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## **How to cite this publication**

Please cite the final published version:

Krejsler, J. B. (2013). What Works in Education and Social Welfare? A Mapping of the Evidence Discourse and Reflections upon Consequences for Professionals. *Scandinavian Journal of Educational Research*, 57(1), 16-32. doi:10.1080/00313831.2011.621141

## Publication metadata

<b>Title:</b>	What Works in Education and Social Welfare? A Mapping of the Evidence Discourse and Reflections upon Consequences for Professionals
<b>Author(s):</b>	John Benedicto Krejsler
<b>Journal:</b>	Scandinavian Journal of Educational Research
<b>DOI/Link:</b>	<a href="http://dx.doi.org/10.1080/00313831.2011.621141">http://dx.doi.org/10.1080/00313831.2011.621141</a>
<b>Document version:</b>	Original manuscript (pre-print)

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**'What Works' in education and social welfare?**

Journal:	<i>Scandinavian Journal of Educational Research</i>
Manuscript ID:	SJER-2011-0123
Manuscript Type:	Original Paper
Keywords:	evidence, discourse, professional development, floating signifier

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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.

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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

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3 method, the topological contours of the battlefields within different discursive fields (e.g. the  
4 fields of madness, reason, imprisonment, subjectivity, sexuality and so forth).  
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7 Drawing on insights from Foucauldian genealogy I shall attempt to unravel major threads  
8 that appear to have coalesced into making evidence discourse an increasingly dominant voice that  
9 cannot be ignored when considering What Works in education and social welfare. Or formulated  
10 as a question in a Foucauldian genealogical vein: *How has it come about that researchers, policy-*  
11 *makers and practitioners today make education and social welfare problematic in terms of*  
12 *'evidence' and 'What Works'?*  
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17 In this section I shall thus clarify how the evidence discourse became a dominant regime  
18 of knowledge by unravelling the major threads of that becoming through the fields of medicine,  
19 social welfare and education. Historically, the concept of evidence has been located in a variety  
20 of discourses that range from daily common sense discourses to judicial and economy discourses.  
21 From the late 1980s and onwards, however, the concept of evidence was targeted for other  
22 purposes. It is now mainly – albeit not exclusively - associated with a resurging neo-positivist  
23 paradigm and its procedures for producing knowledge about *What Works* in relation to particular  
24 interventions. The so-called *evidence ladder* thus privileges knowledge produced in Controlled  
25 Randomized Trials (Alvesson & Skjöldberg, 2000; Bhatti, et al., 2006; Hammersley, 2007;  
26 Moos, et al., 2005; Rieper & Hansen, 2007; Sackett, Rosenberg, Gray, Haynes, & Richardson,  
27 1996).  
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#### 41 ***The evidence discourse and the medical field***

42 The evidence discourse, which has gained pre-eminence as a dominant discourse about how to  
43 produce knowledge that works, is rooted within the medical field (Bhatti, et al., 2006; Browman,  
44 1999; Rieper & Hansen, 2007; Sackett, et al., 1996). Randomized Controlled Trials (RCT-tests)  
45 as a practice to produce truth about What Works was already introduced in medicine in the 1930s  
46 and 1940s in England as well as in psychology, which is interesting in relation to the field of  
47 education and its on-going and ambivalent relations to psychometrics and experimental  
48 psychology. During the 1960s and 1970s RCT became main-stream in medical research. This  
49 constituted the breakthrough of the procedure for producing truth that the evidence movement  
50 would later use to construe its so-called evidence ladder. RCT-tests claim to be controlled in the  
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3 sense that variables not relevant for measuring for instance the effect of a medical substance in  
4 relation to a particular ailment are ostensibly reduced to the utmost minimum possible. Ideally,  
5 this is achieved by carrying out such tests within clinically isolated environments. Control groups  
6 are administered placebo substances in order to ensure with higher probability that measurable  
7 effects come about as a result of the substance in question, and not due to irrelevant causes. The  
8 tests are ideally carried out among a statistically representative sample of the population relevant  
9 for the test in question.  
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12 In 1972, Archie Cochrane (1909-1988) published the ground-breaking book  
13 "Effectiveness and Efficiency – Random reflections on health services" (Cochrane, 1972). He  
14 argued that much medical practice was based on common sense, non-scientifically grounded  
15 judgments and other coincidental circumstances, which led to considerable waste of scarce  
16 resources. He argued that a systematic and cumulative base of scientifically tested knowledge of  
17 *What Works* should be accumulated to further practices that have been proved to be efficient. In  
18 particular, he emphasized the importance of bringing in evidence from Randomised Controlled  
19 Trials (RCTs). *The Cochrane Collaboration* ([www.cochrane.org](http://www.cochrane.org))<sup>1</sup> was established in 1990, and  
20 brought momentum to the efforts to elaborate the so-called *systematic reviews* of international  
21 research about *What Works* in relation to particular medical substances and treatments. The  
22 procedure, statistic meta-analysis, consists in choosing a topic for review, approving a protocol,  
23 appointing a group of researchers, who subsequently gather what primary studies that have been  
24 conducted about this given topic, be it treatment against amphetamine psychosis or acupuncture  
25 to cure epilepsy (<http://www.cochrane.org/reviews/index.htm>). Hereafter a strict sorting of each  
26 particular study is undertaken in order to identify how high they rank on the so-called evidence  
27 ladder. The evidence ladder is a methodological device to rank the quality of studies according to  
28 an ideal of objectivity, validity and reliability that favours the Randomized Controlled Trial (e.g.  
29 <http://www.controlled-trials.com/>). Finally a review article and a summary of the knowledge  
30 about *What Works* is elaborated. The Cochrane Collaboration has developed the *Cochrane*  
31 *Handbook*, which meticulously accounts for the collaboration's methodology over a span of  
32 about 500 pages (Rieper & Hansen, 2007). Denmark was early in joining this movement, and as  
33 early as 1993 Nordic Cochrane was established with its headquarters at the Rigshospitalet-

