

Phronetically Guided Use of Knowledge: Interstitial Work at Barnahus and How It Can Inform the Knowledge Debate in Social Work

Lotte C. Andersen*

NOVA—Norwegian Social Research, OsloMet—Oslo Metropolitan University, N-0130 Oslo, Norway

*Correspondence to Lotte C. Andersen, NOVA—Norwegian Social Research, OsloMet—Oslo Metropolitan University, PO Box 4, St. Olavs Plass, N-0130 Oslo, Norway. E-mail: lotand@oslomet.no

Abstract

In this article, the ‘evidence–relevance’ dilemma in the ‘knowledge for social work’ debate is approached empirically, departing from a concrete practice observed amongst social workers managing police-reported child abuse cases within the Norwegian Barnahus model (children’s house model). This practice can be conceptualised as interstitial work and is noted as providing children who are victims of abuse with holistic and context-sensitive interventions relevant to their particular situations and needs. The relevant questions addressed are what knowledge sources are used and how is knowledge applied in practice by social workers who are able to provide their clients with relevant interventions. Based on the findings and drawing on Flyvbjerg’s approach to phronetic knowledge, it is argued that for social work practice to result in knowledge-based and relevant interventions that account for the complex nature of social problems and social work reality, the use of formal knowledge sources and evidence must be ‘phronetically guided’.

Keywords: Barnahus, children’s house, evidence-based practice, interstitial work, phronesis, phronetically guided use of knowledge

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Introduction

The relationship between evidence and relevance and how the two values should be prioritised and balanced to achieve useable applied knowledge has been a central fulcrum in the ‘knowledge for social work debate’ for quite some time (Petersén and Olsson, 2015). In this article, this debate is approached empirically. The article departs from a distinct social work practice observed to provide child victims of abuse with interventions that can be described as both knowledge-based and customised to the children’s particular needs and situations. The practice was observed during a shadowing study conducted amongst social workers dealing with police-reported child abuse cases within the Norwegian Barnahus model (children’s house model). Moreover, the results from that study are used as a source for this work.

The Barnahus model attempts to meet child victims’ needs by offering multiple services in one, child-friendly location. It is commonly described as an interagency and co-located model (Johansson *et al.*, 2017) and addresses two vital concerns of the welfare state: to process cases through the legal system and to offer support and treatment for victims (Johansson and Stefansen, 2019). The social workers employed at Barnahus as regular staff are generalists. They are responsible for coordination related to each investigative interview and for ensuring the child is provided with appropriate help and treatment (Johansson *et al.*, 2017).

In an attempt to describe how the social workers at Barnahus conduct their work in practice, it has been suggested to conceptualise their working practices as ‘interstitial work’ (Andersen, 2019). This refers to a practice where the main aim is to ‘identify and compensate for gaps and shortcomings in the system the child must deal with after a police report, in order to improve the care and to create a connection between the different instances and measures’ (Andersen, 2019, p. 179). When work is conducted in accordance with this definition, social workers provide the children that are referred to Barnahus with interventions that can be described as holistic, context-sensitive and person-centred. In this article, the relevant questions addressed are how the social workers apply knowledge in practice and which knowledge sources they reference when conducting interstitial work. The findings are then used to draw some implications for the evidence–relevance dilemma in the knowledge for social work debate.

To this point, discussions on the relationship between evidence and relevance in social work literature have been rather polemic. Moreover, two cultures can be discerned on each side of the debate: one that emphasises learning from practice and another that focuses on theory, validity and evidence (Sheppard *et al.*, 2000; Petersén and Olsson, 2015).

For more than two decades, the latter position, which is advocated by the ‘evidence-based movement’ and strives for evidence-based practice (EBP) in social work, has represented the dominant discourse. The common definition of EBP is ‘the conscientious, explicit and judicious use of current evidence in making decisions about the care of individuals’ (Sackett *et al.*, 1996, p. 71). Typically, it involves a structured use of standardised manuals to ensure the execution of standardised practice. Although influential, EBP has encountered many counter-voices and harsh criticism. This criticism ultimately rests in EBP having little practical relevance for complex and tangible social problems because it reduces social problems into measurable variables. Critics of EBP argue that for a knowledge approach to be applicable or practice-relevant, it must account for the complex and intersubjective dimensions of social work problems and reality (Webb, 2001). Further, it should be open to experience-based and more intuitive capacities involved in professional decision-making processes (e.g. Petersén and Olsson, 2015; Emslie, 2019).

