

# **RESEARCHING HEALTH POLICY AND PLANNING**

## **The influence of linguistic ethnography**

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## Introduction

### Extract 1

Well we've got a mission and the mission is to help improve policy making through better evidence. That's the mission, to help improve, ultimately, the health of people in...the UK. So that's the bottom line and within that there's quite a lot that we can do...to try to inject a lot more sense into the debates through evidence and through cool objective sober argument.

Interview with senior executive at a think tank

### Extract 2

I want to explore this political dimension a bit more and so I ask about people that [they] might like to influence but perhaps have not yet had much success. What emerges is what she refers to as "a group of political people who are advisors", people that [she] describes as "the in-crowd" and that "are constantly flitting over the British state". The two names she mentions are George Osbourne and Oliver Letwin\*. I find this fascinating as...this is high level political machinery that she had previously said was less important... It seems that I am hearing two different stories here but I am unsure quite what they're telling me and why.

Journal entry, 1 February 2012

\*At the time of the study George Osbourne was Chancellor of the Exchequer for the UK Coalition Government, and Oliver Letwin was Minister for Government Policy in the Cabinet Office

These data extracts are drawn from an interview and a research diary that form part of the dataset for a study on the role of think tanks in shaping health policy and planning. Think tanks are civil society organisations that specialise in producing and disseminating knowledge that is relevant to public policy (Medvetz 2008; Pautz 2011). These 'two different stories' relate to different accounts of the planning process that were present in think tanks work: one focusing on the production and use of evidence to feed into policy and the other on political work involving people, values, ideas and interactions in shaping policy. Such stories (or narratives) work to shape policy problems and practices (Yanow 1996; Hajer 2006; Rydin and Ockwell 2005). Identifying and unpacking them (for instance, examining who is involved, and the

main arguments in play) proved vital to our analysis and understanding of think tanks' role in shaping health policy. Our findings revealed how think tanks publicly ('front-stage') present a storyline to position themselves as 'independent research organisations', drawing on the language of technocratic health planning to define their role as producing evidence and feeding this into policy. This confers legitimacy in the eyes of decision-makers and the public. Away from public view ('back-stage'), the storyline shifts with think tanks talking about how they link with particular actors and interests (e.g. via private dinners with decision-makers) as they seek to influence health policy and healthcare delivery. We found that employing these two stories enabled think tanks to present themselves as neutral, value-free advisors on NHS reform, offering a 'view from nowhere' (Nagel 1989), whilst simultaneously trying to promote and maintain particular interests, gain political power and, ultimately, shape the policy agenda.

Behind these two narratives of think tank work lie two different representations of health policy and planning processes. Most analysts and researchers interested in health policy align with a positivist conception of healthcare planning and conceive it as a formal, rational process that can be planned in advance. Others adopt an interpretive approach, describing policy as 'a set of shifting, diverse, and contradictory responses to a spectrum of political interests' (Edelman 1988, p16), focusing on how meaning is constructed through policy and examining, for instance, the argumentative structures and practices involved (Hajer 2006; Rydin and Ockwell 2005). We align with this latter approach.

In this chapter, we describe how and why we have come to study healthcare planning from this interpretive approach, and the contribution of linguistic ethnography to our work on think tanks. In the first section we locate ourselves working in a medical school environment in the 1990s. We recount how and why we came to explore how policies get produced and reworked through language and social interaction, why we developed an interest in an interpretive approach to policy analysis, and what this meant for our work. In the second section we draw on our research examining how think tanks shape health policy. We demonstrate how linguistic ethnography has guided this work, exploring (and demonstrating) the relationship between theory and data. We conclude by reflecting on how bringing linguistic ethnography to interpretive policy analysis enriched our work on think tanks.

At the heart of this chapter lies a dialogue between linguistic ethnography and an interpretive approach to studying health policy and planning. In foregrounding this dialogue, we have only been able to give limited detail of our overall research design and methodology. Readers can find a more detailed account of the study theory, methodology, findings and ethical issues in Shaw, Russell, Korica and Greenhalgh (2014); Shaw (in press); and Shaw, Russell, Parsons and Greenhalgh (in press).