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<sup>1</sup> NB: All html-links in this article have been retrieved on 2011-07-13.

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3 Copenhagen University Hospital with the assistance of the National Board of Health  
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5 (<http://www.cochrane.dk/>).

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

12 According to Bhatti et al. (2006) and Moos et al. (2005), the widespread acceptance  
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14 and success of the evidence discourse within the medical field has several explanations: First,  
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16 testing of medicine and its effects is universally believed to be relatively independent of context.  
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18 Similar assumptions apply to a good deal of treatments. This makes the idea of a positivist  
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20 universally applicable knowledge about What Works across local and national contexts resonate  
21  
22 well. Second, a positivist understanding of science is already firmly rooted as a dominant  
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24 discourse within medical research, which has been conducive to securing support behind methods  
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26 such as Randomised Controlled Trials and statistic meta-analyses of primary studies based on  
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28 RCT. Third, medical doctors have a high level of education, they are continuously exposed to  
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30 research based knowledge, and they subscribe to a relatively mono-paradigmatic view on science.  
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32 Fourth, they have channels for dissemination of research-based knowledge to the entire  
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34 profession, in Denmark particularly through 'The Journal of the Danish Medical Association'.  
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36 Collectively these instances have been largely responsible for the widespread – albeit not  
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38 univocal - acceptance of the evidence discourse as a tool to produce knowledge about What  
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40 Works. One should, however, keep in mind the considerable differences in contexts between the  
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42 specialised researching medical doctor at an urban university hospital and the locally based  
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44 practising physician. The latter is less exposed to research regimes, and considerably more  
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46 exposed to the pressure of discourses that dominate in local contexts, i.e. s/he will tend to locate  
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48 patient ailments within a view of the larger perspective of the patient's life-style, social  
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50 environment and so forth.

### 51 *Evidence and social welfare*

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

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22 The Campbell Collaboration refers to Donald T. Campbell, an American social  
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24 scientist, who in the early 1960s argued that the effects of social interventions should be  
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26 systematically tested by means of an experimental approach. In the 1970s and 1980s  
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28 bibliographies of intervention studies were elaborated within the social field, not least due to the  
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30 legacy of Campbell. In 1990 Social Science Research Unit (SSRU) was established at the  
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32 Institute of Education at the University of London. It was commissioned to develop a programme  
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34 for policy relevant research in relation to health and education. This initiative turned out to be  
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36 successful as the New Labour government headed by Tony Blair built up an increasing demand  
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38 for evidence-based knowledge in order to enable them to prioritize limited public resources with  
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40 greater effect (Wells, 2007). In 1996 the Evidence for Policy and Practice Information and Co-  
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42 ordinating Centre (EPPI) (<http://eppi.ioe.ac.uk/cms/>) was established under the auspices of  
43  
44 SSRU. In practice EPPI ended up concentrating on education reviews, and incidentally became a  
45  
46 source of inspiration for the Danish Clearinghouse for Educational Research, which was  
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48 established in 2006 at the School of Education at Aarhus University. EPPI collaborates with and  
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50 draws inspiration from the Campbell Collaboration. EPPI does, however, adopt a  
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52 methodologically more pluralist approach (e.g. Jackson & Waters, 2005).