Thus far, researchers who have engaged in the debate empirically have primarily been concerned with the negative impacts of EBP on social work practice (e.g. Björk, 2016). In this article, departing from a practice identified as one that provides clients with relevant interventions that are simultaneously informed by formal knowledge, analytical attention is paid to which knowledge sources the social workers at Barnahus draw on when conducting interstitial work and how they apply knowledge in practice. Inspired by Petersén and Olsson’s (2015) phronetic evaluation research and drawing on Flyvbjerg’s (2004), Flyvbjerg *et al.*’s (2012) approach to ‘phronetic knowledge’, it is argued that for social work practice to result in relevant interventions that are at the same time knowledge-based, the use of evidence must be phronetically guided. This means evidence must be consulted in an abductive interplay with case particularities and value-based judgement through the phronetic question of ‘What does the client in this particular situation need?’.

As background for the subsequent analysis, the Barnahus model in Norway and the role of the social workers will first be described in more detail. Before turning to the findings, the rationale behind the conceptualisation of interstitial work will be outlined, some key dimensions of the EBP debate will be highlighted and the characteristics of a phronetic approach to knowledge use will be described.

The Barnahus model in Norway

Being an interagency institution addressing the multifaceted problem of child abuse, Barnahus represents an interesting institutional frame for studying social work practice and the use of knowledge. The Barnahus model was first implemented in Iceland in 1998 and was inspired by

the Children Advocacy Centres in the USA. Over the next decade, the model spread rapidly throughout the Nordic region. Moreover, the Barnahus model has been promoted as a best-practice model in recent years at the European level and has been implemented as a trial project in many European countries (Johansson and Stefansen, 2019).

In Norway, the Barnahus model was implemented in 2007 and is coordinated by the Police Directorate on behalf of the Ministry of Police and Public Security. There are eleven Barnahus spread throughout the country, organised as separate units within the police districts where they are located (Johansson *et al.*, 2017). At each Barnahus, the regular staff comprises social workers and one-third psychologists. The other key agencies and professions involved are the police, prosecutors and legal representatives for the child in question. In addition, representatives from child welfare services often observe investigative interviews as part of the child welfare cases.

Most of the social workers at each Barnahus are experienced and have extensive previous experience in adjacent services, typically from a young people's psychiatric outpatient unit (YPPOU), child welfare services or both. All have at least 3 years of social work education and most possess further education in clinical social work as well as additional courses in various therapeutic treatment methods. Since the Barnahus model was implemented in Norway, there have been few official documents or detailed regulations standardising the activities of the social workers. However, their main roles and responsibilities are defined in the Barnahus guidelines issued in 2016: They shall welcome the child, observe the investigative interview, participate in consultation meetings and support and offer treatment to the child and family (The National Police Directorate *et al.*, 2016). In follow-up work, the social workers also collaborate with professionals from agencies that are not formally part of the Barnahus model, such as YPPOUs, schools and kindergartens.

Interstitial work at Barnahus

In a previous attempt to grasp what 'Barnahus work' is about, it was suggested to conceptualise its core as interstitial work (Andersen, 2019). Interstitial work can be described as a particular context-sensitive practice. This conceptualisation is based on the observation that when social workers with the longest experience in Barnahus decide on how to proceed in their casework, the case context is of more importance than the case content. This means that rather than the child's symptoms alone playing the determining role when the social workers decide on if and how to intervene in a case, the interventions are adjusted to how the agencies representing the system and the professionals representing the same agencies respond to the child's symptoms. Thus, if the system has

no measures to provide for the child, or when the child has to wait a long time for a treatment to start, the social workers provide the child with direct interventions at the Barnahus. In this way, they intervene directly with the child when they identify interstices at what can be termed ‘the system level’. However, more often they identify and compensate for interstices at what can be termed ‘the relational level’. When this occurs, it is through indirect work; they identify that someone (such as a professional or significant other in the child’s life) is not currently a resource for the child although they could if guidance and/or support is provided. When interstitial work is conducted in accordance with this description, the social workers at Barnahus ensure that someone is there continuously to look after the child and that these persons are sensitive towards the struggles the child is facing. In this way, the social workers are able to provide children with interventions relevant to their particular situation and needs. As described later in the article, the practice of interstitial work also involves social workers drawing extensively on research and evidence-based knowledge in their day-to-day work. Accordingly, the empirical section of this article asks how such formal (and less formal) knowledge sources are applied in practice by experienced social workers conducting interstitial work at the Barnahus.

