Administration Review*, 64(6), pp. 643–55.

Wagenaar, H., 2011. *Meaning in Action: Interpretation and Dialogue in Policy Analysis*, Armonk, New York: MESharpe.

Wagenaar, H. & Cook, S., 2003. Understanding Policy Practices: Action, Dialectic and Deliberation in Policy Analysis. In M. Hajer & H. Wagenaar, eds. *Deliberative Policy Analysis: Understanding Governance in the Network Society*. Cambridge & New York: Cambridge University Press, pp. 139–71.

Weber, M., 1918. Science as a Vocation. In H. Gerth, C. Mills & A. Chandler, eds. 1946. *From Max Weber: Essays in Sociology*. New York: Oxford University Press, pp. 129–156.

Wehrens, R., Bekker, M. & Bal, R., 2011. Coordination of Research, Policy and Practice: A Case Study of Collaboration in the Field of Public Health. *Science & Public Policy (SPP)*, 38(10), pp. 755–66.

Weick, K. & Westley, F., 1996. Organizational Learning: Affirming an Oxymoron. In S. Clegg, C. Hardy, & W. Nord, eds. *Handbook of Organization Studies*. London: Sage, pp. 440–58.

Weiss, C., 1979. The Many Meanings of Research Utilization. *Public Administration Review*, 39(5), pp. 426–31.

Weiss, C. & Bucuvalas, M., 1980. *Social Science Research and Decision-Making*, New York: Columbia University Press.

Wenger, E., 2006. Communities of Practice: A Brief Introduction. Available at: http://www.ewenger.com/theory/ [Accessed April 4, 2012].

Wildavsky, A., 1979. *Speaking Truth to Power: The Art and Craft of Policy Analysis*, Boston: Little, Brown.

Wilensky, H., 1997. Social Science and the Public Agenda: Reflections on the Relation of Knowledge to Policy in the United States and Abroad. *Journal of Health Politics, Policy And Law*, 22(5), pp. 1241–65.

Yanow, D., 2000. *Conducting Interpretive Policy Analysis*, Thousand Oaks, CA: Sage.

Yanow, D., 2006. Neither Rigorous Nor Objective: Interrogating Criteria for Knowledge Claims in Interpretive Science. In D. Yanow & P. Schwartz-Shea, eds. *Interpretation and Method: Empirical Research Methods and the Interpretive Turn*. Armonk, New York & London: ME Sharpe, pp. 67–88.

Young, J., 2008. The Coherence Theory of Truth. In E. Zalta, ed. *Stanford Encyclopedia of Philosophy*. Available at: http://plato.stanford.edu/entries/truth-coherence/ [Accessed September 11, 2012].

Zerubavel, E., 1991. *The Fine Line: Making Distinctions in Everyday Life*, New York: Free Press.

Zerubavel, E., 1996. Lumping and Splitting: Notes on Social Classification. *Sociological Forum*, 11(3), pp. 421–33.

Index