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‘What Works’ in education and social welfare?

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Introduction

This article argues that a two-lane strategy is necessary to understand the challenges facing professionals in education and social welfare with the advent of the evidence discourse:

First, the genealogy must be mapped that exhibits the stunning number of threads that have coalesced into making the evidence discourse a compelling challenge not only to medicine, but to education and social welfare as well. This includes demonstrating (i) the very unlike conditions for the rise of ‘evidence’ within medicine as opposed to social welfare and education. In a stark contrast to its genesis within the medical field, the evidence discourse has thus been launched into the fields of social welfare and education by external stakeholders in top-down moves that have largely by-passed professionals within these fields (Hammersley, 2007; Moos, Krejsler, Hjort, Laursen, & Braad, 2005). (ii) The threads from medicine have coalesced with the larger political trends of knowledge economy discourse, the urgency of internationally comparable standards as espoused by transnational agencies like the OECD, IEA, the EU Lisbon Agenda, the Bologna Process and so forth. (iii) In addition, the inertia as well as contesting voices of professional cultures within the fields of social welfare and education constitute important voices in shaping the particular trajectories that the evidence discourse takes within different fields. I shall primarily use Danish examples to illustrate the argument. The trend, however, can be seen across the Scandinavian countries (e.g. Bergmark & Lundström, 2006; Oscarsson, 2006; Utdanningsforbundet, 2008) and the OECD (Henry, Lingard, Rizvi, & Taylor, 2001; OECD, 2007).

Second, it is argued that new strategies must be developed that enhance professionals’ competence in dealing with the evidence discourse in education and social welfare. Such strategies must appreciate the particularity of new external conditions unveiled in the above-mentioned genealogy in order not to turn regressive. I shall argue that our conceptions of evidence should not merely be limited to external forms of evidence as is currently predominant within the education and social welfare. It should be expanded to include internal forms of evidence as well. Introducing the term internal forms of evidence, I wish to point to the continuous production of knowledge and documentation for What Works that professionals engage in on the basis of practice and reflection within each their respective fields.
Employing an epistemological lens, I shall argue that the evidence discourse mirrors a cultural struggle that currently rages about how key areas within modern societies are to be defined. Such an approach provides the advantage that we may question current truth claims as truths that have been constructed at the expense of other possible regimes of truth. This, in short, will allow us the potential for thinking current conditions differently (Deleuze & Guattari, 1994; Foucault, 1971).

The article contributes to existing knowledge by (i) employing a Foucauldian-inspired genealogical approach to understanding evidence discourse in education and social welfare, and (ii) linking this to deliberations on conditions for developing appropriate professional strategies to deal with evidence discourse. It adds to the growing amount of literature that seeks to understand the impact of the evidence discourse on education and social welfare in relation to professions’ perspectives and strategies (e.g. Bhatti, Hansen, & Rieper, 2006; Biesta, 2007; Clarke, 2006; Hammersley, 2007; Pawson, 2006; Trinder & Reynolds, 2000).

Mapping the evidence discourse, its sources and trajectories

An epistemological and genealogically informed theoretical approach

From an epistemological point of view, the evidence discourse should be seen as a particular regime of truth that makes some ways of speaking and acting possible and excludes others (Foucault, 1971). As any other discourse, it is constituted as a pattern of interconnected statements that reciprocally refer to one another thereby continually reinforcing the totality of the discourse. The immanent logic thus construed forms a strategic space wherein a number of different subject positions emerge to be occupied by willing individuals. Obviously, one must subject one’s self to the discursive regime in question in order to be included as a legitimate subject within this regime.

Foucault argued that a regime of truth – a discourse - must be measured by the extent to which it matches and mirrors the dominant configuration of dominant and less dominant discourses that set the boundaries for how individuals can think and act at a given time and space in history (Foucault, 1993, 1997). Foucault thus considered his task to chart, via a genealogical
method, the topological contours of the battlefields within different discursive fields (e.g. the fields of madness, reason, imprisonment, subjectivity, sexuality and so forth).

Drawing on insights from Foucauldian genealogy I shall attempt to unravel major threads that appear to have coalesced into making evidence discourse an increasingly dominant voice that cannot be ignored when considering What Works in education and social welfare. Or formulated as a question in a Foucauldian genealogical vein: How has it come about that researchers, policymakers and practitioners today make education and social welfare problematic in terms of ‘evidence’ and ‘What Works’?

In this section I shall thus clarify how the evidence discourse became a dominant regime of knowledge by unravelling the major threads of that becoming through the fields of medicine, social welfare and education. Historically, the concept of evidence has been located in a variety of discourses that range from daily common sense discourses to judicial and economy discourses. From the late 1980s and onwards, however, the concept of evidence was targeted for other purposes. It is now mainly – albeit not exclusively - associated with a resurging neo-positivist paradigm and its procedures for producing knowledge about What Works in relation to particular interventions. The so-called evidence ladder thus privileges knowledge produced in Controlled Randomized Trials (Alvesson & Skjöldberg, 2000; Bhatti, et al., 2006; Hammersley, 2007; Moos, et al., 2005; Rieper & Hansen, 2007; Sackett, Rosenberg, Gray, Haynes, & Richardson, 1996).