The EBP debate

When EBP entered the field of social work (from the field of medicine) in the 1990s, social work had for long been trying to bridge the gap between research and practice. Over subsequent years, a number of studies elucidated flaws in social work practice (e.g. [McNeece and Thyer, 2004](#); [Baker and Ritchey, 2009](#)). Many researchers, decision makers and practitioners considered EBP an answer to the quest of basing social work on a scientific foundation ([Petersén and Olsson, 2015](#)). The crucial concept of EBP is that social work interventions should be ‘systematically based on proven effectiveness derived from sound empirical research’ ([Otto et al., 2009](#), p. 472). Proponents have argued that social work practices that use treatment based on appropriately conducted empirical effectiveness are ‘more efficient, harmless, transparent, and ethical’ ([Soydan, 2008](#), p. 311) and will inform and improve practice ([Nutley et al., 2007](#)). The question of what represents sound empirical research or best research evidence is determined by the evidence hierarchy (e.g. [Petersén and Olsson, 2015](#)). This produces the ranking of (i) systematic reviews, (ii) randomised controlled trials (RCTs), (iii) quasi-experimental studies, (iv) cohort studies, (v) case–control studies, (vi) case series and (vii) qualitative studies and expert opinions.

The rationale behind experimental research is to provide sound evidence about whether a specific programme or intervention works. More

precisely, it is whether people who have been exposed to a specific treatment (after controlling for other confounding factors) are systematically different from those who have not obtained this treatment; hence, whether there is a causal relationship between a treatment and a clearly defined outcome (Otto *et al.*, 2009). Evidence-based social work derived from such experimental research typically involves a consistent and structured use of standardised manuals to ensure the execution of standardised practice (Otto *et al.*, 2009). In this way, EBP is supposed to contribute with the scientific assurance of evident knowledge to professional social work (Bergmark *et al.*, 2011) and ensure ‘relevance through evidence’ (Petersén and Olsson, 2015). However, the positivistic view of science and evidence (inherent in the evidence hierarchy) has been heavily critiqued as being too narrow (Webb, 2001; Cohen *et al.*, 2004). Further, it has been criticised for relying on false premises related to objectivity and its claim of producing universal knowledge (Munro, 2014). Moreover, as Otto *et al.* (2009) have indicated, problems and aims are typically multidimensional in social work situations; hence, where the problem and target group are not clearly defined, ‘the practical value of using causal descriptions of experimental studies to guide and instruct practitioners more or less directly, is rather limited’ (Otto *et al.*, 2009, p. 473).

The version of EBP that relies strictly on the evidence hierarchy (and thus on best research evidence) can be considered a ‘hard version’ of EBP (e.g. Petersén and Olsson, 2015). According to Gray *et al.* (2009), ‘softer’ versions have emerged alongside this hard version as a strategy amongst EBP proponents in response to the severe criticism. Within these softer versions, ‘best scientific evidence available right now’ is the preferred narrative, implying that studies based on methods further down in the evidence hierarchy are welcome. Moreover, clients are prescribed a more active role, whereby the social workers help the clients choose between different interventions after having provided them with information about the effects (Petersén and Olsson, 2015).

A number of scholars have also argued for evidence-informed practice (EIP) (e.g. Chalmers, 2005; Epstein, 2009; Nevo and Slonim-Nevo, 2011) and evidence-guided practice (EGP) (Gitterman and Knight, 2018) as alternatives to EBP. Multiple knowledge sources are welcome within these accounts, including case studies and practice experiences (Nevo and Slonim-Nevo, 2011). Nevo and Slonim-Nevo (2011, p. 1178) describe EIP as an approach where empirical evidence is ‘regarded as one component in the mutual and constantly changing journey of client and practitioner’. In more recent years, the field of implementation research has also stressed that EBP must be integrated with practice experience and the characteristics of clients (or situations) to be relevant; hence, generalised evidence must be translated and adapted when implemented in different contexts (Palinkas and Soydan, 2012). As a result, there are middle positions between the strict views of evidence and relevance proponents. However, the

concept of phronetic knowledge (Flyvbjerg 2004; Flyvbjerg's *et al.*, 2012; Petersén and Olsson, 2015) offers an alternative avenue of thinking to these positions and provides the inspiration for this analysis.