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54 In social welfare as well as education the evidence discourse is considerably more directed by  
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56 policy-makers' and administrators' agendas. In part, this can be explained by the fact that these  
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58 fields differ from the medical field in crucial aspects (e.g. Bhatti, et al., 2006; Hammersley, 2007;  
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60 Moos, et al., 2005). First, social welfare and education are ramified into a much larger variety of



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3 different practice areas and the differentiation among professionals in terms of education levels is  
4 considerably larger. Second, tradition among professionals of making reference to research-based  
5 knowledge is much less prevalent. Third, training of professionals as well as professional practice  
6 are much less explicitly grounded in research-based knowledge. Fourth, social science as well as  
7 humanities paradigms are considerably more prevalent within these fields, which make them  
8 subject to various competing paradigms due to the inherent plurality of these science areas. Fifth,  
9 the issues that social welfare and education professionals are expected to handle are usually  
10 closely tied up to national and local aspects of the particular state's population politics. In many  
11 instances this makes it complex – if not impossible – to compare social interventions and  
12 educational strategies across local, national and regional contexts that often exhibit considerable  
13 differences. How you manage interventions targeted towards young males' excessive  
14 consumption of alcohol differ considerably from a context of young Chicano gang members in  
15 central Los Angeles, to young males in sparsely populated Greenland, to upper-class young  
16 males in affluent Northern Copenhagen. Consequently, top-down initiatives from policymakers  
17 and administrators to transfer the evidence discourse from medicine to social welfare and  
18 education often resonate poorly within the involved professions.  
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32 Nonetheless, a growing number of established traditions among researchers and  
33 professionals within social welfare and education have adopted the evidence discourse and  
34 engage in the on-going development of what evidence for 'What Works' may mean within these  
35 fields (e.g. see discussion of Evidence Network later in this article). The latter often engage in  
36 close collaboration with policy-makers' and administrators' efforts to implement evidence-based  
37 policy, as is the case, among others, with many researchers adhering to the well-established  
38 School Effectiveness and Innovation Movement (e.g. <http://www.icsei.net/>).  
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### 48 *Evidence and education*

49 One could argue that education constitutes the field that has been hardest hit by the evidence  
50 discourse understood as a pressure that has largely come from external stakeholders and regimes  
51 of truth that resonate poorly with most existing discourses among professionals in education  
52 (Ball, 2007; Bhatti, et al., 2006; Borgnakke, Hauberg Mortensen, Rasmussen, & Salling Olesen,  
53 2006; Bridges, 2008; Moos, et al., 2005). As mentioned earlier, the field of education was already  
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3 an integral part of the evidence reinforcement of social welfare, as exemplified by the EPPI-  
4 centre as well as the Campbell Collaboration. In addition in the mid-1990s the OECD intensified  
5 its attention to the field of education. This constituted an upgrading of a process which was  
6 initiated in the late 1960s, not the least with the establishment in 1968 of the Centre for  
7 Educational Research and Innovation (CERI)

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10 ([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  
11 intensified attention to education is hardly surprising in a period when national governments and  
12 transnational agencies like the OECD, WTO, UNESCO and EU are increasingly occupied by  
13 discourses of Knowledge Economies and Life-Long Learning (Boltanski & Chiapello,  
14 2007/1999; Burbules & Torres, 2000; Henry, et al., 2001; Nóvoa & Lawn, 2002). By proxy of  
15 CERI in particular, the OECD has increased attention to improve the role and efficiency of  
16 educational research as a background for policy-makers' decisions as well as practitioners'  
17 ongoing efforts to make educational institutions more efficient and, incidentally, more evidence-  
18 based (OECD, 2007). A procedure for elaborating country reports has thus been put into practice.

