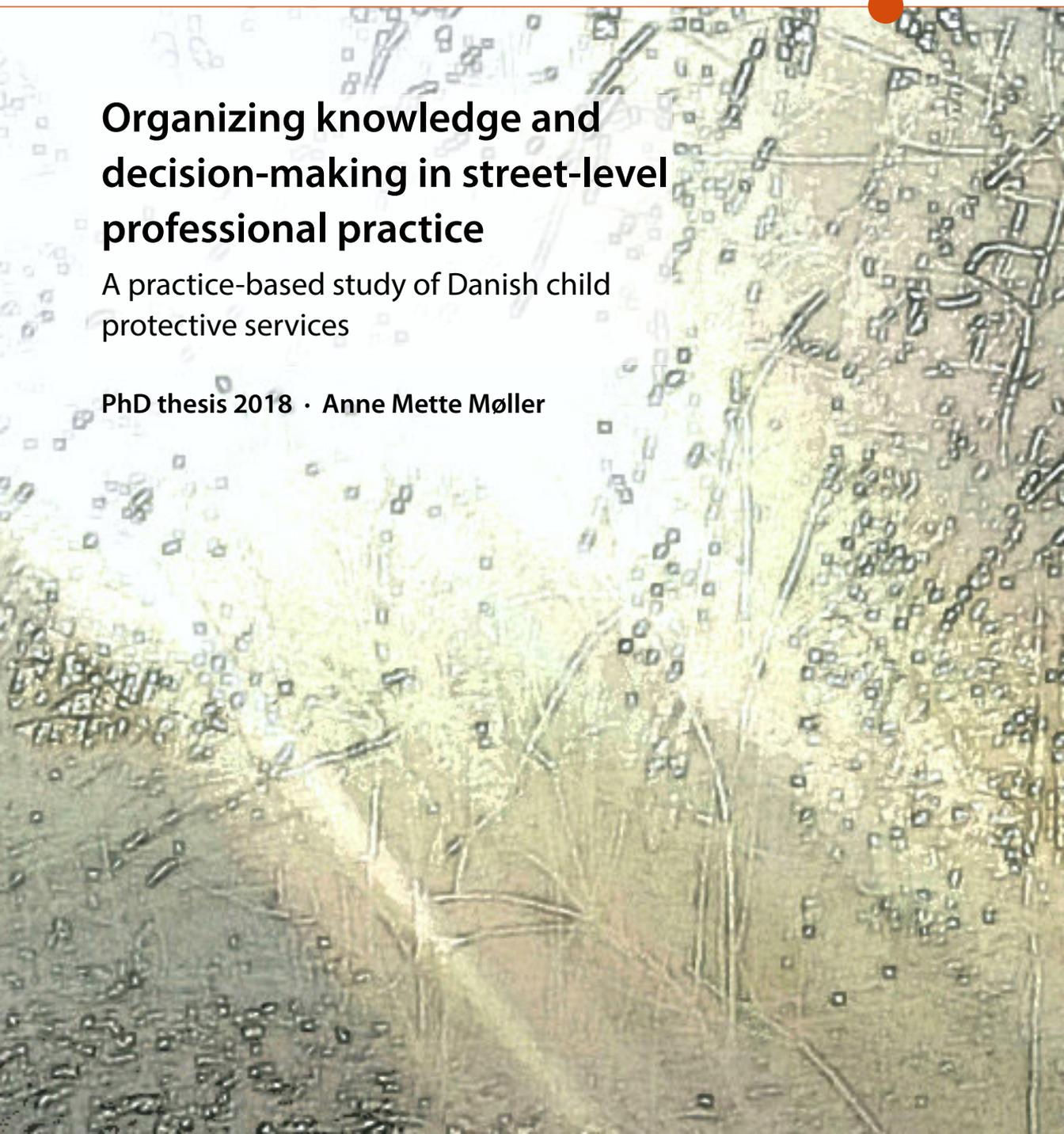




# Organizing knowledge and decision-making in street-level professional practice

A practice-based study of Danish child  
protective services

PhD thesis 2018 · Anne Mette Møller



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# 1. Introduction

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## 1.1 Introduction

Every day, professionals in public service organizations – schools, hospitals, police stations, welfare offices and child protective agencies – make decisions which may profoundly impact the lives of the citizens they serve. These decisions may be influenced by rules and regulations, abstract knowledge, experience, ethical concerns, professional norms, social dynamics and practical considerations; in short, they are influenced by different sources of knowledge about the world. In the past decades, there has been great concerns over the extent to which professional decision-making and public service delivery is (or is not) influenced by a specific source of knowledge, namely research, and particularly a specific type of research-based knowledge, generally referred to as ‘evidence’. I refer to these concerns as ‘the evidence agenda’. This label denotes the aspiration that public policy and service delivery should be based on the current best knowledge about ‘what works’. This aspiration is also prominent in child protective services, which is the empirical setting for the work presented here.