### **Locating our research**

For over twenty years we have worked as qualitative researchers in healthcare, gaining much of our research experience working in medical schools. Over the years we have undertaken research and evaluation projects about various aspects of health policy and practice, using interviews, focus groups and occasionally some observation. As is the norm in the medical school environment (where controlled trials, systematic reviews and surveys dominate), these qualitative methods were underpinned by an implicitly neo-positivist view of language and meaning. Like many qualitative researchers in medical schools, we were trained as analysts to look for ‘themes’ in our data. We treated language as a transparent medium, a lens through which we could unproblematically examine and understand the real nature of events and people’s views and experiences (Hammersley 2007; Gubrium and Holstein 2003). Our exploration of meaning was limited to identifying and documenting respondents’ intentional, stated meanings (Wagenaar 2011).

We then came across a body of work in policy studies that proved to be a turning point in our thinking. This work not only recognised the empiricist emphasis (grounded in instrumental rationality as a means of explaining human action) as naïve, but also regarded policy analysis and policy outcomes as ‘infused with sticky problems of politics and social values’ (Fischer 2003, p11). We engaged with writers such as Frank Fischer, Carol Bacchi, Murray Edelman, Dvora Yanow, Deborah Stone, Maarten Hajer and Henk Wagenaar who opened our eyes to the emerging field of Interpretive Policy Analysis. The work of these writers differs in many respects (indeed, some may not regard their work as being grounded in interpretive policy analysis). However, what ties them together is the way that they understand policy and policy analysis as involving dialogue, argument and interaction and their analytic

focus on meaning-making. They see policymaking not simply as a means for finding acceptable solutions for preconceived problems, but as the dominant way in which social conflicts are regulated. They connect policy and planning with politics and encourage us to focus, not only on *what* a policy means, but also on the role of language in constructing and enacting policy and social life more widely, and thus *how* a policy means (Yanow 1996, Wagenaar 2011). Through the lens of interpretive policy analysis, policymaking is no longer a value-free, technical project, but is essentially argumentative. The stories that we referred to at the start of the chapter capture a condensed form of narrative in which particular arguments are employed by people as shorthand in discussions about policy. The argumentative character of policy plays an important role in positioning actors (Rydin and Ockwell 2005), as they are drawn to particular stories that represent common interests and form ‘discourse coalitions’ around them (Hajer 2006).

Through this body of work, language and social interaction increasingly became focal points of our work. However, lacking any background in linguistic analysis, we were uncertain how to incorporate this into our research practice. A course in *Key Concepts and Methods in Ethnography, Language and Communication* provided immersion in micro-level data analysis sessions, allowing us to learn through practical engagement what it means to undertake an analysis based on the study of language-in-use (Snell, Shaw and Copland, this volume). It encouraged us to combine our existing interests in ethnography with our emerging interests in language, and to employ an eclectic mix of methodological strategies in our research, an approach often referred to as ‘bricolage’ (Kincheloe 2001), which made more sense to us than the narrow, compartmentalised focus on specific ‘schools of thought’ we had previously encountered in learning about discourse analysis.

The majority of UK health research remains firmly wedded to the positivist conception of healthcare planning described above. There is, however; a growing community of researchers who are bringing interpretive approaches to bear on issues of health policy and health service delivery (see, for instance, chapters by Jeff Bezemer and Sarah Collins in this collection). We locate ourselves within this community, adopting linguistically sensitive approaches to healthcare planning. Our recent research exploring how think tanks shape health policy provided us with an

opportunity to examine the role of language and interaction in the context of evolving health policy.

## **Studying think tanks role in shaping health policy and planning**

### *Health policy and planning as the focus of our study*

In recent decades, think tanks have emerged as a significant part of the global knowledge economy. The growth of think tanks has been described as ‘nothing less than explosive’ (McGann 2013, p14), with an estimated 6600 operating across 180 countries (ibid). This growth has emerged out of social and political changes occurring since the 1980s (see Shaw, Russell, Korica and Greenhalgh 2014). It has enabled think tanks to increase not only in number, but also in the scope of their work, with greater input into policymaking across a range of areas. Whilst they vary in terms of their focus, activities and funding, think tanks are increasingly visible participants in health policy.

The starting point for our study was health policy. This is different from much of the existing work in linguistic ethnography, which has strong roots in education and literacy studies and has drawn researchers to focus on, for instance, language practice and classroom interaction (Lefstein and Snell 2011; Tusting and Maybin 2007; Rampton 2007). Whilst policy and planning are clearly relevant (for instance, in considering how policy initiatives such as the national curriculum are enacted in the classroom [Lefstein, 2008]), it is not the prime focus for much linguistic ethnography. Hence, in order to examine the relationship between think tanks and health policy our initial orientation was not only to micro-level interaction but also to interpretive theory that could help us to define the analytic problem of studying policy (Wagenaar, 2011).

