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The Centrality of Practice to Evaluation

Thomas A. Schwandt
University of Illinois, Urbana-Champaign

Abstract: There is a strong tendency for evidence-based approaches to social practices to view these practices as imperfect devices for delivering social services. Practices are regarded as in need of repair by evaluation (and research) that can deliver the necessary science-based solution to the problems of practice. This article presents a different view of practices as material and linguistic events in which activities and relationships are constituted and unfold in interaction and in which people change and develop, and it argues for restoring this view of practice to evaluation. The article discusses two different ways in which notions of *evidence based*, *practice*, and *evaluation* are related and suggests what a genuinely practice-oriented approach to evaluation entails.

Keywords: practice; evidence based; science based; practical knowledge

In a workshop conducted at the 11th annual European social services conference in Venice in July 2003, Professor Jan-Håkan Hansson, a program director at the Swedish National Board of Health and Welfare, delivered a paper with the title "Promoting Evidence Based Practice in Social Services and Health Care" (Hansson, 2003). In that paper, Professor Hansson posed four rhetorical questions:

- Is it not reasonable that as a *client, user, or customer* of social and health services you should know more about the outcomes or effects of proposed help and activities that you are offered?
- Is it not reasonable that as *citizens and taxpayers* we should know more about the quality and effectiveness of the collective resources that we put into welfare services in social and health care?

Thomas A. Schwandt, University Distinguished Teacher/Scholar, Professor of Education, Department of Educational Psychology, 210C Education, 1310 South Sixth Street, University of Illinois, Champaign, IL 61820; e-mail: tschwand@uiuc.edu.

- Is it not reasonable that as *a professional* you should know more about the outcome and effects of different methods that you use in your day-to-day work?
- Is it not reasonable that *we all* would like to know more about what actually works in the different areas of educational, health care, and social service practices?

Professor Hansson concluded that the self-evident answer to these questions is, "Yes, of course it is reasonable." I agree. How could anyone possibly deny that having evidence-based knowledge of effective interventions in education, health care, and social work services is irrelevant to the interests of the citizen, the practitioner, or the user of those services? Moreover, it seems that a good part of what it means for us to go along together as citizens, friends, colleagues, and the like depends on our appeals to evidence. In other words, evidence matters to us on many occasions in everyday life. Just ask the teenager who repeatedly denies to her mother that she smokes yet exhibits the telltale brown stains of nicotine between the index and ring finger of her right hand. I doubt that any of us would go to a doctor who forgoes medical tests and a clinical examination and tells us it feels like it to him that we are sick. My graduate student wants to see the evidence for my judgment that the paper he just submitted does not make much sense. Thus the idea that several kinds of human judgments ought to be based in evidence does not seem all that unreasonable.

But undeniably there is a kind of evidence-based mania about all forms of social services and educational practices gripping Western democracies these days. This is more than the reasonable concern that the judgments of teachers, social workers, health care providers, and public administrators should take evidence into account and reflect a good argument for the decisions taken. It stems from a very narrow interpretation of what evidence-based practice means that is supported by other popular discourses associated with the ideology of neoliberal governmentality and the New Public Management (NPM) including outcomes assessment, performance measurement, continuous quality improvement, best practices, and the standardization and manualization of assessments and interventions.

I support the idea that evidence matters to practice. Yet I want to reverse the priority in which we consider the evidence-practice relationship: Rather than first thinking about evidence and then focusing on practice, I suggest we first focus on practice and then think about evidence. To make this shift in thinking requires that we consider two ways in which the ideas *evidence based*, *practice*, and *evaluation* are related.

Two Views of "Evidence Based"

The term *evidence-based* (or *science-based*) *practice* can convey two very different ideas (Mullen, 2002). On a rather narrow definition, it means any practice that has been established as effective through scientific research according to some set of explicit criteria. For example, in 1998, a consensus panel at the Robert Wood Johnson Foundation in the United States identified six evidence-based practices for the treatment of persons with severe mental illness. They based their choice on four selection criteria:

- That the treatment (practice) in question had been standardized through manuals and guidelines.
- That the outcomes of the treatment were evaluated with controlled research designs.
- That objective measures were used to document treatment outcomes.
- That several research studies on the treatment were conducted by multiple, independent scientists.

