



“They Just Know”: The epistemological politics of “evidence-based” non-formal education



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ABSTRACT

Community education and outreach programs should be evidence-based. This dictum seems at once warranted, welcome, and slightly platitudinous. However, the “evidence-based” movement’s more narrow definition of evidence—privileging randomized controlled trials as the “gold standard”—has fomented much debate. Such debate, though insightful, often lacks grounding in actual practice. To address that lack, the purpose of the study presented in this paper was to examine what actually happens, in practice, when people support the implementation of evidence-based programs (EBPs) or engage in related efforts to make non-formal education more “evidence-based.” Focusing on three cases—two adolescent sexual health projects (one in the United States and one in Kenya) and one more general youth development organization—I used qualitative methods to address the questions: (1) How is evidence-based program and evidence-based practice work actually practiced? (2) What perspectives and assumptions about what non-formal education is are manifested through that work? and (3) What conflicts and tensions emerge through that work related to those perspectives and assumptions? Informed by theoretical perspectives on the intersection of science, expertise, and democracy, I conclude that the current dominant approach to making non-formal education more evidence-based by way of EBPs is seriously flawed.

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1. Introduction

Community education and outreach programs should be based on evidence. On the face of it, this dictum seems at once warranted, welcome, and slightly platitudinous. Few people would argue that an educational initiative should, or even could, be planned and implemented in a way that is somehow devoid of evidence. Yet, as the contributions to this volume suggest, what counts as credible evidence in evaluation and social research is far from self-evident. Relatedly, how such evidence is expected and understood to guide professional practice remains unclear, posing a daunting challenge to policy-makers, researchers, evaluators, and educators alike. This challenge is encapsulated in the “preferred terminology guidelines” put forward by UNAIDS (the Joint United Nations Program on HIV and AIDS) to guide the discourse of global HIV/AIDS prevention

and treatment work, the domain in which one of this paper’s focal cases is active:

In the context of research, treatment, and prevention, evidence usually refers to qualitative and/or quantitative results that have been published in a peer-reviewed journal. The term ‘evidence-informed’ is preferred to ‘evidence-based’ in recognition of the fact that several elements may play a role in decision-making, only one of which may be scientific evidence. Other elements may include cultural appropriateness, concerns about equity and human rights, feasibility, opportunity costs, etc. (UNAIDS, 2011, pp. 10–11)

These terminology guidelines make explicit the perspective that “scientific evidence,” though important, is just one of many factors to consider when creating or choosing between various educational programs or practices. The guidelines presuppose that there exists no single, universally accepted definition of “evidence,” a presupposition of central importance to this paper. What’s more, the statement glosses over decades of acerbic debates about the relative merits of quantitative versus qualitative evidence, a noteworthy point because most dominant approaches to “evidence-based”

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education value only quantitative evidence gathered through “rigorous” research or evaluation designs. Also, the statement equates “evidence” with that which has been published in a peer-reviewed journal. While many—especially scientists—might take that aspect of the definition of evidence to be self-evidently correct, many others—including scientists—work, pragmatically, with much broader definitions of “evidence.”

However, the “evidence-based” education movement—one of many related attempts to “bridge the research–practice gap” that has gained prevalence in recent decades—is predicated on more formal and conscribed definitions of evidence, whereby certain research and evaluation approaches are valued more highly than others. In the current era of accountability, some policy-makers, funding agencies, and scholars position “scientific” evidence derived from randomized controlled trials (RCTs) as the “gold standard” for establishing proof of which programs “work” and which do not (Coalition for Evidence-Based Policy, 2003; Mosteller & Boruch, 2002; U.S. Department of Education, 2003). According to Trochim:

The gold standard debate is one of the most important controversies in contemporary evaluation and applied social sciences. It’s at the heart of how we go about trying to understand the world around us. It is integrally related to what we think science is and how it relates to practice. There is a lot at stake. (W. Trochim, unpublished speech transcript, September 10, 2007)

In his critique of the RCT design, Scriven reiterates the point that much is at stake, claiming, “This issue is not a mere academic dispute, and should be treated as one involving the welfare of very many people, not just the egos of a few” (2008, p. 24).

