

The Translation of Policies in Low Performing Public Schools in Chile: An Ethnographic Study¹

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Introduction

This study analyzes the process of translation that Chilean educational policy discourse faces when it reaches school communities at the local level. We studied two public urban schools in Chile that represent themselves as ‘being in the *Intensive Care Unit*’ due to the conditions in which they work.

To accomplish this, we analyzed the data produced in the schools through an ethnographic approach. We have divided this analysis in two parts, first, we present three categories, highly present in our data, to analyze the policy discourse: Educational Market, School Improvement of Efficacy and Accountability.

These categories are framed in a broader Chilean educational policy context, where privatization and marketization have been evolving since the 1980s, during Pinochet’s Dictatorship. In this period, the administration of public schools were transferred from the central State to local governments (municipalities), the financing system was transformed into a demand subsidy (voucher) and teachers stopped being public employees. In the next decade, after the return of democracy, this model was enhanced. Improvement programs, designed by the central government, were implemented in order to improve quality and equity in learning. Also, the first accountability technologies were introduced, through the creation of the Performance Evaluation National System (SNED), which consisted in an amendment to the law that allowed teachers to receive a bonus for good performance, measured by an index that included 6 quality indicators, were the most important ones were directly linked to performance on the standardized test SIMCE (acronym for Educational Quality Measurement System). However, at the end of the decade, the results measured through standardized tests had not improved. The diagnosis at the time was that, even though schools were receiving help to improve, they were not being pressured enough.

Nevertheless, in mid 2000s, the educational system’s performance had not improved in terms of quality and equity. However, the model was not questioned,

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changes implemented to face these problems were made within the same pro market and private system frame. This meant increasing the financing, based on individual vouchers, allocating more resources to poorer children. The improvement programs from the 90's were replaced by improvement plans from each school, focused on basic knowledge (mainly language and mathematics), were performance commitment of the school communities and owners was required. These improvement plans also had to include management and accountability systems, in order to generate more responsibility over performance. These changes were objectified in two laws: Preferential School Subsidy Law (2008) and the National System of Pre-school, Basic and Higher Education Quality Assurance Law (2011). They meant a change in government and schools, where the focus shifted to a strong emphasis on performance in SIMCE, which was used as the main tool for accountability. Our study took place between 2012 and 2014, when these new accountability mechanisms fully reached the schools.

The second part of the analysis is categorized following the 'School in the *Intensive Care Unit*' medical metaphor that allows us to understand how these mechanisms have been translated by the studied low performance schools. We found that the most critical point in the 'medical' rhetoric present in the daily speech of different school actors is in the 'medicines' that they received to 'treat' their 'illness'. This means they recognize the need for external support, but consider that what they get is just surveillance. Nevertheless, policy makers cannot see the specific difficulties they face in their everyday practice. Educational communities are not homogenous, but constituted in complex and contradictory ways, and as they translate policy into their everyday experiences, they find themselves trapped in contradictory policy discourses.

Objectives

The objective of this paper is to analyze Chilean policy discourses and how they are re-contextualized in school communities. We have focused in three policy discourses that have a strong presence in the everyday life of the schools: (a) Educational Market, (b) Improvement of School Efficacy and (c) Accountability. Then we analyze the school texts that we have produced or recollect in our field work using the lens of the 'being in *Intensive Care Unit*' medical metaphor. We break down this metaphor in two categories: (a) from the external diagnosis to the self-diagnosis and (b) Treatment and monitoring.

Theoretical Framework

The dominant view on policy has tended to simplify its construction process by establishing discrete and sequential moments: design, implementation, and evaluation, privileging the instrumental action of the actors (Vinckzo & Riveros, 2015). However, evidence indicates that the changes required by the policies do not always occur in the originally planned direction (Fullan, 2001). There is a need to move towards a more complex understanding of policy. Its design, development and implementation are dynamic, and should be understood as non-linear and iterative processes (Ball, 1993; Ball, Maguire & Braun, 2012). Therefore, policies cannot be understood without their moments of resistance, problems, definitions and changes (Vinckzo & Riveros, 2015).

In this scheme, two theoretical distinctions are important: first, the concept of re-contextualization (Bernstein, 1990; Ball et al, 2012.); and, second, the distinction between politics as text and as discourse (Ball, 1993). Re-contextualization can be understood as a continuous process of dislocation and relocation of objects, themes, statements, theories and practices of government in new fields. Then, it is necessary to examine the different practice logics and meaning processes that occur in each of the multiple spaces where policies are translated and re-contextualized. Ball et al. (2012) state that educational policies, in the micro-political level, are influenced by variables of different types, such as local history, values and professional practices, material contexts and relations with agents, regulations and external institutions.

To understand the process of re-contextualization, Ball et al. (2012) has worked with the concepts of interpretation and translation. The first one refers to the process of explanation, where the policy priorities are presented to schools. The translation of the policy, on the other hand, is the recoding of materials, practices, concepts, procedures and policy guidelines, made by local actors in relation to their contexts, cultures and specific practice logics. Therefore, each school policy is developed in the context of a set of pressures and priorities among values, desires, conceptions and rivals purposes (Ball et al., 2012).