The evidence discourse and the medical field

The evidence discourse, which has gained pre-eminence as a dominant discourse about how to produce knowledge that works, is rooted within the medical field (Bhatti, et al., 2006; Browman, 1999; Rieper & Hansen, 2007; Sackett, et al., 1996). Randomized Controlled Trials (RCT-tests) as a practice to produce truth about What Works was already introduced in medicine in the 1930s and 1940s in England as well as in psychology, which is interesting in relation to the field of education and its on-going and ambivalent relations to psychometrics and experimental psychology. During the 1960s and 1970s RCT became main-stream in medical research. This constituted the breakthrough of the procedure for producing truth that the evidence movement would later use to construe its so-called evidence ladder. RCT-tests claim to be controlled in the
sense that variables not relevant for measuring for instance the effect of a medical substance in relation to a particular ailment are ostensibly reduced to the utmost minimum possible. Ideally, this is achieved by carrying out such tests within clinically isolated environments. Control groups are administered placebo substances in order to ensure with higher probability that measurable effects come about as a result of the substance in question, and not due to irrelevant causes. The tests are ideally carried out among a statistically representative sample of the population relevant for the test in question.

In 1972, Archie Cochrane (1909-1988) published the ground-breaking book "Effectiveness and Efficiency – Random reflections on health services” (Cochrane, 1972). He argued that much medical practice was based on common sense, non-scientifically grounded judgments and other coincidental circumstances, which led to considerable waste of scarce resources. He argued that a systematic and cumulative base of scientifically tested knowledge of What Works should be accumulated to further practices that have been proved to be efficient. In particular, he emphasized the importance of bringing in evidence from Randomised Controlled Trials (RCTs). The Cochrane Collaboration (www.cochrane.org) was established in 1990, and brought momentum to the efforts to elaborate the so-called systematic reviews of international research about What Works in relation to particular medical substances and treatments. The procedure, statistic meta-analysis, consists in choosing a topic for review, approving a protocol, appointing a group of researchers, who subsequently gather what primary studies that have been conducted about this given topic, be it treatment against amphetamine psychosis or acupuncture to cure epilepsy (http://www.cochrane.org/reviews/index.htm). Hereafter a strict sorting of each particular study is undertaken in order to identify how high they rank on the so-called evidence ladder. The evidence ladder is a methodological device to rank the quality of studies according to an ideal of objectivity, validity and reliability that favours the Randomized Controlled Trial (e.g. http://www.controlled-trials.com/). Finally a review article and a summary of the knowledge about What Works is elaborated. The Cochrane Collaboration has developed the Cochrane Handbook, which meticulously accounts for the collaboration’s methodology over a span of about 500 pages (Rieper & Hansen, 2007). Denmark was early in joining this movement, and as early as 1993 Nordic Cochrane was established with its headquarters at the Rigshospitalet-

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NB: All html-links in this article have been retrieved on 2011-07-13.
Copenhagen University Hospital with the assistance of the National Board of Health (http://www.cochrane.dk/).

The emergence of the evidence discourse, Cochrane’s initiative and its repercussions mainly arrived ‘bottom-up’, i.e. from the profession of medical doctors themselves. Epistemologically, this regime of truth signifies a neo-positivist approach to doing science.

According to Bhatti et al. (2006) and Moos et al. (2005), the widespread acceptance and success of the evidence discourse within the medical field has several explanations: First, testing of medicine and its effects is universally believed to be relatively independent of context. Similar assumptions apply to a good deal of treatments. This makes the idea of a positivist universally applicable knowledge about What Works across local and national contexts resonate well. Second, a positivist understanding of science is already firmly rooted as a dominant discourse within medical research, which has been conducive to securing support behind methods such as Randomised Controlled Trials and statistic meta-analyses of primary studies based on RCT. Third, medical doctors have a high level of education, they are continuously exposed to research based knowledge, and they subscribe to a relatively mono-paradigmatic view on science. Fourth, they have channels for dissemination of research-based knowledge to the entire profession, in Denmark particularly through ‘The Journal of the Danish Medical Association’.

Collectively these instances have been largely responsible for the widespread – albeit not univocal - acceptance of the evidence discourse as a tool to produce knowledge about What Works. One should, however, keep in mind the considerable differences in contexts between the specialised researching medical doctor at an urban university hospital and the locally based practising physician. The latter is less exposed to research regimes, and considerably more exposed to the pressure of discourses that dominate in local contexts, i.e. s/he will tend to locate patient ailments within a view of the larger perspective of the patient’s life-style, social environment and so forth.