Similar criteria are now in place for deciding what kinds of interventions in health care, social services, and education qualify as evidence-based practices. Some examples of agencies

employing this way of thinking include, in the United States, the What Works Clearinghouse in the federal Institute for Educational Sciences, and the federal Agency for Health Care Research and Quality evidence-based practice centers; in the United Kingdom, the Evidence for Policy and Practice Information and Coordinating Centre (EPPI-Centre) based in the Social Science Research Unit in the University of London's Institute for Education, and the Cochrane Effective Practice and Organization of Care Group at the University of Aberdeen; and the Nordic Campbell Centre started in Copenhagen in 2002 at the Danish National Institute of Social Research with support of the Danish Ministry of Social Affairs and the Danish National Institute of Social Research.

However, this is not the only way to understand the idea of evidence based. A broader definition, and one that originates in the field of clinical medicine where the idea of evidence-based practice was first introduced, holds that evidence-based decision making means "the conscientious, explicit and judicious use of current best evidence in making health care decisions" (Sackett, Rosenberg, Gray, Haynes, & Richardson, 1996, p. 71) and the "integration of best research evidence with clinical expertise and patient values" (Sackett, Straus, Richardson, Rosenberg, & Haynes, 2000, p. 1). Notice here the specific emphasis on the importance of integrating evidence with clinical judgment and with taking into account what the client (in this case, patient) considers valuable.

Two Views of Practice

These two ways of thinking about the meaning of the term *evidence based* are associated with two different views of practice. In each way of thinking, the idea of *practice* is central but in very different ways. The narrower definition of *evidence based* at least implies the following:

- That social and educational practices are currently not very sound and in need of reform.
- The engine of reform is the establishment of a scientific knowledge base of what works that in turn must be effectively disseminated to and applied in various practices.
- Scientific knowledge is (or should be) authoritative for practice. Practice stands in a subsidiary relationship to scientific knowledge.
- Practice is the site or location for the delivery of scientifically valid solutions (remedies, if you will) to educational, social, administrative, and health care problems.

Embedded in this view of practice is a pervasive notion of instrumental rationality. Practice itself is regarded as an instrument, both an object and a means. Moreover, there is at least an implicit skepticism regarding any practice that cannot justify itself as a worthwhile social undertaking in terms of scientific rationality, technical expertise, and effectiveness. More obvious, perhaps, is the notion that scientific knowledge stands in an instrumental relation to practice—practice can be repaired, improved, and so on by the application of the right kind of knowledge. As Weber pointed out long ago, these ideas express the tendency in modern capitalist societies (reinforced in current notions of NPM) to rationalize practices of all kinds. One example is the effort currently under way in Sweden to develop a new infrastructure of linkages between social work practices, university education in social work, and the so-called hidden university of R&D centers doing research on practice. At least as I understand it, this is a significant effort to enhance the scientific expertise of social workers and to create an evaluative society within social service administration, and it can be read, in the words of one commentator as a "vast scientification of social work in Sweden" (Denvall, 2003).

A broader definition of *evidence based* suggests that practice is more than a site or context for the application of scientific knowledge. It is compatible with the view that practice is a very

complex affair involving the practitioner together with the student, employee, client, patient, or service user in a joint decision-making process that involves simultaneous consideration of evidence, professional values, political considerations, and individualized goals (Sanderson, 2003). Knowledge in the form of instrumental evidence of "what works" surely is important. However, it is in the everyday encounters with specific patients, students, employees, and clients that the practitioner must decide how and when to draw on such knowledge in combination with his or her understandings of client needs; institutional and personal resources and constraints; and a sense of what it means to be a good teacher, social worker, nurse, manager, and so forth on the occasion in question.