The idea of evidence-based practice was born from the observation that professionals are not always, or even rarely, aware of important developments in research-based knowledge within their field of practice, and hence do not make appropriate use of such knowledge to inform decision-making and service delivery. Debates over evidence-based practice touch upon fundamental issues regarding professional knowledge and expertise and the relationship between professionals and management in public service organizations: By questioning the quality and adequacy of professional knowledge, the demand for evidence-based practice directly challenges the basis for professionals’ claim to authority. Its growing popularity among policy-makers has fostered long-standing debates over the relevance and legitimacy of the idea as an aspiration for professional practice and has revitalized debates about the need and conditions for professional discretion, autonomy and accountability. Indeed, the *crisis of confidence in professional knowledge* that Schön diagnosed more than three decades ago seems to have intensified in recent years (Schön 1983, 3).

Against this backdrop, this study sets out to investigate how professionals in child protective services mobilize different types of knowledge, including research-based knowledge, to inform decision-making in daily practice. I also investigate how these practices are shaped by both the local and the broader organizational context and developments of the evidence agenda. Below, I present the empirical and theoretical background for the study and outline my research question and approach. The different elements will be unfolded in more detail in the following chapters. An overview and outline of each chapter is provided at the end of this introduction.

## 1.2 The evidence agenda: Challenging professional knowledge and practice

The idea of evidence-based policy and practice originated in the field of medicine already in the 1970ies (Ekeland, Bergem, and Myklebust 2018; Oliver, Lorenc, and Innvær 2014). It made a remarkable appearance on the political agenda in Europe as part of UK prime minister Tony Blair's *modernizing government*-agenda, coined in the motto "*what matters is what works*" (Davies, Nutley, and Smith 2000; Sanderson 2002). Towards the new millennium, evidence-based policy and practice had become a prominent topic in both public policy and scholarly debates regarding public service delivery (Davies, Nutley, and Smith 2000; Hansen and Rieper 2009). Today, the idea has taken a stronghold in several European countries besides the UK, especially in Scandinavia, as well as in Canada, Australia, New Zealand and the US (Boaz et al. forthcoming). In Denmark, as in other countries, the idea of evidence-based practice has been promoted by national authorities across diverse policy fields, including health care, education, child protection and criminal justice.

An important part of these developments has been the establishment of organizations dedicated to the production and dissemination of evidence in the form of systematic reviews of the effectiveness of specific interventions based on rigorous outcome evaluations, preferably randomized controlled trials, and following specific procedures (Hansen and Rieper 2009). Prominent international organizations include Cochrane<sup>1</sup> in health care and the Campbell Collaboration<sup>2</sup> in social welfare, education, crime and justice, disability and international development. Both have regional representations, such as the Nordic Cochrane Center in Copenhagen. There are also various national clearinghouses and other types of knowledge brokers, for example The Social Care Institute for Excellence (SCIE) in the UK and Kunnskapssenteret in Norway. Scholars have labelled the range of research and policy initiatives and associated organizational growth as the "*evidence movement*" (Greenhalgh, Howick, and Maskrey 2014; Hansen and Rieper 2009), while others characterize our times as "*an era of evidence-based everything*" (Davies, Nutley, and Walter 2008).

Alongside these empirical developments, research on evidence-based practice has flourished. A large part of this research is characterized by normative and instrumental approaches, aiming to either produce evidence or to promote the 'uptake' of evidence in policy or practice. To paraphrase Oliver et al. (2014), it is guided by the assumptions a) that professional practice is most often *not* based on evidence, or at least not sufficiently so, and b) that increasing the influence of evidence on decision-making will inherently lead to better decisions and improvement of professional practices, at least in terms of effectiveness (see also Cairney 2016).

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1 [www.cochrane.org](http://www.cochrane.org)

2 <https://www.campbellcollaboration.org/>