Evidence and social welfare

In 2000, centrally placed individuals within the Cochrane Collaboration encouraged Robert F. Boruch, a University of Pennsylvania statistician, to initiate the process that led to the establishment of the Campbell Collaboration, which would become instrumental to expand the
evidence regime to social welfare, crime and education (Bhatti, et al., 2006; Petrosine, Boruch, Soydan, Duggan, & Sanchez-Meca, 2001). It is thus essential to appreciate the close collaboration between the Cochrane and Campbell collaborations. This includes the fact that methodologically the Campbell Collaboration subscribes closely to the ideals of the ‘Cochrane Handbook’ (http://www.campbellcollaboration.org/)(Rieper & Hansen, 2007). The Campbell Collaboration cherishes basically the same review procedures including the evidence ladder that places at its top systematic reviews conducted as meta-analyses of RCT primary studies. As early as 2002 the Nordic Campbell Centre was established at the Danish National Centre for Social Research (SFI) in Copenhagen, mainly sponsored by targeted means from the Ministry of Social Welfare (http://www.sfi.dk/Default.aspx?ID=137).

The Campbell Collaboration refers to Donald T. Campbell, an American social scientist, who in the early 1960s argued that the effects of social interventions should be systematically tested by means of an experimental approach. In the 1970s and 1980s bibliographies of intervention studies were elaborated within the social field, not least due to the legacy of Campbell. In 1990 Social Science Research Unit (SSRU) was established at the Institute of Education at the University of London. It was commissioned to develop a programme for policy relevant research in relation to health and education. This initiative turned out to be successful as the New Labour government headed by Tony Blair built up an increasing demand for evidence-based knowledge in order to enable them to prioritize limited public resources with greater effect (Wells, 2007). In 1996 the Evidence for Policy and Practice Information and Co-ordinating Centre (EPPI) (http://eppi.ioe.ac.uk/cms/) was established under the auspices of SSRU. In practice EPPI ended up concentrating on education reviews, and incidentally became a source of inspiration for the Danish Clearinghouse for Educational Research, which was established in 2006 at the School of Education at Aarhus University. EPPI collaborates with and draws inspiration from the Campbell Collaboration. EPPI does, however, adopt a methodologically more pluralist approach (e.g. Jackson & Waters, 2005).

In social welfare as well as education the evidence discourse is considerably more directed by policy-makers’ and administrators’ agendas. In part, this can be explained by the fact that these fields differ from the medical field in crucial aspects (e.g. Bhatti, et al., 2006; Hammersley, 2007; Moos, et al., 2005). First, social welfare and education are ramified into a much larger variety of
different practice areas and the differentiation among professionals in terms of education levels is considerably larger. Second, tradition among professionals of making reference to research-based knowledge is much less prevalent. Third, training of professionals as well as professional practice are much less explicitly grounded in research-based knowledge. Fourth, social science as well as humanities paradigms are considerably more prevalent within these fields, which make them subject to various competing paradigms due to the inherent plurality of these science areas. Fifth, the issues that social welfare and education professionals are expected to handle are usually closely tied up to national and local aspects of the particular state’s population politics. In many instances this makes it complex – if not impossible – to compare social interventions and educational strategies across local, national and regional contexts that often exhibit considerable differences. How you manage interventions targeted towards young males’ excessive consumption of alcohol differ considerably from a context of young Chicano gang members in central Los Angeles, to young males in sparsely populated Greenland, to upper-class young males in affluent Northern Copenhagen. Consequently, top-down initiatives from policymakers and administrators to transfer the evidence discourse from medicine to social welfare and education often resonate poorly within the involved professions.

Nonetheless, a growing number of established traditions among researchers and professionals within social welfare and education have adopted the evidence discourse and engage in the on-going development of what evidence for ‘What Works’ may mean within these fields (e.g. see discussion of Evidence Network later in this article). The latter often engage in close collaboration with policy-makers’ and administrators’ efforts to implement evidence-based policy, as is the case, among others, with many researchers adhering to the well-established School Effectiveness and Innovation Movement (e.g. http://www.icsei.net/).

**Evidence and education**

One could argue that education constitutes the field that has been hardest hit by the evidence discourse understood as a pressure that has largely come from external stakeholders and regimes of truth that resonate poorly with most existing discourses among professionals in education (Ball, 2007; Bhatti, et al., 2006; Borgnakke, Hauberg Mortensen, Rasmussen, & Salling Olesen, 2006; Bridges, 2008; Moos, et al., 2005). As mentioned earlier, the field of education was already
an integral part of the evidence reinforcement of social welfare, as exemplified by the EPPI-centre as well as the Campbell Collaboration. In addition in the mid-1990s the OECD intensified its attention to the field of education. This constituted an upgrading of a process which was initiated in the late 1960s, not the least with the establishment in 1968 of the Centre for Educational Research and Innovation (CERI) ([http://www.oecd.org/department/0,3355,en_2649_35845581_1_1_1_1_1,00.html](http://www.oecd.org/department/0,3355,en_2649_35845581_1_1_1_1_1,00.html)). This intensified attention to education is hardly surprising in a period when national governments and transnational agencies like the OECD, WTO, UNESCO and EU are increasingly occupied by discourses of Knowledge Economies and Life-Long Learning (Boltanski & Chiapello, 2007/1999; Burbules & Torres, 2000; Henry, et al., 2001; Nóvoa & Lawn, 2002). By proxy of CERI in particular, the OECD has increased attention to improve the role and efficiency of educational research as a background for policy-makers’ decisions as well as practitioners’ ongoing efforts to make educational institutions more efficient and, incidentally, more evidence-based (OECD, 2007). A procedure for elaborating country reports has thus been put into practice.