Practice on this view is, of course, local, contingent, and contextual. Yet practice is far more than a specific context. Regarding practice primarily as a matter of the local and situational goes hand in hand with the view that the kinds of scientific knowledge that are provided to practice must somehow be adjusted or adapted to fit circumstances. No doubt this is true, but it misses the point of what this broader definition of practice means. Practice, as understood here, is a particular kind of human engagement that involves one's dealings with, or interactions with, others that unfold in view of some particular understanding of substantive rationality appropriate to the practice in question. Substantive rationality (in contrast to technical or instrumental rationality) is concerned with outcomes that are appraised in terms of human objectives far wider than effectiveness, efficiency, goal attainment, and so on. Those objectives are entailed in answers to questions about what goods a practice aims to realize, what it means to be a good practitioner, and so on.

Practice requires participant (rather than spectator) knowledge, and this appears in two different forms of practical knowledge (Saugstad, 2002): (a) craft knowledge or coping skill in relation to one's practice, for example, performing the physical acts of care demanded in nursing, a physician's ability to take a medical history, a social worker's skill in conducting an interview, an occupational therapist's aptitude in conducting a test of functionality with a client, and so on, and (b) wise judgment that requires an ability to discern the salient particulars of a situation (to size up the situation) and to understand what general knowledge, principles, and values are involved in deciding what to do on a particular occasion. For example, when as a teacher I aim to motivate my students in class today, do I start with the students' own previous experience or arouse their curiosity by presenting the students with something new and different? Answering this question demands wise judgment. Practice in this view demands a dialectic process of working back and forth from the case at hand to established knowledge, values, and commitments. This way of reasoning is hermeneutic—it signals that what is involved here is an interpretation of the situation based on understanding or grasping the relevant features of the case at hand in concert with values, principles, and standing commitments, such that one is able to see an appropriate and effective way of acting (Schwandt, 2002, 2004).

Two Views of Evaluation

These two different views of what evidence-based practice means are associated with two different understandings of the nature and role of *evaluation*. In the narrower view, evaluators are applied social scientists who use their considerable methodological skills to determine whether a practice intervention "works." They address given ends or goals—to reduce recidivism rates among criminals, to increase reading test scores, to treat clinical depression, to eliminate addiction. The evaluator's task is to evaluate the relative effectiveness of different treatments or interventions to achieve those ends. These evaluators might use theory-based

evaluation approaches aiming to pin down underlying causal mechanisms in various kinds of interventions, or they might design experimental studies, using random assignment to treatment and control conditions to evaluate causal hypotheses about treatment effectiveness. Where randomized trials are impossible to use because of ethical and logistical constraints, they might employ comparison group designs and use sophisticated statistical modeling techniques. Their job is to provide scientifically valid information of what works that can then be disseminated and applied to practice. Their relation to practice is as outsiders delivering knowledge to practice.

On the broader view, evaluation is less an applied social science and more like a pedagogy in which the evaluator helps practitioners understand the kinds of evaluative decisions they face and enhance their ability to deliberate well. Patton (1997) referred to this as the process use of evaluation—the impact of the evaluation comes not just from the 'findings' of an evaluation but also from the very act of people engaging one another in a process of thinking evaluatively (i.e., knowing how to use information, weigh evidence, consider contradictions and inconsistencies in reasoning, articulate values, examine assumptions, and so on). But evaluation in this way of thinking is more than this process use, and I will shortly explain why.

It is this second view of evaluation that I have been talking and writing about for many years. I do not object to the idea of generating evaluation knowledge of "what works"—that is, to conducting theory-based or experimental studies of how and why a particular social intervention or program achieves its intended effects. This kind of scientific evidence can be helpful to practitioners. What I worry about is that science-based or evidence-based approaches to practice are too readily becoming an ideology that aims to instill scientific rationality as authoritative for everyday practice, that threatens to eclipse practical knowledge and reasoning, and that comes dangerously close to regarding the practitioner as a judgmental dunce, who if left to his or her own way of doing things will inevitably be inefficient, ineffective, and squander precious social resources. We are at risk in believing in a false dichotomy: that the only legitimate knowledge for practice is scientific, for all else is unreliable intuition, habit, custom, or mere belief. We are in danger of accepting without reservation the myth of a scientifically guided society, a society in which science (not everyday life) occupies center stage. In this kind of society,

