



University
of Victoria

Graduate Studies

Notice of the Final Oral Examination
for the Degree of Doctor of Philosophy

of

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MA (University of Victoria, 2005)
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**“Whither Evidence-Based Policy-Making? Practices in the Art of
Government”**

Interdisciplinary Studies

Wednesday, June 15, 2016
9:00AM
David Turpin Building
Room A144

Supervisory Committee:

Dr. Susan Boyd, School of Public Health and Social Policy, University of Victoria (Co-Supervisor)
Dr. Mary Ellen Purkis, School of Nursing, UVic (Co-Supervisor)
Dr. Donna Jeffery, School of Social Work, UVic (Outside Member)

External Examiner:

Dr. Carl May, Faculty of Health Sciences, University of Southampton

Chair of Oral Examination:

Dr. H el ene Cazes, Department of French, UVic

Dr. David Capson, Dean, Faculty of Graduate Studies

Abstract

The term “evidence-based” is ubiquitous in practice and policy-making settings around the world; it is *de rigueur* to claim this approach. This dissertation is an inquiry into the *work* of evidence-based policy-making with particular focus on the social practices of policy work/ers involved with the development of policy relating to chronic disease at the Ministry of Health in British Columbia (B.C.), Canada. I begin with an examination of tensions in the policy-making literature germane to the relationship between knowledge, its production, and policy-making: the environment into which evidence-based policy-making emerged in the 1990s. Drawing on the theorising of knowledge, discourse, and power – particularly from Foucault’s work – for the analytic approach, I present the commitment to claims of “evidence-based” practices found in key government policy framework documents and policy workers’ accounts of their practices, gathered through interviews. I then show the unravelling of this commitment in those accounts. This research reveals how the policy frameworks construct chronic disease as a financial burden and direct policy workers to develop policies with this construction in mind. The discourses associated with evidence-based policy-making narrow how policy workers can think about evidence and its production to positivist, scientific methods and numerical measures than will provide proof of cost cutting.

Proponents of evidence-based policy-making laud it as keeping politics and ideology out of the policy-making process. However, the policy workers I interviewed reveal the power relations organising their deeply political work environment. Furthermore, the minutiae constituting policy-making practices produce a “managerialist approach to governance” (Edwards, Gillies and Horsley, 2015, p. 1) in which people with chronic disease are noticeable by their near-absence. When they do appear, they are responsabilised to decrease the burden on the health/care system and the economy. I argue that as a government project with an *appearance* of failure, given the many cracks in the commitment to the claim, and the practices, of being evidence-based, the discourse of evidence-based policy-making is actually quite *successful*. It has continuous effects: people are separated (apolitical policy makers into imagined neutral space and decision-makers into political space), knowledge is divided, costs and responsibilities are downloaded to individuals, and evidence-based discourses appear in countless settings. The governing *works*.