In 2004 one of these country reports were accomplished at the request of the Danish government ([http://www.oecd.org/dataoecd/56/21/33888206.pdf](http://www.oecd.org/dataoecd/56/21/33888206.pdf)). It came to the main conclusions that the educational field was characterized by too little research capacity, that links were too weak between educational research and the practitioners and policy-makers who were meant to benefit from this research as a background for grounding policy and practice on a sounder scientific base. It is within this context that the OECD makes the recommendation that a Clearinghouse for Educational Research be established drawing on the accomplishments of the EPPI centre as well as the American What Works Clearinghouse (WWC) ([http://ies.ed.gov/ncee/wwc/](http://ies.ed.gov/ncee/wwc/)). WWC was established in close collaboration with the Campbell Collaboration. This was done in extension of George Walker Bush’ School Act *No Child Left Behind* (2001) with the explicit purpose of making school practice more evidence-based.

As mentioned earlier, the Danish Clearinghouse for Educational Research was established in 2006 ([http://www.dpu.dk/omdpu/danskclearinghouseforuddannelsesforskning/](http://www.dpu.dk/omdpu/danskclearinghouseforuddannelsesforskning/)). Till April 2011 it has published nine systematic reviews: four reviews map and assess Scandinavian research on day care facilities for children aged 0-6, the others assess programs on parent involvement, the use of testing in education, research on effects of education and career mentoring, relations between learning and factors in school, and research concerning student
learning and teacher competences. In addition, the clearinghouse gathers links and disseminates systematic reviews from other national and international bodies that publish systematic reviews and participates in debates on what constitutes good evidence. At this stage – five years after its inception - it appears clearly that the Danish Clearinghouse for Educational Research applies a broader definition of evidence than the Campbell Collaboration and the evidence ladder represent. It explicitly mentions EPPI as a key inspiration. And judging from the above-mentioned reviews, the Danish Clearinghouse approach appears to be closer to the more inclusive and multi-paradigmatic approaches to reviews of ‘What Works’ that you meet among scholars like Hilbert Meyer (2004) and Brophy & Good (Brophy & Good, 1986; Good & Brophy, 2003). Further Michael Søgaard Larsen, a key clearinghouse employee, writes that very few RCT-primary studies have been carried out in Danish or Scandinavian contexts. This fact alone would make systematic reviews relying on RCT-primary studies suspiciously reliant on particularly American studies\(^2\) for a considerable period of time. Consequently, Larsen recommends that capacity-building is strengthened internationally to develop diverse approaches to evidence that match the field of research in education (Larsen, 2010).

In summary, we thus observe that the evidence discourse is subtly transformed as it travels from a medical context to a social welfare and education context. It enters into other configurations of dominant discourses than you find within the medical field. The professionals appear to have less of a say as opposed to policymakers and administrators. A regime of knowledge that resonates poorly with dominant discourses among the bulk of professionals has to be accommodated (Biesta, 2007; Clarke, 2006; Hammersley, 2007; Moos, et al., 2005; Trinder & Reynolds, 2000; Utdanningsforbundet, 2008).

**The evidence discourse and dominant trends**

The expansion of the evidence discourse from the medical field to social welfare and education signifies the establishment of a dominant discourse that cannot be ignored. Thus in a Danish

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\(^2\) The What Works Clearinghouse only accepts American primary studies to be included in their systematic reviews. They argue that American teachers would not accept studies from non-American context as relevant for their practice (Bhatti, et al., 2006)p.96). The argument appears to be that education is a very context-bound endeavor in the US… and by implication in Denmark and other countries.
context, Nordic Cochrane, Nordic Campbell Centre as well as the Danish Clearinghouse for Educational Research have all been established in alliance with dominant players in Danish society such as the National Board of Health, the Ministry of Health, the Ministry of Social Welfare, the Ministry of Education and the Ministry of Science, Technology & Innovation (Bhatti, et al., 2006; Moos, et al., 2005). Nordic Cochrane and Nordic Campbell Centre received substantial supplementary funding from the Ministry of Health and the Ministry of Social Welfare, which, however, was not the case with the Danish Clearinghouse for Educational Research. The evidence discourse is furthermore closely aligned with dominant players on the global stage such as the OECD, WTO, UNESCO and EU by means of the knowledge economy discourse that encourages strengthened interplay between policy makers, businesses and professional practitioners in order to enhance competitiveness and ensure efficient use of public resources.