> social problem solving, social betterment, or guided social change (regarded as roughly synonymous) call above all for scientific observation of human behavior such that ideally humankind discovers the requisites of good people in a good society and, short of the ideal, uses the results of scientific observation to move in the right direction. (Lindbloom, 1990, p. 214)

In this way of thinking, the dilemmas we encounter in teaching, in providing social services or health care, in managing and administration, and the like are not viewed as real human predicaments to be lived and to be addressed in living but largely as technical problems that have scientific (i.e., evidence-based) solutions. Our everyday practice as teachers, managers, social service workers, and health care providers tells us that no escape from these dilemmas can be found. We are, as I have argued elsewhere, always on the "rough ground" where values, personalities, evidence, information, feelings, sensitivities, emotions, affect, ambiguities, contradictions, inconsistencies, and so forth are simultaneously in play as we try to do the right thing and do it well. Science-based or evidence-based thinking tends to view this messy world of concrete human dilemmas as an embarrassment, for it "aspires to more objective indicators of the existence of [and solution to] problems that can be stripped of sentiments, feelings, or emotions" (Lindbloom, 1990, p. 218).

Practice as Central to Evaluation

To restore practice to a central place in evaluation means focusing on practice not as an object that needs to be repaired by evidence or science but as a material and linguistic event in which human dilemmas emerge and are addressed. This means looking at practice in a different way and using the very idea of practice as a conceptual framework to open up new ways of seeing and analyzing in evaluation. Several features of what it means to look at practice in this different way include the following.

First, practice is not regarded as an object or thing-like entity or system but as an event (or series of many events) that is always developing, unfolding, and being accomplished. Hence, we are concerned primarily with activities and relationships, with the manners in which people change and develop, and the ways they continually interact with others. So, for example, instead of viewing practice using analytic tools such as barriers, utilization factors, outcomes, knowledge bases, outputs, underlying mechanisms, delivery systems, and treatments, we are more likely to be concerned with the ways in which habits, routines, rituals, customs, common meanings, and traditions are expressed in the language and behavior of a practice. For example, how are users of an occupational therapy service greeted when they arrive at the clinic? What diagnostic routines are followed and why? How do professional service providers speak about the people they serve? (Although these examples point to the practice of practitioners directly engaged in client service, the refocusing or repositioning of evaluation toward the lived experience of practice does not exclude any particular kind of practice. In other words, we could engage in a study of the practice of managing an occupational therapy service, for example, as well as the practice of occupational therapists.)

Second, in this way of looking at practice, we view practitioners in a complicated way. They are neither fully autonomous individuals acting at will, confronting each other with their decisions nor judgmental dopes conforming to social norms but agents who "carry" practices in their bodily and mental routines; they are agents who consist in the performance of practices (Reckwitz, 2002). Thus, they cannot be neatly explained as the self-interested figures in rational choice theory nor the norm-following and role-playing actors of sociological theory.

Thus, third, when we look to practice as an accomplishment, we focus our attention on directive and instructive forms of talk within a practice. We look at knowledge that is embodied in gestures, in confidence in acting, and in ways of addressing others. Much of practice is a matter of communication and dialogue in which we aim to "move" one another as Shotter (1996) explains,

> For example, we "point things out" to people ("Look at this!"); give them "commands;" "remind" them ("Think what happened last time"); "change their perspective" ("Look at it like this"); and so on. All these instructive forms of talk "direct" or "move" us, in practice, to do something we might not otherwise do: to relate ourselves to our circumstances in a different way, to look them over in a different manner. (pp. 388-389)

These efforts are simultaneously cognitive and emotive—conceptualizing and reflecting, feeling and reaction unfold together.

Fourth, although it is undeniable that scientific information can be valuable to practices of all kinds, the kind of knowledge we seek in improving practice is not fundamentally knowledge of fact or knowledge in the form of new theories or new models for practice, nor is it only craft knowledge. There is more to "knowing" in practice than knowing that or knowing how. Rather, practice changes as practitioners change their sensibilities and sensitivities, their ways of being toward a situation. In other words, practice changes as practitioners alter their practical rela-

tions to others around them. For example, consider my practice of teaching in higher education: That practice does not fundamentally change by my importing into my practice technologies like PowerPoint presentations or by lecturing less and dividing students into small self-guided discussion groups. To be sure, the *instruments* of my practice change in these circumstances, but the practice of teaching itself remains the same until I am able to see myself standing in a new way toward the students and subject matter. A change in practice depends on a change in the practitioner—on my ability, willingness, and dispositions as a teacher to develop new ways of perceiving the purpose of teaching and the goods it aims to realize; new forms of responsiveness and receptivity toward my students; and new forms of understanding myself, my students, and the subject matter.