Phronetic knowledge

The term phronetic knowledge originates from Aristotle's (2000) knowledge triangle, in which the three forms of knowledge are distinguished: episteme, techne and phronesis. Episteme refers to theoretical scientific knowledge that is context-independent and can be translated into general laws. This is achieved with the aid of analytical rationality and it is typically seen as corresponding to the modern scientific ideal as expressed in natural science (Flyvbjerg, 2004); hence, it represents the scientific rationale behind EBP (Petersén and Olsson, 2015). The objective of techne is to apply technical knowledge and skills according to a pragmatic instrumental rationality (Flyvbjerg, 2004). It represents an instrumental form of 'know-how' knowledge focused on delivering solutions to concrete problems (Petersén and Olsson, 2015). Finally, phronesis refers to practical wisdom about how to act in specific situations and is primarily relevant under concrete conditions. It is sensitive to particulars and involves the abilities of judging how to achieve a certain goal and reflecting on good results (Petersén and Olsson, 2015). According to Flyvbjerg (2004, pp. 284–285), '[p]hronesis concerns values and goes beyond analytical, scientific knowledge (episteme) and technical knowledge or know how (techne)'. This involves what Vickers (1995) called 'the art of judgement'—decisions made in the manner of a skilful social actor—and operates via a practical value-rationality based on (extensive) experience and judgement (Flyvbjerg, 2004). Aristotle was explicit in regard to phronesis, describing it as the most important intellectual virtue because it is the activity by which instrumental rationality is balanced by value-rationality (Flyvbjerg, 2004). According to Flyvbjerg *et al.* (2012), phronesis is required for the management of human affairs, including the management of epistemic and technical knowledge. Hence, whilst a phronetic knowledge approach does not neglect the importance of formal knowledge sources, it 'emphasises' case particularities and value-based judgement grounded in practical experience. As will be shown, this approach to knowledge use characterises the practice of interstitial work at the Barnahus.

Method and material: a shadowing study

In this study, the qualitative method of shadowing was used. Shadowing concentrates on a limited phenomenon in its context (Czarniawska,

2007) and is commonly referred to 'as a research technique which involves a researcher closely following a member of an organisation over an extended period of time' (McDonald, 2005, p. 456). Further, the method is described as having a number of advantages. First, it allows the researcher to get close to the activity of interest and is sensitive to this activity's embodied nature (Nicolini, 2013). Moreover, it is moveable and enables the researcher to study activities and actions in the context in which they occur (McDonald, 2005; Hognestad and Bøe, 2016). Further, shadowing is described as providing more detailed data than many other qualitative approaches. Combined with the fact that shadowing allows actions to be viewed directly, it can 'produce the sort of first-hand, detailed data that gives the organisational researcher access to both the trivial or mundane and the difficult to articulate' (McDonald, 2005, p. 457). Another feature is that shadowing enables the researcher to study individuals in an organisation holistically. Finally, because actions are contextualised by 'running commentaries' and opinions are related to the situation that produced them, both opinions and behaviour are studied concurrently (McDonald, 2005).

The shadowing in this study took place over a period of 6 weeks, during which six social workers from three different Barnahus in Norway were followed in all the settings they encountered during daily work. These included attending consulting meetings, observing investigative interviews, advising investigative interviewers in the hall, participating in staff meetings (where their own cases and those of their colleagues were discussed) and making phone calls to other agencies or children's parents at the office. Three of the shadowed social workers had worked at the Barnahus for many years and were very experienced. The remaining three were less experienced, working at the Barnahus for less than 3 years (two of them for approximately 1 year). Although social workers and their casework were observed one at a time, the fieldwork also generated data on numerous other cases. Altogether, the fieldwork generated insights into work pertaining to approximately sixty child abuse cases, of which the shadowed social workers were in charge of approximately 50 per cent. Ethical approval for the study was obtained from the Regional Committee for Medical and Health Research Ethics and verbal consent was obtained from the studied social workers. The conceptualisation of interstitial work is based on the working practices of social workers having the longest experience of working with Barnahus, which is mirrored in the following analysis of knowledge sources and uses.