Interpretive policy analysis situates policy as something broader than tangible pieces of legislation and regulation administered by government. Rather, the idea of ‘public policy’ indicates an area of social life that is simultaneously distributed (through multiple and dispersed policy practices) and held in common (via overarching policy narratives that make sense of events and guide political action), involving ‘a never ending series of communications and strategic moves by which various policy actors

in loosely coupled forums of public deliberation construct intersubjective meanings’ (Hoppe, 1993, p77). These meanings are continually translated into collective narratives, projects and plans through a range of activities, actions, interactions, organisations and actors (including think tanks). Our focus on policy therefore meant that there was no single ‘policy space’ similar to a classroom into which we could walk, observe ‘health policy’ and collect naturally occurring data of interaction. This is because the practices that make up ‘policy and planning’ are dispersed and do not sit neatly in a single, accessible, naturally occurring space. And think tanks do not engage with policy and planning via a single route but occupy different social spaces allied to a range of political, media, knowledge production and business activities (Medvetz 2012, 2008).

### *Defining our case*

Interpretive policy analysis provided a clear starting point for our study, privileging policy and politics as ‘the object of study’ (Tusting and Maybin 2007), and guiding us to focus initially on the dispersed policy spaces and practices that make up health policy and planning. The distributed and fragmented character of policy meant that, in order to unravel the narratives allied to think tanks (and the individuals allied to them) and their role in shaping health policy, we needed to explore the work of think tanks via various sources and genres of data.

We undertook a collective case study (Simons 2009) of think tanks’ role in shaping health policy. We began by developing a typology of UK think tanks that have health and healthcare as part of their programme and, from this, selected four think tanks, ensuring a range of activities, histories and funding sources. The four think tanks (all referred to anonymously here, and elsewhere, as Think Tanks A, B, C and D) together provided an opportunity to study policymaking from a range of perspectives.

However, we needed a concrete instance of health policy and planning on which to focus. At the time of the study, the Coalition Government had set out a substantial programme of reforms to the NHS in England, including general practitioners taking on a substantial role commissioning healthcare and a new economic regulator overseeing extended competition amongst (public and private) healthcare providers. We focused on this programme of reforms in order to have a tangible example of

health policy and planning on which to focus data collection and analysis, and to explore how think tanks engaged with it. All four think tanks in our sample were engaged in work relating to this programme of reforms either directly (in three cases) or tangentially (in one case).

### *Collecting and analysing data*

Our study emerged from one author's (SS) experience of working in Think Tank B, an organisation based in central London who describe themselves as 'an authoritative and independent source of evidence-based research and policy analysis for improving health care in the UK' (mission statement 2013). The focus of their work is the provision of 'evidence for better health care', emphasising a technocratic process where the think tank role is to produce evidence, feed this into policy and so improve healthcare. SS worked at Think Tank B for two years, from February 2009 to March 2011, during which time she kept a journal reflecting on her role. Originally a personal project, this journal was resituated as an auto-ethnographic account as the study was conceived and SS, once again, took up an academic position. This process raised a number of ethical questions, in particular about the nature of consent and the accountability of the research - a detailed account can be found in Shaw (in press).

Think tanks remain largely hidden in existing analyses of health policy and planning. The reason for this stems, in part, from difficulties negotiating access to such dispersed policy practices. Through auto-ethnography, we were able to examine and retell events and activities related to health policymaking – in this case related to a substantial programme of reforms to the NHS in England (DH 2010), and the context in which think tanks' activities unfold. Take the following extract in which SS is trying to make sense of her working environment after close to a year in post:

#### **Extract 3**

I have been struck by the formality of some of the emails...They often bring with them the sense of a 'formal managerial request' where I am required to act in some way, my response should also be formal and thought through and this will be recorded and filed somewhere for future reference or 'good record keeping'.



This approach to managing, decision-making and communicating all has a rather strange effect on me....It makes me feel that research is dictated from 'on high' and that my role is simply to undertake and deliver rather than investigate and explore.

Journal, 5 January 2010

Such journal entries enabled us to move from personal experience of specific activities ('some of the emails', 'formal managerial request', 'requiring me to act in some way') to connect with particular cultural practices and approaches to planning that are grounded in an accepted way of doing things ('approach to managing', 'dictated from on high'). Hence what began as a personal project documenting experience of working within a think tank provided ethnographic insight into organisational practices and activities.