This entails increased demands to research communities for evidence about *What Works*. Consequently, the evidence discourse was adopted in Neo-Liberal as well as Third Way inspired restructuring of the public sector that have dominated the health and education services since the 1980s (Burbules & Torres, 2000; Henry, et al., 2001). Here, New Public Management strategies are employed to implement the idea of a market of public services which presupposes a market of competing suppliers of services that are comparable and transparent to consumers. The evidence discourse expediently offers a methodology that makes services measurable and comparable with the explicit purpose of exposing *What Works* (OECD, 2007; Rieper & Hansen, 2007). The evidence discourse thus appears as part of a global regime of knowledge that standardises knowledge production across national boundaries and academic disciplines (Larner & Walters, 2004; Nóvoa & Yariv-Mashal, 2003). A seductive imagery of standards and transparency is produced, which comes in handy for policy-makers and practitioners in a world abounding with information and possible choices.

The restructuring discourses of ‘freedom’, ‘quality’, ‘consumer choice’ and ‘evidence-based policy and practice’ have profoundly influenced the health services; e.g. policy-makers allot tax-financed vouchers to patients to choose the service provider whom they believe will provide the best treatment. Similarly ‘education services’ from primary school to university are under increasing demand to become comparable and interexchangeable in order to allow
consumer students – or their parents - to choose the providers they believe to be of best service to their life and career projects.

In light of the battles with positivism in the 1960s and the rise of social constructivism since the 1980s, it appears odd, though, that the evidence discourse, drawing as it does so explicitly on neo-positivist ideals, may be gaining such momentum within the hitherto largely humanities and social science dominated fields of social welfare and education (Alvesson & Skjöldberg, 2000; Habermas, 1971; Lyotard, 1999/1984; Moos, et al., 2005).

Contesting voices and discourses

Not surprisingly, nurses were among the first professionals beyond the medical doctors to feel the pressure from the evidence discourse. This evoked the question whether the evidence approach was appropriate beyond testing medical substances and surgical, orthopaedic and similar interventions. Very few will probably raise objections to employing the positivist inspired RCT methods in most such instances. But can the evidence discourse and the RCT-methodology be appropriately applied to wider areas within the nursing field, such as administration of patient files, patient care, dialogue and so forth (e.g. Trinder & Reynolds, 2000)?

For years, influential agents within the nursing profession have contested a one-sided subscription to the evidence discourse and struggled to develop phenomenological and other approaches to nursing as well. They have argued that such approaches must be addressed in addition to positivist approaches when it comes to cover the particular ‘nature’ of much of the work that nurses engage in (e.g. Forbes, et al., 1999; Fulbrook, 2003). Here, the notion of tacit knowledge has been evoked as well as the importance of applying a holistic approach to human beings and their total life situations (e.g. Polanyi, 1967; Schön, 1983). A key criticism of this contestation was the claim that much medical research and treatment was based on an underlying reductionist assumption that humans function more or less like a mechanical apparatus.

Among educational researchers and practitioners, contestation is rising against an evidence discourse that is experienced as largely disregarding the ‘nature’ and particularities of the educational field (e.g. Ball, 2007; Biesta, 2007; Moos, et al., 2005). It is recognized, nonetheless, in a more pragmatic sense that the field of education is under increasing pressure from external stake-holders to document What Works as public debate increasingly takes
direction from what counts as evidence in large scale international quantitative comparisons. The
PISA-surveys on 15 years old students’ proficiencies in literacy, numeracy and science across the
OECD and additional countries have been particularly conducive to instigate national debates,
although the validity of the surveys are still disputed
(http://www.pisa.oecd.org/pages/0.2987,en_32252351_32235731_1_1_1_1_1,00.html). Not
surprisingly, international comparisons that compare and rank countries according to what is
perceived as key indicators gain ground in a global market-place where education and nations’
competitiveness are increasingly linked in political and economic discourses (Henry, et al., 2001;
Nóvoa & Lawn, 2002; Reich, 1992; Slavin, 2008). However, it is highly disputed among
educational researchers and professionals whether breakthrough of the evidence discourse in the
form of quantitative measuring, statistics, rankings, bench-marking and so forth actually
increases quality in education (Bridges, 2008; Burbules & Torres, 2000; Moos, et al., 2005).

This struggle to capture the evidence discourse and the right to determine what should count as
evidence when it moves beyond the medical discourse, has, obviously, also sparked off a debate
on epistemological implications for humanities and social sciences in a more general sense. And,
evidently, social welfare and education research must be located and find its place within this
reinvigorated epistemological discourse. It is beyond the scope of this article to delve deep into
this fascinating struggle to expand the epistemological foundations for talking about evidence. It
will have to do to make brief references to a few key contributors.