An abductive approach is used in the analysis. Abduction 'entails considering all possible theoretical explanations for the data, framing hypotheses for each possible explanation, checking them empirically by examining data and pursuing the most plausible explanation' (Charmaz, 2006, p. 188). Herein, this involved going back and forth between the

fieldwork material and the different positions concerned with the relationship between evidence and relevance in the knowledge debate. In the process of analysing the field notes, access to contextualised running commentaries made by the social workers proved particularly informative. As one of the social workers noted, being shadowed made her apply a 'meta-perspective' to her own actions, making her reflect on the rationale behind every action she conducted. Further, she felt the need to articulate to the researcher what she was doing and why. Such running commentaries represent the main empirical source in the following analysis of knowledge use.

Phronetically guided use of knowledge

In this section, the work conducted by two social workers in two different cases that were observed during the fieldwork will be described. The purpose is to illustrate some general tendencies on how social workers with the longest experience at the Barnahus drew on a combination of different knowledge sources, case particularities and value-based judgement to discern appropriate actions in concrete cases.

In the two cases, the children involved were screened with different screening tools developed for the assessment of trauma-related symptoms in children of different age groups (The Child and Adolescent Trauma Screen [CATS] and The Trauma Symptoms Checklist for Young Children [TSCYC]). The screening results suggested that both children suffered from a clinical diagnosis related to being victims of violence or sexual abuse. In such cases, the usual procedure at the Barnahus would be to refer the children to treatment in the YPPOU system, which would also be considered EBP. However, as will be elaborated on subsequently, immediate referral to YPPOU was only chosen in one of the cases. It will be argued that both cases illustrate phronesis in action; hence, the social workers may be said to be phronetically guided in their use of knowledge when conducting interstitial work in practice.

Case 1: teenage girl

When the observation of case 1 begins, I find myself at the social worker's office. She has just finished a follow-up conversation with a teenage girl who has been sexually abused online and been threatened with exposure by the offender. Prior to this conversation, the social worker has had two separate conversations with the girl and one with her mother. In this session, the social worker first met with both of them, and then screened the girl in a separate conversation.

Due to ethical concerns and field approval, the author was not present during the conversation or screening. Accordingly, the following description is based on a conversation with the social worker immediately after the meeting:

I just screened the girl with CATS, and the results showed that she qualifies for a post-traumatic stress disorder (PTSD) diagnosis. She is highly influenced by her symptoms and has been for a while. After the investigative interview, the symptom pressure increased. Her mother confirms this. Her symptoms suggest she will be in need of trauma-sensitive treatment on a weekly basis for a long time. This is a very resourceful young girl, I tell you, but she has been under a lot of stress for a long time. For the time being, she does not sleep, and she is continuously afraid to dissociate or panic when she meets other people. Her self-esteem and feeling of self-worth are very low. That is typical for traumatised children. I see that often, especially amongst the young 'good girls'. I am going to refer her to YPPOU for trauma-sensitive treatment first thing in the morning. However, the treatment will not start right away. I know that the waiting time at her local YPPOU is somewhere from six to eight weeks. In the meantime, I will keep inviting her to follow-up conversations here, at least for as long as the symptom pressure is this high. I am afraid that she might try to hurt herself at some point. And that is one of the good things about Barnahus, you know; we can provide help here and now. So far, when I have met with the girl, I have drawn heavily on psychoeducation [evidence-based therapeutic intervention]. Together, the girl and I have also mapped out her support team, people around her that she can lean on when things turn difficult. Next week, I am attending a collaboration meeting at her school. Other than me, her teacher, a school social worker, and her mom will be there. The girl has consented me to let me use the window of tolerance [research-based tool] at the meeting. I have also talked to the mom in a separate conversation about relaxing techniques she can use to get the girl to calm down and about how to address issues that may be hard for the girl to talk about at this point. Right now, the girl is struggling to talk about her experiences to anyone.

In this case, the social worker's immediate response after having conducted the screening test was to refer the girl for treatment in the YPPOU system, as the test suggests her to be in need of long-term trauma-sensitive treatment. Therefore, the social worker acted in accordance with what can be defined as EBP—the symptoms suggest a diagnosis for which a distinct therapeutic intervention is considered the best treatment, and the girl is then referred for such treatment. However, knowing that the treatment is not likely to start for 6–8 weeks, the social worker decided to invite the girl back to the Barnahus for follow-up conversations, at least for as long as she believed it necessary. She also worked indirectly through the girl's mother and professionals from her

school environment, drawing on research-based interventions and tools such as psychoeducation and the window of tolerance.