With so much at stake, the evidence-based movement has fomented significant debate in recent years. The positions espoused by participants in those debates tend to fall into two general categories, suggesting that how questions about evidence-based education are posed is at least as important as how they are answered: Some discussions treat the problem primarily on a technical-rationalistic¹ level, focused on improving the fidelity of implementation of evidence-based interventions (e.g., Galbraith et al., 2009; Wandersman et al., 2008); others foreground the normative and axiological nature of the problem, offering theoretical critiques of the assumptions that undergird the very notion of the research–practice gap (e.g., Biesta, 2007; St Pierre, 2002). Each of these approaches to posing and answering questions about how to make education more evidence-based is helpful, yet each is also limiting. The first leaves too much unproblematic and risks reifying hegemonic relations of knowledge and power in society; the second lacks grounding in practical contexts and risks dissolving into polemical verbalism. The theoretical critiques characterizing this second approach are necessary and helpful, but must be supplemented by empirical studies rooted in the particular work processes of individuals and organizations.

1.1.1. Purpose and research questions

To that end, the purpose of the study presented in this paper was to better understand what actually happens, in practice, when people try to make non-formal education more “evidence-based.” Like Timmermans and Berg (2003) in their analysis of standardization in medical practice, instead of debating the advantages and

disadvantages of evidence-based approaches and getting stuck on a rhetorical level of analysis, I offer a study of the politics of evidence in practice. By concentrating on the details of practice in three cases in which people’s work involves evidence-based programs and practices, I elucidate some of the tensions and gaps inherent in that work, calling the apparently self-evident superiority of evidence-based education into question. Specifically, I address the following three research questions: (1) How is evidence-based program and evidence-based practice actually practiced? (2) What perspectives and assumptions about what non-formal education is are manifested through that work? and (3) What conflicts emerge through that work related to those perspectives and assumptions?

In the remainder of this paper, I first provide a brief background discussion on the “evidence-based” movement, focusing especially on the critical debates that have accompanied it. Then, I introduce this paper’s three focal cases and present the methodological approach I employed to explicate their politics of evidence. Third, informed by theoretical approaches that explore the intersection of science, expertise, and democracy, I present data and interpretations regarding the practices of the “evidence-based” education movement. I focus specifically on some of the divergent and conflicting perspectives and assumptions about what non-formal education is that are brought to light through my data and interpretations. In doing so, my goal is to explore the ways in which the everyday work, the social relations, the textual mediations that make up evidence-based educational programs and practices are inherently and inevitably political in that—through their configurations of knowledge and power—they are performative and productive; they make educational realities (the program, the educator, the learner, etc.) to be this rather than that way.

2. Background: decades of “evidence-based” debates

2.1. Debates in evidence-based medicine

The increased push to use only programs and practices “that work” (meaning those for which evidence of effectiveness has been shown by way of at least one RCT) has catalyzed the proliferation of evidence clearinghouses, which establish criteria for what counts as credible evidence and then rank programs or other interventions accordingly. The approach originated in biomedicine as part of the evidence-based medicine (EBM) movement. One leading group in that field is the Cochrane Collaboration (www.cochrane.org), which curates a database containing systematic reviews and meta-analyses of published RCT studies on a wide variety of health and medical topics. EBM is “the conscientious, explicit, and judicious use of current best evidence in making decisions about the care of individual patients, . . . [integrating] individual clinical expertise with the best available external clinical evidence from systematic research” (Sackett, Rosenberg, Muir, & Brian, 1996, p. 71). Although EBM is strongly linked to the RCT design, Sackett and colleagues have admitted the need for methodological plurality: “Evidence based medicine is not restricted to randomised trials and meta-analyses. It involves tracking down the best external evidence with which to answer our clinical questions” (Sackett et al., 1996, p. 71).

Regardless of Sackett et al.’s intentions, EBM quickly became synonymous with RCTs and, simultaneously, became a polemic in the health sciences. Critics railed against it as a needless neologism, an act of intellectual poverty, a governmental management strategy to cut health care costs, and a scientific oversimplification of professional health practice (Couto, 1998; Shahar, 1998). Highlighting the fact that many other (non-randomized) sources of evidence are obviously important in health care, a facetious article appeared in the *British Medical Journal* entitled “Parachute use to prevent death and major trauma related to gravitational challenge:

¹ “Technical-rationality” is defined as a positivist epistemology of practice whereby “professional activity consists in instrumental problem solving made rigorous by the application of scientific theory and technique”; it is “the view of professional knowledge which has most powerfully shaped both our thinking about the professions and the institutional relations of research, education, and practice” (Schön, 1983, p. 21). See also Usher et al. (1997).

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