A central website to mention is the Evidence Network based at the Centre for Evidence and
Policy at King’s College, University of London
(http://www.kcl.ac.uk/schools/sspp/interdisciplinary/evidence/aboutebpp.html). Embedded
within the interests of the evidence movement, this network scrutinizes what good evidence
means across disciplinary borders, and presents itself as follows:
“The evidence-based approach to public and social policy is built around the belief that better
quality decisions will be made in public and social policy if the process is informed by a good
knowledge of the issue in hand. This simple idea has proved to be very complex in practice, and
EBPP covers a wide range of issues, including: What constitutes good evidence? What part does
(and could or should) it play in decision making? How best can rigorous new evidence be
generated? How can existing evidence be found and reviewed for its policy and practice lessons?
How best can evidence be transferred from reviewers to policy makers and practitioners? How can we discover whether evidence has made an impact?”

The network publishes the journal *Evidence and Policy*, which includes in its editorial board and editorial advisory board a mixture of on the one hand key proponents for evidence review producing organisations such as Ann Oakley, long-time head of EPPI and Scandinavian key figures like Merete Konnerup, former director of Nordic Campbell, and Haluk Soydan, a long time key figure within the Swedish Institute for Evidence-Based Social Work Practice. On the other hand you find figures that are rather critical that the more linear quantitative Cochrane and Campbell inspired approaches are imported uncritically into softer fields like social work and education, such as Ray Pawson, a professor of social research methodology at Leeds University (1989, 2006) and Carol H. Weiss, Whiting Professor at the Harvard School of Education. Even Ann Oakley (2007) and David H. Hargreaves (2007) concede that in softer multi-paradigmatic policy-fields it makes sense to speak more tentatively about *evidence-informed policy and practice* instead of employing a more rigid *evidence-based* approach as within the medical field. Representing a far more critical position in the discursive struggle about what should count as evidence you find scholars like Ian Sanderson from the Policy Research Institute, Leeds Metropolitan University (2002). He is highly critical to the predominant use of – in his view – overly instrumental approaches to procure evidence for policy-making and practice purposes, as used by New Labour and others. He argues: “…the extent to which the increased emphasis on the role of evidence in policy making is indicative of ‘technocratic politics’ underpinned by an instrumental rationality which erodes the normative basis of policy making and undermines the capacity for ‘appropriate’ practice”. Inspired by an Aristotelian phronesis approach he suggests “…that we need an expanded notion of ‘practical reason’ to guide ‘appropriate practice’ within the context of a broader framework of ‘responsible government.’” Stephen J. Ball (2007) argues along a similar logic when he warns that educational studies should not be reduced to a mere technician’s approach to finding tools that work, thereby potentially excluding the role of the intellectual’s theoretically informed approach to research.
How to think professional strategies in light of the evidence discourse

Mapping the genealogy of the evidence discourse and its rise to a dominant standing even within education and social welfare has unveiled a number of issues that challenge professionals’ authority and autonomy. In addition, highlighting the rise of contesting positions within the evidence discourse has drawn attention to the fact that different academic and professional fields have developed different criteria for what it means that something works. They operate within different regimes of knowledge, they serve different stakeholders, they are consequently expected to deal with different issues. The latter is no argument that one should not continuously scrutinize whether already established criteria for scientific practice are unduly taken for granted. It questions, nonetheless, whether the RCT-based criteria for evidence as espoused by the Cochrane and Campbell Collaborations may be ascribed universal validity across academic and professional boundaries.

Evidence as a floating signifier

This questioning suggests that a cultural struggle is raging about the rights to define what counts as evidence about What Works within different fields. ‘Evidence’ potentially turns into what Ernesto Laclau (1993) called a floating signifier, i.e. an open concept that may be employed to generate a variety of different meanings. The current political climate abounds with dominant floating signifiers such as ‘quality’, ‘efficiency’ and ‘excellence’. These signifiers travel as keywords across countries and disciplinary boundaries. Being instrumental to carrying dominant external stakeholders’ interests, they set new agendas and dislocate established truths. A particular feature of the floating signifier, however, is that you cannot disagree until it is made specific. You cannot disagree with ‘quality’ as such (e.g. Dahler-Larsen, 2008). But when particular stakeholders implement performance related salary as a quality measure to enhance the quality of services by motivating employees to making additional efforts, then many employees may disagree that that represents quality.

Similarly, it is hard to disagree that ‘evidence’ as such is desirable. As documented in this article, however, the dominant version of ‘evidence’ is already coded with meaning and woven into powerful genealogies of possible meanings within medicine as well as social welfare and education that link a particular perception of science to the pragmatic powers of dominant
stakeholders within politics, administration and business. In a Danish context this has given rise to powerful alliances between the evidence movement and dominant stakeholders like the National Board of Health, the Ministry of Social Welfare, the Ministry of Education and the Ministry of Science, Technology & Innovation. In England EPPI, the Campbell movement and other key positions within the evidence discourse succeeded in elevating this regime of knowledge into a dominant discourse by joining forces with New Labour and its interests in promoting its priorities as being evidence-based or, at least, evidence-informed.

On the other hand, observing ‘evidence’ as a floating signifier sensitises you to possible spaces for new interpretations and experimentation in different contexts (Deleuze & Guattari, 1994). This represents opportunities for professional groups within education and social welfare among others to gain broader legitimacy for their practices and claims. It represents potential pitfalls as well in case it means a narrowing scope for what counts as evidence, which may disregard useful knowledge and practices that were built up by professionals over decades.