The question is how are we to interpret the social workers' actions and use of knowledge? First, the social worker's actions in this case could be construed as illustrating the essence of the definition of interstitial work—she identified and compensated for gaps or shortcomings in the system and relationships surrounding the girl in question. In this case, she advised the mother and school professionals on how to approach the girl and understand her behaviour. Further, she compensated for the waiting time at her local YPPOU through follow-up conversations at the Barnahus. Moreover, she ensured that someone would always be there to look after the girl in a sensitive manner. Second, the social worker's actions can be thought of as being guided by the question of what does the child in this particular situation need? Her answer would be to have a professional talk with her in the short term, sensitive adults around the girl and trauma-sensitive treatment in the long term. The suggested guiding question must be considered a phronetic question because it is both value-based and grounded in case particularities. In making her decision, the social worker drew on formal knowledge sources, field experience and value-based judgement.

The same phronetic question can also be considered to have guided the actions of the social worker in the next case that is presented. In this particular case, the social worker decided not to refer the boy in question to treatment in YPPOU immediately, despite his scores on the TSCYC test suggesting a clinical diagnosis. Therefore, in contrast to the social worker in the first case, she did not act in accordance with EBP. This would have involved referring the boy to treatment customised to his current symptoms. Moreover, it will be revealed that the reasons for her actions were due to case particularities.

Case 2: pre-teen boy

Like in the first case, I get access to observing the casework right after the social worker has had a follow-up meeting. This time, the meeting took place over the phone with the mother of a pre-teen boy who had been physically abused by his father for years. The social worker had arranged for a phone meeting with the mother to discuss the results of the boy's screening test, which indicated two possible clinical diagnoses—in her own words to 'put some meat on the bones'. Prior to the phone conversation, she explained to me that she had experienced that talking to 'the one that knows the child and the child's situation best at the moment' provided useful information and context when interpreting the screening results in previous cases, and thus that she would like to do that before referring him to a YPPOU. When I come back to the office,

after they have talked, she is finishing up the summary of the conversation in the journal system. The first part of the following description is based on the social worker reading aloud to me from her journal notes while commenting about them. The latter part is based on a short selection (to avoid identification) from her journal notes.

The social worker read the following out loud:

[The boy's name] is screened with TSYC by his mother because the boy himself did not want to come back to the Barnahus for conversations. The screening results show clinical scores on anxiety and depression, as well as high scores on evasiveness. The scores do not suggest a PTSD diagnosis. The mother describes the symptom pressure as increasing before and after the boy has met with his father. The father was originally granted visitation rights every other month. The mother has now stopped these visits, and [the boy's name] is doing a lot better. This suggests that his symptoms are largely context-dependent. At this point, my advice is indirect treatment through the mother. The decision is related to the fact that the family is soon about to move. I do not advise starting treatment under such uncertain circumstances, or to change therapists during the therapy course. I will refer the mother to the Circle of Security Parenting (COSP) programme in her home city.

COSP is an evidence-based intervention programme for parents and children that focuses on relationships in families where maltreatment or complex trauma is an issue (e.g. Kim *et al.*, 2018).

She then turns to me and tells me that the mother agreed with her in the decision about not starting treatment in YPPOU right away, also because the boy at this point is reluctant to talk to professionals of any kind. "I experience the mother as very focused on her kids, eager to learn and sensitive towards guidance. She has matured a lot since they left the father. I believe she could really benefit from the COSP course". The social worker then gets a private phone call and must leave to respond. She lets me read through the rest of the journal notes on her computer in her absence. I note that she has written "The test results indicate a high symptom pressure and the boy must be considered vulnerable. Referral to psychological treatment for depression and anxiety should be considered continuously. Watchful waiting is necessary.

It is evident that a future referral to the YPPOU system by the social worker in charge of this case remains a possibility. However, she decides that such treatment should not start up right away due to the case particularities—the boy and his family are about to move, he is reluctant to talk to any professionals at this point and his symptoms seem largely context-dependent. The latter may indicate they will improve once the context is changed. Hence, the decision of the social worker not to act in accordance with what could be considered EBP is related to the particular case context. Further, if we depart from the suggested question for guiding social workers when conducting interstitial work (what does

this child in this particular situation need?), her short answer would be indirect treatment through the mother until the circumstances have stabilised, followed by psychological treatment if the symptoms continue to suggest it necessary.