This auto-ethnographic account provided a useful, preliminary insight into the activities of think tanks. To examine the activities, artefacts, interactions, spaces, values and ideas (Yanow 1996; Hajer 2006; Wagenaar 2011) allied to think tanks' work, we supplemented this account with documents and interview data drawn from across the think tanks in our sample.

### Documents

Documents are important for those seeking to understand the meaning of policy (Freeman and Maybin 2011), in that they represent shared narratives amongst coalitions of actors (including decision makers, think tank executives, practitioners and publics).

We included 30 documents drawn from across the four think tanks, allowing us to examine formal accounts and presentations of work, the content of arguments and discursive strategies (for instance, via formal publications and policy briefings) within our sample, and the interrelationship with emerging health policy. Take the following example from a document published by one of the think tanks in our sample , outlining their work priorities at the time of the study:

## **Extract 4**

### **Competition**

The Health and Social Care Bill paves the way for an extension of competition and market mechanisms in the NHS in England.

We are contributing to the evidence base by taking forward a number of projects that will establish [Think Tank B] as an important source of independent information and analysis on the use of competition and market mechanisms in health care.

Project highlights include:

- The Health Care Markets programme – a strategic partnership with the Institute for Fiscal Studies to undertake empirical research on the use of market mechanisms in health care
- a project to assess how payment mechanisms can best be developed in future
- playing a prominent role in helping to influence the development of regulatory policy by the Department of Health and Monitor.

This extract focuses specifically on ‘Competition’ and situates this as a priority area of work. The extract explicitly references the governments’ reforms (‘The Health and Social Care Bill’, ‘the development of regulatory policy’) and gives voice to proposed mechanisms for change outlined by the government (‘an extension of competition and market mechanisms’, ‘the use of competition and market mechanisms in health care’, ‘how payment mechanisms can best be developed’). Such talk entails courses of action, seeking to guide health policy and health service delivery in particular ways and not others. This is achieved by, in this instance, foregrounding particular values allied to a market-oriented approach to designing and delivering healthcare services (for instance, via ‘The Health Care Markets Programme’). The language used references formal government proposals (see, for instance, DH 2010), and situates Think Tank Bas a legitimate contributor to the development and delivery of such proposals (‘as an important source of independent information and analysis’, ‘playing a prominent role’, ‘helping to influence’).

Such talk was most visible in the formal publications of think tanks’ in our sample. In theory these were publicly accessible documents (available via think tank websites)

aimed at a ‘universal’ audience (Perelman and Olbrechts-Tyteca, 1971). In practice they used technical language that limited their accessibility and suggested that they were targeted at an ‘ideal’ audience of healthcare planners and decision-makers. For instance, echoing the content of proposed NHS reforms, they emphasised: ‘reduced costs through integration and competition’, ‘improving productivity in the areas set out in the Operating Framework’, and how ‘Monitor and the supporting regulations for NHS procurement need to promote both competition and collaboration’. This highlights the interplay between documents and actors, with powerful individuals potentially able to provide legitimacy to policy and either establishing or reinforcing discourse coalitions (where actors come together around narratives that represent shared interests [Hajer 2006]).

Think tanks in our sample did not overtly support government proposals: notable challenges included the likely negative impact of price competition on the quality of health services. Direct challenges were the exception rather than the rule. All appeared to use policy talk in an effort to address and engage decision-makers by emphasising shared beliefs (e.g. ‘moves to increasing competition are right’); using similar terms and phrases (e.g. ‘the Nicolson Challenge’, a mandate from the NHS Chief Executive to find ‘efficiency savings’ of £20 billion), presenting briefing papers and publications in the same genre as government documents; and citing many of the same sources (e.g. publications from other think tanks). This rhetorical work is key in providing legitimacy to publications (through authorship and referencing of policy talk) and in directing readers to particular policy narratives.

### Interviews with think tank representatives

Although useful in providing a snapshot of particular values and intentions, documents alone fail to account for think tanks’ actions that precede or follow as part of the health policy and planning process (Shaw 2010). We therefore undertook a series of narrative interviews with think tank representatives (four informal and ten in-depth, see Shaw [in press]) allowing us to examine interviewees accounts of the health policy and planning process.