In a Danish context it will thus be interesting to see in the years to come, which strategies for determining what counts as evidence will be adopted by the Danish Clearinghouse for Educational Research. For the institution was established with explicit attention and support from important players like the Ministry of Education and the Ministry of Science, Technology & Innovation to respond to OECD and others’ concerns that Danish educational research is not of sufficient utility to policy-makers and practitioners. These important stake-holders joined forces with already existing circles at Danish universities that favoured the establishment of a clearinghouse mandated to produce systematic evidence-based reviews about What Works in education. Five years after its inception it appears that the clearinghouse clearly adopts a multi-paradigmatic and questioning approach to evidence, that it is gaining some – albeit far from univocal – legitimacy among educational researchers as well as more distance to the ministries.

As argued throughout this article, one must appreciate the complex constitutive process that made the knowledge regime of evidence and understand the impact that its previous trajectories through medicine, the OECD and government discourses has had for its introduction into social welfare and education. Working with evidence as a floating signifier thus requires that one’s experimentation carefully appreciates the actual strategic spaces available in given contexts.
Otherwise, they will hardly be taken seriously when grants are allotted or laws and regulations enacted. Nonetheless, by engaging in constantly challenging the limits of what is possible in the actual, one may find spaces and opportunities to expanding and – possibly – loosen bits of meanings of evidence from the currently dominant evidence discourse (Deleuze & Guattari, 1994; Krejsler, 2005, 2006).

**External vs internal forms of evidence – an example of experimentation**

In this light I suggest that we introduce an analytical distinction into the evidence discourse between external and internal forms of evidence. *External forms of evidence* refer to demands for evidence that external stakeholders impose upon an academic or a professional field of knowledge and practice. Hitherto the evidence discourse has largely – albeit not exclusively - been identified with external stakeholders’ pressure from above and outside the professions, with the notable exception of the medical field (Bhatti, et al., 2006; Hammersley, 2007; Krejsler, 2005; Moos, et al., 2005). Employing the term *internal forms of evidence* I intend to evoke the resources and the knowledge bases that given professions dispose of in their daily practices and – hopefully – work to qualify continually.

As such, I suggest that an expansion of the meanings of evidence and ideas of What Works may usefully be linked to the long histories of these terms within different professional languages as well as everyday language. I do this to emphasize the tactical blunder of voluntarily surrendering the right to define this floating signifier too quickly and conclusively to the dominant evidence discourse and its particular staging of how one produces evidence about health, social welfare and learning.

One could thus argue that the issue of evidence about What Works about a given issue merits – more often than not - a rigorous appraisal of the impact of the particular context involved. What counts as evidence and What Works as best practice for a nurse in her care for a particular patient can thus hardly be settled without reference to the particular context: Is it the cancerous patient overwhelmed by fear of death? Is the patient a child, an elderly spouse or a single and lonely patient without relatives? Is the patient religious or an atheist?

In relation to the Danish school, one could argue that two types of demands are currently very dominant when it comes establishing evidence for What Works:
On the one hand you will find external demands for more quantitative evidence of best practices. This is usually linked to more testing of students and more attention to schools’ grade averages and so forth. In Denmark the latter is displayed on the website of the Ministry of Education in order to make different municipalities’ schools comparable (http://www.uvm.dk/service/Statistik/Folkeskolen%20og%20frie%20skoler/Elever/Karakterer.aspx). The PISA-surveys show how school systems may be compared on an international scale. These forms of evidence risk contributing to demands that students and schools increasingly fix attention to learning the same, or at least something that is sufficiently identical to be compared across municipalities and nations. The thinking is thus gaining ground that basic knowledge and skills be broken down into partial knowledge and skills corresponding to each successive grade level within each particular subject area. Elaboration at a national level of canonical lists of national literature, historical events and so forth follow along similar lines, in Denmark sponsored by the Ministry of Culture (http://www.kulturkanon.kum.dk/).

On the other hand you will find, simultaneously, a strong individualising discourse in educational practice that highlights a terminology about the academic, social and personal competencies to be developed by students in each their individual way. Here demands for evidence that particular interventions work refer more to professionals’ process evaluation within the institution, i.e. internal forms of evidence. The social technologies employed to produce evidence of student achievement would be project work, log books, portfolios, social contracts, formative evaluation and so forth (Krejsler, 2006). Attention is directed at dialogue, supervision and other process technologies that reflect interaction between teacher and students. At an organisational level appraisal interviews with teachers and teams of teachers as well as dialogue with parents are employed (Krejsler, 2007). This individualising discourse permeates public and private organisations alike; think of organisational strategies like the Learning Organisation and the Good Work. When society increasingly demands that individuals learn to document their particular academic, social and personal competencies, obviously school must produce evidence that students acquire such competences (e.g. Krejsler, 2006; Ministry of Education/Undervisningsministeriet, 1996; 2003). And here it may be reasonably assumed that a host of knowledge and practices that the teaching profession has developed and practiced throughout decades may qualify as evidence for best practice, be it project work, log-books, portfolio, self appraisal or social contracts. Concerning educational research, Stephen Kemmis argues that
participatory action research, which involves teachers and students, is an indispensable approach to producing knowledge and practices, i.e. an alternative understanding of evidence for what works (Kemmis, 2007).