Fifth, thus, the kind of knowing in practice that we are concerned with is an understanding that is always self-constitutive. What I mean here can best be seen by comparison. We commonly think of knowledge (either knowing how or knowing that) as something one acquires through learning and that one "has" and that can be then "applied" to some situation in a separate step. In other words, knowing, on one hand, and its application (doing), on the other hand, are a two-stage process. Knowing in practice is of a different kind. When we reach an understanding of what is appropriate and effective to do in practice (as my example of the teacher indicated)—in other words, when we *have* that knowledge—we take ourselves along, so to speak, in the activity. In other words, our entire "being"—our gestures, emotions, orientation, stance, and perspective, as well as our ways of understanding and questioning—and our knowing are closely related.

Sixth, in this way of viewing practice, we also think differently about learning in practice. Commonly, we think that practitioners learn by accumulating and internalizing the scientific knowledge generated for them by experts such as researchers and evaluators. Learning is a private matter—that is, it takes place within the mind of the individual knower—and it is accomplished by a transmission or transfer model of teaching in which knowledge is organized in an atomized, sequential, and hierarchical manner and conveyed to practitioners (Delandshere, 2002). Moreover, the kind of knowledge that is taught is regarded as generalizable—transferable from context to context. What one learns is largely utilitarian and instrumental in character; it is about learning to solve problems with one's practice via the use of general knowledge. So, for example, if the problem is one of which strategy for learning how to read is most effective (as measured by performance on some standardized measure), the researcher helps to solve the problem by designing a study that compares the relative efficacy of two reading treatments. The researcher's role is to give the information he or she acquires by scientific means to the practitioner so that the practitioner can fix the problem. The kind of learning going on here is about the practitioner acquiring knowledge as an instrument or tool that will make it possible to mend, better manage, or otherwise improve the practice in question.

In the view of practice that I am advocating here, learning and cognition are not solely situated in the mind of the individual learner but in the interaction of the individual with others and with the material circumstances of practice:

> A theory of social practice emphasizes the relational dependency of agent and world, activity, meaning, cognition, learning and knowing. . . . Learning, thinking, and knowing are relations among people in activity in, with, and arising from the socially and culturally structured world. . . . One way to think about learning is as the historical production, transformation, and change of persons. (Lave & Wenger, 1991, pp. 50-51)

There are several important ideas to note here:

- There is no knowledge apart from the active engagement or involvement of the knower with that which is to be known.
- Learning (or knowing) and application (and subsequent development of learners) are not separate processes. Lave (1996) has argued that common models of continuing professional education that separate learning and application are based on two questionable claims: These models assume that agents' (practitioners') relations to their activity (practice) "are static and do not change except when subject to special periods of 'learning' or 'development'" and that special institutional educational arrangements (e.g., workshops, professional development seminars, and courses) are the circumstances for "learning," separate from everyday practices of "doing" (p. 12). In other words, we too readily assume that "learning" is some activity that takes place on a special occasion when a practitioner is not busy "doing."
- The notion of transmitting or transferring knowledge (in the form of theory or some other prescriptions for practice) is questionable. It is dubious because it rests on the assumption of uniformity of knowledge and denies "the fundamental imprint of interested parties, multiple activities, and different goals and circumstances on what constitutes 'knowing' on any given occasion" (Lave, 1996, p. 13).