We had already begun to examine the language that think tanks use in their work, informed by our theoretical interest in rhetoric and argument (Russell and Greenhalgh

2011; Shaw 2010). Interviews allowed us to extend this work, examining the language and arguments that think tank actors employ to account for the work they do.

Initial examination of documents and our auto-ethnographic account highlighted how think tank actors tend to use particular language to emphasise the work that they do and how they do it (for instance, extract 4). We were particularly struck by think tanks' use of the terms 'independent' and 'independence' which think tanks cited in publicly accessible documents (such as strategic plans, mission statements, annual reports, website pages and research publications), situating themselves as, for instance, 'an independent, charitable, non-party think tank whose mission is to set out a better way to deliver public services and economic prosperity'.

We used interviews as an opportunity to explore with think tank actors how and why they use such terms. We found that all four think tanks (to varying degrees) undertook a range of neutralising work as a way of situating their work as value-free. For instance, think tank actors situated themselves as politically neutral by using spatial metaphors ('bang in the centre', 'there's no overt line', 'the centre of expertise', 'even handed', 'doing the middle path'); drawing attention away from contentious areas of policy talk such as competition to more neutral and disinterested areas ('like data, like the right kind of leadership, the right kind of regulation'). This served to situate think tanks as working in a neutral and independent space, free from political agendas, financial interests, and values, and therefore making them well-placed to improve health and healthcare.

When we asked interviewees to describe their work to us in interviews, they frequently reverted to describing what they were *not* as a means of situating themselves in an unclassified and neutral space. Take the following extract from an interview with a senior executive at one think tank discussing what independence means:

#### **Extract 5**

So one of the things that's...sort of positive, but actually quite challenging is – we are independent, we therefore don't have a constituency, therefore we don't have a particular voice to represent and we don't have an obvious position to take on things. You know, actually if you're representing an interest group, you often have probably quite a strong basis for taking a position because it's what's in the

interests of the group that you're representing. So the way in which [we] come to a position, we don't, it's not dictated by any interest, has to be, in my view, much more based on a reasonable assessment where possible, of the evidence.

This senior executive avoids framing their organisation in specific terms and instead describes the organisation as not having 'a constituency', 'a particular voice' or 'an obvious position to take'. In doing so they reinforce their own position as value-free ('we are independent', 'it's not dictated by any interest'). Whilst values do enter the conversation ('[we] come to a position'), they defend their own intellectual ground by emphasising that any position is grounded in objectivity ('based on reasonable assessment...of the evidence'). This position was reflected throughout our interviews with think tank actors, with an emphasis on instrumental approaches to policy and planning that foregrounded neutrality through rigorous analysis and production of objective, independent evidence (see extracts 1, 4 and 5).

### *Social theory and data analysis*

Our focus on different sources of data provided a rich picture of the context, people, activities, artefacts, ideas and values that make up think tanks' work in relation to health policy and planning. Our early analysis revealed how different ideas and values appeared to be talked about in different ways in different contexts (e.g. formal publications, actors' accounts of their work), and that this process needed to be managed via a range of neutralising strategies. To make sense of our emerging analysis, we introduced two 'sensitising concepts' to our work as a means of extending analysis and 'suggest[ing] directions along which to look' (Blumer 1954, p8). Having engaged with wider theory about the context in which policy and planning take place, we introduced concepts of 'front-stage' and 'back-stage' healthcare planning (Degeling 1996, following Goffman 1959) and 'sacred' and 'profane' language (Degeling 1996, following Durkheim 1964). These concepts drew us to examine the more public and private settings in which health policy and planning take place; and to distinguish the theory of policymaking – with its claimed values of objectivity and rationality (see above) – from accounts of how things work in practice. Take the following extract, from an interview with a senior executive at

one of the participating think tanks, discussing what has enabled them to influence evolving NHS reforms:

### **Extract 6**

I have come to realise that writing it down actually does matter a great deal, oddly.

#### **Why do you think that is?**

So, I think it gives you the authority. And in a lot of the process, well, people either want something to go, you know, in a lot of these processes they want something to go back to – why are you doing this?', 'in response to...' - and with a kind of, a kind of audit trail.... There's a sort of seemliness to that process. So I think, I think it's very difficult actually to influence without the sort of, without having the written analysis to underpin it, which you have published. And actually, of course, in the parliamentary discussions where our work was quoted, they don't quote a conversation they've had with you, they quote what you've written...And that discourse is a very important part of this. Now what is really helpful is combining that writing with the explaining personally. And also the warning people up to the fact that you're going to write, and in many cases I had prior conversations with people about how I was going to word this – sought their advice on [discussion about specific reforms]. And I changed some of the wording to, having reflected on their advice.