As in the first case, the social worker used a combination of knowledge sources to decide on how to proceed in the casework; the screening tool was used and she referred the mother to the EBP of COSP. Moreover, the social worker exploited experience-based knowledge when deciding to call the mother before possibly referring the boy to a YPPOU (which she then decided not to do at this point due to the case particularities). This abductive interplay between formal and less formal knowledge sources illustrated by these cases was observed to be the most striking aspect of the experienced social workers' knowledge use when conducting interstitial work in practice. Instead of allowing the child's symptoms and formal knowledge determining how to proceed in a case (which would characterise hard EBP logic), the decisions on how to proceed were equally (or sometimes more) informed by case particularities, field experience and value-based judgements. When so informed, the children were provided with interventions that could be described as both knowledge-informed and relevant to their particular situation. The social workers also ensured that someone was continuously there to look after the children in a sensitive manner and that children who would possibly not have received help from other agencies received help at the Barnahus.

Implications for the knowledge debate

Although they present a challenge to the causal description logic of hard EBP, the findings in this study suggest that treating evidence and relevance as antipoles is of limited value. As other researchers have noted (e.g. Nevo and Slonim-Nevo, 2011; Petersén and Olsson, 2015), an antagonistic relationship between finding relevant interventions for social work clients and consulting the best available research evidence in the process is not required. Moreover, the described abductive interplay is in accordance with the position in the EBP debate (such as EIP, EGP and implementation research) that stresses EBP or formal knowledge cannot represent a blueprint for how to proceed in concrete casework. Rather, it is suggested that social workers should be familiar with and consult such knowledge to provide their clients with the interventions that are most likely to improve their condition. However, as demonstrated with the studied cases, if interventions are to be customised to the particular client's situation and needs, the use of such evidence must be phronetically guided. This means the value-based question of what does the client in this particular situation need (which is grounded in

case particularities) must guide social workers when discerning how to proceed in concrete cases. However, as the study design does not include screening or checking the children coming to Barnahus at a later stage, it cannot be claimed that a phronetic approach is the most effective in leading to the quickest recovery of children coming to Barnahus. However, the data suggest that if social worker's interventions are phronetically guided, this may lead to more clients receiving knowledge-based help than those who qualify for specific diagnoses (and thus EBP or EIP). This can also result in more holistic help, because it involves considering indirect treatment or guidance to parents or professionals as part of the follow-up work.

Approaching cases in a phronetically guided way is, however, demanding. In another article (Andersen, 2019), it was described how the practice of interstitial work requires that social workers always pay attention to details, such as how representatives from other agencies and the child's significant others respond to the child's symptoms, behaviour and situation. Further, it requires a significant amount of knowledge about the mandates and practical reality of adjacent services. Moreover, the results presented here indicate that practicing interstitial work and approaching cases in a phronetically guided way requires social workers to be familiar with the best available research evidence within their field. At the Barnahus, this would include screening tools and evidence-based treatment methods for traumatised children.

Conclusion and future research proposals

Although middle positions do exist between the harder camps on each side of the evidence–relevance dilemma in the debate around knowledge for social work, polarisation has characterised the debate over the past decades. In this article, having departed from the concrete practice of interstitial work at the Barnahus, it has been argued that treating evidence and relevance as antipoles is unproductive. However, it is argued that to provide clients with knowledge-based interventions that truly account for the complex nature of social problems and social work reality, it is necessary to approach formal (epistemic and technical) knowledge in a phronetically guided way. This means formal knowledge should be consulted in an abductive interplay with experience-based knowledge, case particularities and value-based judgements through the phronetic question of what does the client in this particular situation need?.

Throughout the article, the concepts of interstitial work and phronetically guided use of knowledge are described as being based on the work conducted by the social workers with the longest experience at the Barnahus. Whilst this does not mean that social workers with less experience approach casework in different ways, they identify fewer

interstices and are more likely to draw explicitly on epistemic and technical knowledge when discerning how to proceed in their casework. This suggests that experience from the concrete field of practice is necessary to address social problems in a phronetically guided way. The questions of why this is and how phronesis could be gained more effectively than simply through extensive experience alone should be topics for further research. The same is true for institutional frames that enable and constrain social workers to address social work problems in a phronetically guided way. However, it appears that if the mandate of the social workers at the Barnahus had been strongly regulated, or if they had been instructed to act in accordance with hard EBP, conducting interstitial work would have been impossible. Accordingly, other possible constraining and enabling factors should also be considered.

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