Seventh, knowing in practice is best characterized as "action, participation, and transformation of individuals within specific social and cultural contexts" (Delandshere, 2002, p. 1473). Therefore, the kind of learning and knowledge characteristic of practice is not merely a Deweyan pragmatic inquiry circuit—or a special kind of deliberative process—in which one moves from engagement with the case at hand, through some kind of detached contemplation and analysis, and then back again to a more informed engagement with the case, now "knowing" what to do, enacting that knowing, then beginning the circuit anew. To be sure, this kind of engagement with the case at hand, as well as deliberation and weighing up of alternatives, is required but does not fully capture the idea that the "outcome" of knowing and learning is a transformation in one's way of *being toward* the case at hand. When the nurse determines an appropriate and effective way of dealing with the patient before her, when the teacher decides what is the best way to teach the student, they are both reproducing and reconstituting their relationships with one another, their self-understandings, their identities, and their ways of going on with one another (Forester, 1999). Thus, what is at stake is not simply a form of knowledge but a transformation of the way of being, so to speak, of the practitioner resulting from the union of knowledge, virtue, reflection, and action (Coulter & Wiens, 2002).

Practice-Oriented Evaluation

The central claim of evaluation that is grounded in the practical knowledge traditions and the way of thinking of practice that is sketched above is that evaluation ought to begin and end in practical action—in the relationships and networks of people, in their obligations and responsibilities, in their memories, language, and interactions (Forester, 1999). This kind of evaluation aims to illuminate and open to critical reflection the kind of knowledge that resides not in scientific statements of program outcomes and effects but in practice. Thus, the kinds of knowledge it is concerned with are located in lived action (competence of acting, style, practical tact, habituations, and routine practices), in the body (gestures, demeanor, corporeal sense of things), in the world (in being "at home" with what one does, dwelling in it), and in relations (encounters with others, relations of trust, recognition, intimacy) (Van Manen, 1999).

Although we most certainly do bring scientific evidence to deliberations of the means and ends of our practices, much more is at stake in such deliberations. What transpires there has everything to do with membership of various kinds (member of a community, member of a pro-

fession, etc.) and with matters of identity, appreciation, respect, confidence in action, and ability to act together.

A practice-oriented approach to evaluation is based on several core commitments. First, it holds that at the heart of the practical action of every professional undertaking is an imperative to evaluate. This imperative is understood as a "deliberative conversation about value, about the appropriateness and aptness of goals and means"(Forester, 1999, p. 115).

Second, it assumes that practitioners may not always be particularly consciously aware of this imperative. The repetitive and cumulative effect of following routines, mental models, and so on often leads to a disposition that is unreflective and uncritical. People come to believe that answers to value-rational questions—for example, Where are we going? Is this desirable? Who gains or who loses by our decision?—can been settled once and for all by having the right information on means.

Thus, third, the approach to evaluation advocated here is pedagogical—it is a process of teaching and learning about the deliberation of value; one that is encouraging and facilitative of critical reflection and self-transformation in conversation with others. In such a process, one cannot neatly decouple the act of *doing* inquiry or evaluation from the act of its *use*. This raises the likelihood that evaluators begin to take on the characteristics of an action researcher: They assume a responsibility for teaching this way of thinking about evaluation as a deliberative conversation about value and facilitate/orchestrate the examination of value-rational questions in a given practice. They also recognize that, because practitioners often learn from studying the experiences of others in situations similar to their own, they have a responsibility to create a written narrative account of the process of deliberating value to serve as a case for others to examine and use in their own deliberations.

Fourth, this way of thinking about evaluation assumes that learning about the deliberation of value is a social, shared undertaking, not a private matter for each individual. In other words, we come to reasonable and just answers to questions of appropriate means and ends through dialogue and conversation with others. Consequently, this kind of evaluation is committed to the goals of participation, collaboration, and cooperation in the exploration of the evaluative imperative at the center of practice. These conditions do not always naturally obtain; thus, it is the evaluator's responsibility to foster them—to help create a public space for critical reflection on the means and ends of a practice (Kemmis, 2004). Within this public space, practitioners are encouraged to examine the contexts, or what MacIntyre (1981) calls the orders, in which practice is located: the biographical order—the unfolding of a practice in the life history of practitioners; the moral order—the distinctive virtues and social goods internal to the practice; the historical order—the traditions of the practice; and the institutional order—the institutional locations and arrangements that both sustain and, at times, threaten a practice.