#### **Okay, almost framing of what you were going to say?**

Yes. So I iterated. So I did, I didn't, I didn't do things quite so sequentially...I guess the engagement with people was a two-way process where I was trying to influence them, but I was also taking their advice. So that what we would say was capable of being more influential.

#### **OK. And you felt that process worked very well with what came out at the end of it?**

Yes. Because I mean I think what we recommended then was things that, you know, and that is a classic Civil Service, you know, kind of: 'So if I change that word here, will you sign up to that? Right, I'll check that with that person there'. And 'if we do that, can you live with that?' 'Yes, check that back.'

This interviewee emphasises the importance of formal written accounts in providing legitimacy and weight to think tanks arguments ('writing it down actually does matter a great deal', 'it gives you the authority') and a citable source of ideas ('they quote

what you've written', 'a kind of audit trail', 'having the written analysis to underpin it') that decision-makers are able to draw on ('in the parliamentary discussions', 'classic Civil Service'). The production of formal front-stage accounts involved an interactive process ('a two-way process', 'combining that writing with the explaining personally', 'warming people up'), establishing common ground between think tank actors and decision makers ('changed some of the wording', 'reflected on their advice') and working together 'back-stage' to co-produce accounts of NHS reforms ('So if I change that word here, will you sign up to that?'). This production of written accounts was visible in the activities of each of the four think tanks to varying degrees (dependent on their capacity and resources).

Think tanks' formal accounts of their work linked with 'sacred language' of policy and planning (Degeling 1996), drawing on modernist conceptions of health policy that describe the policy process as an exercise in informed problem-solving (Parsons 2002), and in which a problem is identified, data collected and analysed, and evidence provided to policymakers on which they can then base decisions. In their 'front-stage' accounts think tanks emphasised a set of technical skills and activities (for instance, 'experimental intervention', 'innovative quantitative analysis'), which informed precise 'research and policy analysis', which then fed into 'the administrative machinery' of government. This was underpinned by an emphasis on evidence-based research and policy, with all four think tanks emphasising standards of rigour underpinned by instrumental rationality.

By employing such 'sacred' planning discourse front-stage, think tanks publicly deferred to values such as rationality, objectivity and due process and established a sense of commonality with healthcare planners and decision-makers. This reinforced think tanks' self-presentation as independent organisations, and situated them as legitimate advisors on the problems – and potential solutions – of NHS reform.

To return to the two narratives that we described at the start of our chapter, on the one hand think tanks' deference to 'sacred' planning discourse signalled to decision-makers that they knew about and adhered to the rules of the game 'front-stage'. On the other, this enabled think tanks to identify and interact with decision-makers 'back stage', and to speak about and practise planning in ways that gave more explicit recognition to its political dimensions.

## **Studying policy and politics: bringing linguistic ethnography to interpretive policy analysis**

Interpretive policy analysis and linguistic ethnography have both added important dimensions to our work. Rather than attributing different aspects of our work to different approaches (which tends to dichotomise rather than synthesise), we conclude by describing how our own dialogue across interpretive policy analysis and linguistic ethnography has enabled us to better understand and analyse the dispersed, micro-level practices that make-up health policy and planning, and the role of think tanks in shaping these.

This dialogue between linguistic ethnography and interpretive policy analysis is best illustrated with a concrete example. The work of Goffman is frequently drawn on by those adopting linguistic ethnography (see Rampton, Maybin and Roberts, this volume). It was an area of work that we engaged with on the *Key Concepts* course, encouraging us to connect with dramaturgical theory (specifically performance and impression management, Goffman 1959). Whilst this work is highly relevant to our own research, it tends to focus on specific instances of interaction in single, defined spaces (e.g. classroom, police interview room) rather than multiple and dispersed micro-level policy practices. Engagement with interpretive policy analysis enabled us to foreground policy and planning as the object of our study, theorise them and then, building on Goffman's work (1959, see also Degeling 1996), connect with relevant sensitising concepts (front-stage and back-stage) to guide our analysis. In this way, we connected the concepts and methods of linguistic ethnography with the policy-oriented approach of interpretive policy analysis.