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

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32 As mentioned earlier, the Danish Clearinghouse for Educational Research was established  
33 in 2006 (<http://www.dpu.dk/omdpu/dansklclearinghouseforuddannelsesforskning/>). Till April  
34 2011 it has published nine systematic reviews: four reviews map and assess Scandinavian  
35 research on day care facilities for children aged 0-6, the others assess programs on parent  
36 involvement, the use of testing in education, research on effects of education and career  
37 mentoring, relations between learning and factors in school, and research concerning student  
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3 learning and teacher competences. In addition, the clearinghouse gathers links and disseminates  
4 systematic reviews from other national and international bodies that publish systematic reviews  
5 and participates in debates on what constitutes good evidence. At this stage – five years after its  
6 inception - it appears clearly that the Danish Clearinghouse for Educational Research applies a  
7 broader definition of evidence than the Campbell Collaboration and the evidence ladder  
8 represent. It explicitly mentions EPPI as a key inspiration. And judging from the above-  
9 mentioned reviews, the Danish Clearinghouse approach appears to be closer to the more inclusive  
10 and multi-paradigmatic approaches to reviews of ‘What Works’ that you meet among scholars  
11 like Hilbert Meyer (2004) and Brophy & Good (Brophy & Good, 1986; Good & Brophy, 2003).  
12 Further Michael Sjøgaard Larsen, a key clearinghouse employee, writes that very few RCT-  
13 primary studies have been carried out in Danish or Scandinavian contexts. This fact alone would  
14 make systematic reviews relying on RCT-primary studies suspiciously reliant on particularly  
15 American studies<sup>2</sup> for a considerable period of time. Consequently, Larsen recommends that  
16 capacity-building is strengthened internationally to develop diverse approaches to evidence that  
17 match the field of research in education (Larsen, 2010).  
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32 In summary, we thus observe that the evidence discourse is subtly transformed as it travels from  
33 a medical context to a social welfare and education context. It enters into other configurations of  
34 dominant discourses than you find within the medical field. The professionals appear to have less  
35 of a say as opposed to policymakers and administrators. A regime of knowledge that resonates  
36 poorly with dominant discourses among the bulk of professionals has to be accommodated  
37 (Biesta, 2007; Clarke, 2006; Hammersley, 2007; Moos, et al., 2005; Trinder & Reynolds, 2000;  
38 Utdanningsforbundet, 2008).  
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### 48 *The evidence discourse and dominant trends*

49 The expansion of the evidence discourse from the medical field to social welfare and education  
50 signifies the establishment of a dominant discourse that cannot be ignored. Thus in a Danish  
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55 <sup>2</sup> The What Works Clearinghouse only accepts American primary studies to be included in their systematic reviews.  
56 They argue that American teachers would not accept studies from non-American context as relevant for their practice  
57 (Bhatti, et al., 2006)p.96). The argument appears to be that education is a very context-bound endeavor in the US...  
58 and by implication in Denmark and other countries.  
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3 context, Nordic Cochrane, Nordic Campbell Centre as well as the Danish Clearinghouse for  
4 Educational Research have all been established in alliance with dominant players in Danish  
5 society such as the National Board of Health, the Ministry of Health, the Ministry of Social  
6 Welfare, the Ministry of Education and the Ministry of Science, Technology & Innovation  
7 (Bhatti, et al., 2006; Moos, et al., 2005). Nordic Cochrane and Nordic Campbell Centre received  
8 substantial supplementary funding from the Ministry of Health and the Ministry of Social  
9 Welfare, which, however, was not the case with the Danish Clearinghouse for Educational  
10 Research. The evidence discourse is furthermore closely aligned with dominant players on the  
11 global stage such as the OECD, WTO, UNESCO and EU by means of the knowledge economy  
12 discourse that encourages strengthened interplay between policy makers, businesses and  
13 professional practitioners in order to enhance competitiveness and ensure efficient use of public  
14 resources.

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25 This entails increased demands to research communities for evidence about *What*  
26 *Works*. Consequently, the evidence discourse was adopted in Neo-Liberal as well as Third Way  
27 inspired restructuring of the public sector that have dominated the health and education services  
28 since the 1980s (Burbules & Torres, 2000; Henry, et al., 2001). Here, New Public Management  
29 strategies are employed to implement the idea of a market of public services which presupposes a  
30 market of competing suppliers of services that are comparable and transparent to consumers. The  
31 evidence discourse expediently offers a methodology that makes services measurable and  
32 comparable with the explicit purpose of exposing *What Works* (OECD, 2007; Rieper & Hansen,  
33 2007). The evidence discourse thus appears as part of a global regime of knowledge that  
34 standardises knowledge production across national boundaries and academic disciplines (Larner  
35 & Walters, 2004; Nóvoa & Yariv-Mashal, 2003). A seductive imagery of standards and  
36 transparency is produced, which comes in handy for policy-makers and practitioners in a world  
37 abounding with information and possible choices.