Finally, this kind of evaluation is committed to the idea that the deliberation of values in a practice always involves considerations of social justice. In other words, deliberating appropriate means and ends of practice implicates broader questions about the aims of society. To paraphrase Kushner (2000, pp. 32-33): Every social practice is a reaffirmation of the existing social contract (and the issues of power, authority, social structure, and so on that are entailed), and each evaluation of practice is an opportunity to review the assumptions and consequences of that contract.

A practice-oriented approach to evaluation (much like a social activist approach to community psychology) is at once philosophical, contextual, pragmatic, and transformative (Prilleltensky, 2001). It is philosophical because it encourages examination of questions of what should be—questions of social value and justice, as well as questions about the kinds of practitioners we ought to be in our social interactions with one another. It is contextual because it is grounded in the lived experience of members of communities, in the study of practical

action, in questions of what is—what are we doing now in this place and time; what are our standing commitments, values, norms, and routines? It is pragmatic because it continually asks what can be done, what is feasible; what strategies can we adopt, what actions can we take to change things? It is transformative because in deliberation, the possibility emerges of new self-understandings, new identities, new agreements, and new ways of going on together.

To judge the success of this dialogic examination of practice, we might do well to attend to the following criteria (Prilleltensky, 2001, pp. 759-761):

1. *Balance between philosophical and pragmatic input*. We must have philosophical and conceptual analyses of the kinds of values, principles, commitments, and actions that lead to 'good' practices. But these abstract, generalized notions must always be grounded in lived experience. Conversely, we cannot simply have grounded knowledge, for interpretations of our experience depend on having generalized concepts.
2. *Balance between understanding and action*. Genuine learning and understanding are not simply private acts of intellectual accomplishment. The point of knowing is to realize some better way of being. Likewise, the urge to act must be tempered by the need to know.
3. *Balance between process and outcomes*. Dialogue is not an end in itself, but neither do ends automatically justify the means. A creative tension between outcomes and process must be reflected in this kind of evaluation.
4. *Balance between differing and unequal voices*. A praxis-oriented evaluation must be particularly attentive to meaningful input from different perspectives and particularly from voices often rendered inaudible in the political system.

Of course, these criteria for judging the success of a practice-oriented evaluation offer little comfort to anyone looking for procedures and rules, for these criteria are themselves matters subject to deliberative conversations about value.

Final Thoughts

This way of thinking about the centrality of practice to evaluation is especially necessary at the present moment because it helps restore a sense of social practices as moral-political and not simply scientific undertakings. The practices of teaching, counseling, social work, administration, and so on are not simply delivery mechanisms that provide services to clients seeking utilitarian ends. They are sites of human flourishing—it is in the interaction between teacher and student, counselor and patient, social worker and client that we become aware of what it means to be human, to live together, to prosper (and not just function). Reducing practice to performance—that is, to the efficient and effective accomplishment of service based on scientific evidence of what works—reflects an exceedingly narrow conception of the kinds of evaluation knowledge, learning, and inquiry relevant to enhancing practice. Moreover, this is an impoverished understanding of our selves and our practices that has two detrimental consequences: First, over time, it erodes the sense of personal moral responsibility that a practitioner must assume for his or her decisions in interacting with the student, the client, the patient, and so on. In acting toward another, a practitioner is making a decision about what the practitioner believes is right to do and to be in that relationship. Under an ideology of instrumentalist science-based thinking, if practitioners' actions fail, they are led to believe that failure is somehow not theirs but a failure of the method or procedure they adopted. Thus, the ethical and moral responsibility of practitioners to others is eroded or transformed into mere contractual terms. Second, over time, we tend to become quite disenchanted and cynical regarding the value of asking questions about the nature and meaning of organized social practices and the social goods they struggle to define and enact. Such difficult questions begin to disappear from the zone of practitioners'

daily concerns and become relegated to philosophers interested in practical reasoning and the professions to muse about. Gradually, it disappears from the practitioner's horizon that a core aspect of the very idea of being a professional practitioner is precisely to wrestle with the ends or goods that a practice is intended to serve. To recover that idea, to provide an antidote to a narrow conception of evidence-based thinking, we need to restore the centrality of practice to evaluation.

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