The social theory allied to interpretative policy analysis has been important in guiding our conceptualisation of policy as a series of dispersed, micro-level practices (Yanow 1996; Bacchi 2000; Stone 2001; Hajer and Wagenaar 2003; Hajer 2005; Wagenaar 2011). This has guided data collection to ensure (as far as possible) that a range of actors, settings, interactions, artefacts and arguments allied to policy and planning were included within our study. We have at times been frustrated by a limited attention to data and close analysis of language within interpretive policy analysis (see, for instance, an article examining the development of alcohol policy, which employs



‘rhetorical frame analysis’ but then holds back from detailed analysis of language or rhetoric [Hawkins and Holden, 2013]). For us, this is where linguistic ethnography comes to the fore: the dialogue between language and context is one of the qualities of linguistic ethnography that we valued most and, guided by social and political theory, has led us to explore both ‘front-stage’ and ‘back-stage’ contexts of think tanks’ work, along with the different linguistic resources employed in each; and to undertake close analysis of think tank language and arguments.

There is a clear commitment in linguistic ethnography to making analytic claims accountable to evidence (Rampton, Maybin and Roberts, this volume). We described above how policy is simultaneously distributed via multiple and dispersed policy practices, and at the same time held in common via overarching policy narratives that make sense of events and guide action. This presents particular challenges for us in ‘making analytic claims accountable’ (ibid). Whereas many linguistic ethnography studies are able to demonstrate the key analytic point in a small strip of talk or a few exchanges, analysis of health policy and planning narratives often stretches over multiple and extended documents and/or exchanges and cannot easily be captured in a specific segment of data. Whilst this does not detract from close analysis, it does make it difficult to present ‘evidence’ of analytic claims in the conventional way. This is an irresolvable characteristic of our work. However, the dialogue between linguistic ethnography and interpretive policy analysis has been helpful in simultaneously encouraging us to undertake close analysis of policy practices (in ways that are unusual for linguistic ethnography) and pushing us to evidence our analysis (in ways not traditionally undertaken within interpretive policy analysis).

It has been argued that linguistic ethnography brings ‘a formal, abstract discipline and tried and tested, finely-tuned methods for analysing text together with more open, reflexive social orientation of ethnographic methods, which offer analytic purchase on the related social practices and structures’ (Tusting and Maybin 2007, p576). This dual focus encourages rigorous linguistic work that also addresses social practice. However, it can lead to methodological tensions between the more ‘closed’ focus on linguistic text and a more ‘open’ sensitivity to context (ibid). These tensions are characterised by on-going discussions about if and how language ties ethnography down and ethnography opens linguistics up (Rampton 2007). In our work on think tanks, we regard this process as a balancing act, negotiating ethnography and

language throughout the study so as to enable a conversation about text and context and expand understanding of the way in which think tanks work to shape health policy.

Methodological tensions also raise interesting questions about the analytic gaze and what counts as data. We have drawn attention to the specific focus on policy as the object of our study and described the ways in which different data sources have, together, helped us to understand the work that think tanks do in shaping NHS reforms. It was interpretive policy analysis that provided a focus on policy, guided consideration of text and context, and enabled us to answer the ‘what is data’ question. Rather than asking ‘what is going on here and how do we know it?’ as we were encouraged to do on the *Key Concepts* course (Snell, Shaw and Copland, this volume), interpretive policy analysis encouraged us to ask ‘how does a policy mean?’ (Yanow 1996), and ‘how do we know it?’. This guided us to collect different sources and genres of data (documents, interviews) that, together, could provide insight into the overarching architecture of health policy and the narratives, coalitions and arguments allied to it.

Our study of think tanks’ role in shaping health policy has illustrated the benefits that can be gained from a dialogue between linguistic ethnography and interpretive policy analysis. Linking language, context and social practice has been particularly valuable. This, of course, is characteristic of other work in the social sciences (Tusting and Maybin 2007; Hammersley 2007), with researchers having long been interested in the intimate relationship between policy, political language and political acts (see, for instance, Edelman 1988; Degeling 1996; Yanow 1996; Bacchi 2000; Fischer 2003). History aside, it seems that linguistic ethnography has provided us with what Rampton (2007) calls ‘a site of encounter’: an opportunity to engage with and reflect on ‘established lines of inquiry’ (for instance, sociolinguistics), to introduce new foci for linguistic ethnography research (for instance, policy and planning), blend linguistic ethnography with relevant social theory and methodology (for instance, through the lens of interpretive policy analysis) and actively engage with an interdisciplinary community of like-minded scholars.

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