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48 The restructuring discourses of ‘freedom’, ‘quality’, ‘consumer choice’ and  
49 ‘evidence-based policy and practice’ have profoundly influenced the health services; e.g . policy-  
50 makers allot tax-financed vouchers to patients to choose the service provider whom they believe  
51 will provide the best treatment. Similarly ‘education services’ from primary school to university  
52 are under increasing demand to become comparable and interexchangeable in order to allow  
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3 consumer students – or their parents - to choose the providers they believe to be of best service to  
4 their life and career projects.  
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7 In light of the battles with positivism in the 1960s and the rise of social  
8 constructivism since the 1980s, it appears odd, though, that the evidence discourse, drawing as it  
9 does so explicitly on neo-positivist ideals, may be gaining such momentum within the hitherto  
10 largely humanities and social science dominated fields of social welfare and education (Alvesson  
11 & Skjöldberg, 2000; Habermas, 1971; Lyotard, 1999/1984; Moos, et al., 2005).  
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### 19 *Contesting voices and discourses*

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21 Not surprisingly, nurses were among the first professionals beyond the medical doctors to feel the  
22 pressure from the evidence discourse. This evoked the question whether the evidence approach  
23 was appropriate beyond testing medical substances and surgical, orthopaedic and similar  
24 interventions. Very few will probably raise objections to employing the positivist inspired RCT  
25 methods in most such instances. But can the evidence discourse and the RCT-methodology be  
26 appropriately applied to wider areas within the nursing field, such as administration of patient  
27 files, patient care, dialogue and so forth (e.g. Trinder & Reynolds, 2000)?  
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33 For years, influential agents within the nursing profession have contested a one-  
34 sided subscription to the evidence discourse and struggled to develop phenomenological and  
35 other approaches to nursing as well. They have argued that such approaches must be addressed in  
36 addition to positivist approaches when it comes to cover the particular ‘nature’ of much of the  
37 work that nurses engage in (e.g. Forbes, et al., 1999; Fulbrook, 2003). Here, the notion of *tacit*  
38 *knowledge* has been evoked as well as the importance of applying a holistic approach to human  
39 beings and their total life situations (e.g. Polanyi, 1967; Schön, 1983). A key criticism of this  
40 contestation was the claim that much medical research and treatment was based on an underlying  
41 reductionist assumption that humans function more or less like a mechanical apparatus.  
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49 Among educational researchers and practitioners, contestation is rising against an  
50 evidence discourse that is experienced as largely disregarding the ‘nature’ and particularities of  
51 the educational field (e.g. Ball, 2007; Biesta, 2007; Moos, et al., 2005). It is recognized,  
52 nonetheless, in a more pragmatic sense that the field of education is under increasing pressure  
53 from external stake-holders to document *What Works* as public debate increasingly takes  
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3 direction from what counts as evidence in large scale international quantitative comparisons. The  
4 PISA-surveys on 15 years old students' proficiencies in literacy, numeracy and science across the  
5 OECD and additional countries have been particularly conducive to instigate national debates,  
6 although the validity of the surveys are still disputed  
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10 ([http://www.pisa.oecd.org/pages/0,2987,en\\_32252351\\_32235731\\_1\\_1\\_1\\_1\\_1,00.html](http://www.pisa.oecd.org/pages/0,2987,en_32252351_32235731_1_1_1_1_1,00.html)). Not  
11 surprisingly, international comparisons that compare and rank countries according to what is  
12 perceived as key indicators gain ground in a global market-place where education and nations'  
13 competitiveness are increasingly linked in political and economic discourses (Henry, et al., 2001;  
14 Nóvoa & Lawn, 2002; Reich, 1992; Slavin, 2008). However, it is highly disputed among  
15 educational researchers and professionals whether breakthrough of the evidence discourse in the  
16 form of quantitative measuring, statistics, rankings, bench-marking and so forth actually  
17 increases quality in education (Bridges, 2008; Burbules & Torres, 2000; Moos, et al., 2005).  
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22 This struggle to capture the evidence discourse and the right to determine what should count as  
23 evidence when it moves beyond the medical discourse, has, obviously, also sparked off a debate  
24 on epistemological implications for humanities and social sciences in a more general sense. And,  
25 evidently, social welfare and education research must be located and find its place within this  
26 reinvigorated epistemological discourse. It is beyond the scope of this article to delve deep into  
27 this fascinating struggle to expand the epistemological foundations for talking about evidence. It  
28 will have to do to make brief references to a few key contributors.  
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32 A central website to mention is the Evidence Network based at the Centre for Evidence and  
33 Policy at King's College, University of London  
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37 (<http://www.kcl.ac.uk/schools/sspp/interdisciplinary/evidence/aboutebpp.html>). Embedded  
38 within the interests of the evidence movement, this network scrutinizes what good evidence  
39 means across disciplinary borders, and presents itself as follows:  
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43 *“The evidence-based approach to public and social policy is built around the belief that better  
44 quality decisions will be made in public and social policy if the process is informed by a good  
45 knowledge of the issue in hand. This simple idea has proved to be very complex in practice, and  
46 EBPP covers a wide range of issues, including: What constitutes good evidence? What part does  
47 (and could or should) it play in decision making? How best can rigorous new evidence be  
48 generated? How can existing evidence be found and reviewed for its policy and practice lessons?”*  
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3 *How best can evidence be transferred from reviewers to policy makers and practitioners? How*  
4 *can we discover whether evidence has made an impact?"*  
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9 The network publishes the journal *Evidence and Policy*, which includes in its editorial board and  
10 editorial advisory board a mixture of on the one hand key proponents for evidence review  
11 producing organisations such as Ann Oakley, long-time head of EPPI and Scandinavian key  
12 figures like Merete Konnerup, former director of Nordic Campbell, and Haluk Soydan, a long  
13 time key figure within the Swedish Institute for Evidence-Based Social Work Practice. On the  
14 other hand you find figures that are rather critical that the more linear quantitative Cochrane and  
15 Campbell inspired approaches are imported uncritically into softer fields like social work and  
16 education, such as Ray Pawson, a professor of social research methodology at Leeds University  
17 (1989, 2006) and Carol H. Weiss, Whiting Professor at the Harvard School of Education. Even  
18 Ann Oakley (2007) and David H. Hargreaves (2007) concede that in softer multi-paradigmatic  
19 policy-fields it makes sense to speak more tentatively about *evidence-informed policy and*  
20 *practice* instead of employing a more rigid *evidence-based* approach as within the medical field.  
21 Representing a far more critical position in the discursive struggle about what should count as  
22 evidence you find scholars like Ian Sanderson from the Policy Research Institute, Leeds  
23 Metropolitan University (2002). He is highly critical to the predominant use of – in his view –  
24 overly instrumental approaches to procure evidence for policy-making and practice purposes, as  
25 used by New Labour and others. He argues: “...*the extent to which the increased emphasis on the*  
26 *role of evidence in policy making is indicative of ‘technocratic politics’ underpinned by an*  
27 *instrumental rationality which erodes the normative basis of policy making and undermines the*  
28 *capacity for ‘appropriate’ practice”*. Inspired by an Aristotelian phronesis approach he suggests  
29 “...*that we need an expanded notion of ‘practical reason’ to guide ‘appropriate practice’ within*  
30 *the context of a broader framework of ‘responsible government.’”* Stephen J. Ball (2007) argues  
31 along a similar logic when he warns that educational studies should not be reduced to a mere  
32 technician’s approach to finding tools that work, thereby potentially excluding the role of the  
33 intellectual’s theoretically informed approach to research.  
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3 How to think professional strategies in light of the evidence discourse  
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7 Mapping the genealogy of the evidence discourse and its rise to a dominant standing even within  
8 education and social welfare has unveiled a number of issues that challenge professionals'  
9 authority and autonomy. In addition, highlighting the rise of contesting positions within the  
10 evidence discourse has drawn attention to the fact that different academic and professional fields  
11 have developed different criteria for what it means that something works. They operate within  
12 different regimes of knowledge, they serve different stakeholders, they are consequently expected  
13 to deal with different issues. The latter is no argument that one should not continuously scrutinize  
14 whether already established criteria for scientific practice are unduly taken for granted. It  
15 questions, nonetheless, whether the RCT-based criteria for evidence as espoused by the Cochrane  
16 and Campbell Collaborations may be ascribed universal validity across academic and  
17 professional boundaries.  
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### 28 *Evidence as a floating signifier*