Obviously, even internal forms of evidence should be scrutinised for their potentials and pitfalls as well as we currently demand that the dominant evidence discourse is scrutinised (Krejsler, 2004; Popkewitz, 1998; Rose, 1999/1989).

**Conclusion**

From an epistemological perspective one may claim that a cultural struggle currently takes place about what constitutes evidence for good practice in relation to professionals’ interventions. A dominant discourse from the medical field has been transformed into an approach to conquer the fields of education as well as social welfare. The ensuing changes manifest themselves differently within different affected fields (e.g. Bhatti, et al., 2006; Clarke, 2006; Hammersley, 2007; Moos, et al., 2005). In medicine the evidence discourse has expanded largely as a bottom-up process within the medical profession. Within the more vulnerable fields of social welfare and education, however, the evidence discourse is largely – albeit not exclusively - directed by policy-makers’ and administrators’ agendas.

The advent of the evidence discourse appears to be closely related to changes in conditions for how the population politics of states are managed in modern societies. Health, social welfare and education are thus increasingly linked to the so-called knowledge economy discourse that operates globally (e.g. Henry, et al., 2001; Larner & Walters, 2004; OECD, 2007). Policymakers and administrators demand instruments to enable them to prioritise among an increasing number of possible interventions within a frame of limited tax-resources amidst an exponentially growing mass of research-based knowledge. This breeds a demand for instruments that produce the feeling that it is possible to make comparisons across professional disciplines in order to enable evidence-based choices about What Works.

Recognising this pressure, this article argues that a fruitful strategy for the education and social welfare professions and researchers may be to adopt the concept of evidence
as a *floating signifier*. This may prove helpful in their struggle to expand the meanings of evidence to also cover substantial parts of their professional knowledge and experience. In the long run this may prove beneficial even to consumers, policymakers and others, as a considerably broader knowledge and experience base will then inform how health, social welfare and education practices are carried out.

Working in this way with an epistemological lens on evidence as a cultural struggle is, however, no simple and straightforward endeavour. It demands that thorough research is undertaken that brings your understanding to level with the complex constellations of stakeholders’ interests, which is what shapes the regimes of knowledge that no one, who wants to be taken seriously, can bypass or ignore (Deleuze & Guattari, 1994; Foucault, 1993): One must unravel the genealogy of the evidence discourse to comprehend how it became dominant in relation to one’s professional field. This requires an understanding of the complex interplay between the OECD, EU, national governments, NGOs, business interests and professional associations that make certain forms of intervention likely in a so-called knowledge economy. One must master the art of making one’s stakes appear legitimate in relation to the dominant regime of knowledge if one wants to be taken seriously when resources are distributed and laws enacted.

In relation to the fields of education and social welfare a conceptual experiment is suggested by means of introducing an analytical distinction between external and internal forms of evidence. This serves the purpose of enabling professionals and others to think differently as they struggle to come to terms with the potentials and pitfalls of the pressure from the evidence discourse.

Adhering to this distinction, one may say that external forms of evidence tend to impact upon educational practice by enhancing attention to fulfilling the demands that are required. This may produce positive effects in that students know which well-defined demands to achieve. It may even ensure that most students achieve some basic literacy and numeracy skills. Further, it may encourage professionals to become more systematic and stringent in conceptualising and implementing interventions that may previously have been conducted with less reflection, relying more on tradition and customs. This may ensure that systematic methods are applied, that obligations are honoured to measure and compare individuals’ behaviour before and after a given intervention in quantitative terms.
It may, inversely, produce negative effects: Interventions that cannot be fitted into an experimental and quantifiable design are likely to be excluded; not because they do not work, but because their effects cannot be made comparable or measured in Randomised Controlled Trials or similar formats. Interventions based on qualitative methods that seek to adapt approaches to the particular context will not be chosen; e.g. an approach that seeks to involve by means of explorative dialogues the clients whose resources are assumed to be pivotal to engage in order to make real and long-lasting changes in habits and life styles. The external forms of evidence may result in substantial wash-back effects on curricula (e.g. Graham, 2006). If demands are primarily directed at literacy, numeracy and science subjects - as currently in Denmark and in the PISA surveys - it may be at the expense of other subject areas such as music, arts and gymnastics. It may turn much social and educational work unnecessarily instrumental. There is a risk that the cultural heritage may lose some of its features of having a value of its own in contributing to developing 'the good life' and 'the good society' if students experience they come to school mainly to get good grades and do well in testing.

This article thus constitutes an encouragement to engage in the battle about defining What Works in professional practice, recognising that this battle has been reconfigured with the advent of the evidence discourse.
References:


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