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30 This questioning suggests that a cultural struggle is raging about the rights to define what counts  
31 as evidence about What Works within different fields. 'Evidence' potentially turns into what  
32 Ernesto Laclau (1993) called a floating signifier, i.e. an open concept that may be employed to  
33 generate a variety of different meanings. The current political climate abounds with dominant  
34 floating signifiers such as 'quality', 'efficiency' and 'excellence'. These signifiers travel as  
35 keywords across countries and disciplinary boundaries. Being instrumental to carrying dominant  
36 external stakeholders' interests, they set new agendas and dislocate established truths. A  
37 particular feature of the floating signifier, however, is that you cannot disagree until it is made  
38 specific. You cannot disagree with 'quality' as such (e.g. Dahler-Larsen, 2008). But when  
39 particular stakeholders implement performance related salary as a quality measure to enhance the  
40 quality of services by motivating employees to making additional efforts, then many employees  
41 may disagree that that represents quality.  
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51 Similarly, it is hard to disagree that 'evidence' as such is desirable. As documented  
52 in this article, however, the dominant version of 'evidence' is already coded with meaning and  
53 woven into powerful genealogies of possible meanings within medicine as well as social welfare  
54 and education that link a particular perception of science to the pragmatic powers of dominant  
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3 stakeholders within politics, administration and business. In a Danish context this has given rise  
4 to powerful alliances between the evidence movement and dominant stakeholders like the  
5 National Board of Health, the Ministry of Social Welfare, the Ministry of Education and the  
6 Ministry of Science, Technology & Innovation. In England EPPI, the Campbell movement and  
7 other key positions within the evidence discourse succeeded in elevating this regime of  
8 knowledge into a dominant discourse by joining forces with New Labour and its interests in  
9 promoting its priorities as being evidence-based or, at least, evidence-informed.  
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18 On the other hand, observing 'evidence' as a floating signifier sensitises you to possible spaces  
19 for new interpretations and experimentation in different contexts (Deleuze & Guattari, 1994).  
20 This represents opportunities for professional groups within education and social welfare among  
21 others to gain broader legitimacy for their practices and claims. It represents potential pitfalls as  
22 well in case it means a narrowing scope for what counts as evidence, which may disregard useful  
23 knowledge and practices that were built up by professionals over decades.  
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29 In a Danish context it will thus be interesting to see in the years to come, which strategies  
30 for determining what counts as evidence will be adopted by the Danish Clearinghouse for  
31 Educational Research. For the institution was established with explicit attention and support from  
32 important players like the Ministry of Education and the Ministry of Science, Technology &  
33 Innovation to respond to OECD and others' concerns that Danish educational research is not of  
34 sufficient utility to policy-makers and practitioners. These important stake-holders joined forces  
35 with already existing circles at Danish universities that favoured the establishment of a  
36 clearinghouse mandated to produce systematic evidence-based reviews about What Works in  
37 education. Five years after its inception it appears that the clearinghouse clearly adopts a multi-  
38 paradigmatic and questioning approach to evidence, that it is gaining some – albeit far from  
39 univocal – legitimacy among educational researchers as well as more distance to the ministries.  
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50 As argued throughout this article, one must appreciate the complex constitutive process that made  
51 the knowledge regime of evidence and understand the impact that its previous trajectories  
52 through medicine, the OECD and government discourses has had for its introduction into social  
53 welfare and education. Working with evidence as a floating signifier thus requires that one's  
54 experimentation carefully appreciates the actual strategic spaces available in given contexts.  
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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*:

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3 On the one hand you will find external demands for more quantitative evidence of  
4 best practices. This is usually linked to more testing of students and more attention to schools'  
5 grade averages and so forth. In Denmark the latter is displayed on the website of the Ministry of  
6 Education in order to make different municipalities' schools comparable  
7 ([http://www.uvm.dk/service/Statistik/Folkeskolen%20og%20frie%20skoler/Elever/Karakterer.as](http://www.uvm.dk/service/Statistik/Folkeskolen%20og%20frie%20skoler/Elever/Karakterer.aspx)  
8 [px](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.  
9 These forms of evidence risk contributing to demands that students and schools increasingly fix  
10 attention to learning the same, or at least something that is sufficiently identical to be compared  
11 across municipalities and nations. The thinking is thus gaining ground that basic knowledge and  
12 skills be broken down into partial knowledge and skills corresponding to each successive grade  
13 level within each particular subject area. Elaboration at a national level of canonical lists of  
14 national literature, historical events and so forth follow along similar lines, in Denmark  
15 sponsored by the Ministry of Culture (<http://www.kulturkanon.kum.dk/>).  
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27 On the other hand you will find, simultaneously, a strong individualising discourse  
28 in educational practice that highlights a terminology about the academic, social and personal  
29 competencies to be developed by students in each their individual way. Here demands for  
30 evidence that particular interventions work refer more to professionals' process evaluation within  
31 the institution, i.e. internal forms of evidence. The social technologies employed to produce  
32 evidence of student achievement would be project work, log books, portfolios, social contracts,  
33 formative evaluation and so forth (Krejsler, 2006). Attention is directed at dialogue, supervision  
34 and other process technologies that reflect interaction between teacher and students. At an  
35 organisational level appraisal interviews with teachers and teams of teachers as well as dialogue  
36 with parents are employed (Krejsler, 2007). This individualising discourse permeates public and  
37 private organisations alike; think of organisational strategies like the Learning Organisation and  
38 the Good Work. When society increasingly demands that individuals learn to document their  
39 particular academic, social and personal competencies, obviously school must produce evidence  
40 that students acquire such competences (e.g. Krejsler, 2006; Ministry of Education/  
41 Undervisningsministeriet, 1996; 2003). And here it may be reasonably assumed that a host of  
42 knowledge and practices that the teaching profession has developed and practiced throughout  
43 decades may qualify as evidence for best practice, be it project work, log-books, portfolio, self  
44 appraisal or social contracts. Concerning educational research, Stephen Kemmis argues that  
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3 participatory action research, which involves teachers and students, is an indispensable approach  
4 to producing knowledge and practices, i.e. an alternative understanding of evidence for what  
5 works (Kemmis, 2007).  
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9 Obviously, even internal forms of evidence should be scrutinised for their potentials  
10 and pitfalls as well as we currently demand that the dominant evidence discourse is scrutinised  
11 (Krejsler, 2004; Popkewitz, 1998; Rose, 1999/1989).  
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## 14 15 16 17 18 19 **Conclusion**

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22 From an epistemological perspective one may claim that a cultural struggle currently takes place  
23 about what constitutes evidence for good practice in relation to professionals' interventions. A  
24 dominant discourse from the medical field has been transformed into an approach to conquer the  
25 fields of education as well as social welfare. The ensuing changes manifest themselves differently  
26 within different affected fields (e.g. Bhatti, et al., 2006; Clarke, 2006; Hammersley, 2007; Moos,  
27 et al., 2005). In medicine the evidence discourse has expanded largely as a bottom-up process  
28 within the medical profession. Within the more vulnerable fields of social welfare and education,  
29 however, the evidence discourse is largely – albeit not exclusively - directed by policy-makers'  
30 and administrators' agendas.  
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35 The advent of the evidence discourse appears to be closely related to changes in  
36 conditions for how the population politics of states are managed in modern societies. Health,  
37 social welfare and education are thus increasingly linked to the so-called knowledge economy  
38 discourse that operates globally (e.g. Henry, et al., 2001; Lerner & Walters, 2004; OECD, 2007).  
39 Policymakers and administrators demand instruments to enable them to prioritise among an  
40 increasing number of possible interventions within a frame of limited tax-resources amidst an  
41 exponentially growing mass of research-based knowledge. This breeds a demand for instruments  
42 that produce the feeling that it is possible to make comparisons across professional disciplines in  
43 order to enable evidence-based choices about *What Works*.  
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48 Recognising this pressure, this article argues that a fruitful strategy for the  
49 education and social welfare professions and researchers may be to adopt the concept of evidence  
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3 as a *floating signifier*. This may prove helpful in their struggle to expand the meanings of  
4 evidence to also cover substantial parts of their professional knowledge and experience. In the  
5 long run this may prove beneficial even to consumers, policymakers and others, as a considerably  
6 broader knowledge and experience base will then inform how health, social welfare and  
7 education practices are carried out.  
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12 Working in this way with an epistemological lens on evidence as a cultural struggle  
13 is, however, no simple and straightforward endeavour. It demands that thorough research is  
14 undertaken that brings your understanding to level with the complex constellations of  
15 stakeholders' interests, which is what shapes the regimes of knowledge that no one, who wants to  
16 be taken seriously, can bypass or ignore (Deleuze & Guattari, 1994; Foucault, 1993): One must  
17 unravel the genealogy of the evidence discourse to comprehend how it became dominant in  
18 relation to one's professional field. This requires an understanding of the complex interplay  
19 between the OECD, EU, national governments, NGOs, business interests and professional  
20 associations that make certain forms of intervention likely in a so-called knowledge economy.  
21 One must master the art of making one's stakes appear legitimate in relation to the dominant  
22 regime of knowledge if one wants to be taken seriously when resources are distributed and laws  
23 enacted.  
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34 In relation to the fields of education and social welfare a conceptual experiment is  
35 suggested by means of introducing an analytical distinction between external and internal forms  
36 of evidence. This serves the purpose of enabling professionals and others to think differently as  
37 they struggle to come to terms with the potentials and pitfalls of the pressure from the evidence  
38 discourse.  
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43 Adhering to this distinction, one may say that external forms of evidence tend to  
44 impact upon educational practice by enhancing attention to fulfilling the demands that are  
45 required. This may produce positive effects in that students know which well-defined demands to  
46 achieve. It may even ensure that most students achieve some basic literacy and numeracy skills.  
47 Further, it may encourage professionals to become more systematic and stringent in  
48 conceptualising and implementing interventions that may previously have been conducted with  
49 less reflection, relying more on tradition and customs. This may ensure that systematic methods  
50 are applied, that obligations are honoured to measure and compare individuals' behaviour before  
51 and after a given intervention in quantitative terms.  
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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*.



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