Education is a complex analysis field that can be addressed understanding policy both as a text and as a discourse. Policy as discourse represents the limits of possibility of what can be thought and done in educational policy. Within these limits, educational

policy is made. Through primary adjustment, e.g. laws, programs and regulations, policy becomes texts. This adjustment is non-linear, since it depends on the struggles that take place in a specific historical moment on the educational policy battlefield. Once this primary adjustment occurs and policies are enacted, they are not implemented directly either, they have to be adjusted to particular conditions of each school. This can be understood as a secondary adjustment, where policy is recontextualized in a particular school culture (Ball, 1993).

In order to link both discourse and text levels, we use the *Intensive Care Unit* metaphor. We follow Lakoff and Johnson's (1995) approach of structural metaphor, this means that school communities use a highly structured and well outlined concept, being in the *Intensive Care Unit*, to structure the complexity of their everyday reality. So we use this metaphor to link the analysis of *policy as discourse* with the analysis of *policy as text*.

Method

This is an ethnographic study of the texts produced by us and by the school communities in our field work. We understand our ethnographic work as '*documenting what is undocumented*', namely, the everyday life of schools (Rockwell, 2009). Our work consists in recollecting and producing text that describes what happens inside these institutions as thickly as possible (Geertz, 2005). This method allows us to understand the ways school communities feel, think and take action; and thus, gives itself sense within their dynamic culture (Goetz and LeCompte, 1984; Rockwell, 2009).

This ethnography takes places in Rosa School and South School³, both allocated in vulnerable areas of the Metropolitan Region of Santiago de Chile. The first one is composed by Kindergarten to 8th grade and the second one by 1st grade to senior high school year. Both are classified by the Preferential School Subsidy Law (SEP, for its Spanish acronym) as '*on recovery*' in 2012 and '*emerging*' in 2013. These are the two (out of three) lower categories stated in the law, according to criteria based mainly in standardized test results. More than 60% of students are classified as 'priority students', this is, marginalized students.

To study the translation of different educational policies, and especially the SEP law, we conducted participant observation of the *teachers meetings* and the leadership

³ The names of these schools are pseudonyms.

team meetings. These are the formal meeting between principals, teachers and support professionals. In these meetings we find that the members of the school talk about, and enact, educational policies. Between the years 2012 - 2014 field notes and observations records were made by two ethnographers. Interviews were also conducted with key informants from the schools. Finally, we had a total of six feedback workshops with teachers, administrators and support professionals.

The analysis procedure was done according to Grounded Theory (Strauss & Corbin, 2002). As axial categories emerged, it become necessary to go beyond the analysis of policies as text. To fulfill this need, we also focused on the policy discourses that were recurrently present in the school's everyday life.

Results

Unfolding the policy discourse

By analyzing the data produced through the ethnographic research, we identified three discourses that framed the *policy texts* produced by schools.

(a) Educational Market: private and public schools shall compete among themselves to attract students. The State will finance each student equally, regardless whether they choose public or private schools. This would pressure schools to do their best in order to have more students. Also, schools may charge an additional fee to the student's families. Thereby, families that can pay will concentrate in some schools (usually private ones), and those who can't will go to free schools (usually public ones).

(b) School improvement of efficacy: the impact of any policy relies, ultimately, in school management. Any school can improve its performance, regardless their student's social, cultural and economic background. A standardized test will measure the quality of each school and allow the student-consumer to compare schools and choose wisely. It will also allow the government to focus resources in those schools that need them the most.

(c) Accountability: since any school is capable of improving through good management, the State places in them the responsibility of doing so. Schools shall plan for improvement in order to get additional resources, and later declare to what extent those resources have meant improvement measured by the standardized tests SIMCE. If students do not achieve better results, this means the school is not managing the resources properly, so it may be closed.

Translation of school communities of policy as text

In the process of policy translation that schools' communities make, they give meaning and perform the education policy. Using the medical metaphor of the school as a sick body we identified two major categories.

(a) From the external diagnosis to the self-diagnosis

Educational policies have the power to establish diagnostic categories of the school community. It determines whether a school is 'healthy' or not by assigning them to a certain category. In this context, associations with medical discourse are frequent both in central policy and in the schools translations as well. For example, the name of the lower performing schools category is '*in recovery*.'

We should take into account that a proper medical diagnosis is the process by which the state of health or disease of a patient is identified. Through different evaluation, control and information devices, the central level of the educational system makes a 'quality' representation, by 'quantitative' means, of each one of the Chilean schools. This image, expressed in numbers, percentages and categories, is neither negotiable nor arguable by schools. They are labeled as sick or not sick.

Once labeled, part of the accountability policy consists on carrying on a self-diagnosis and improvement plan. How does the school community translate these 'central policy' diagnoses? What tensions arise between the broad diagnosis made by policy and the specific one made by each school?

In the accountability policy context, school results on SIMCE have a crucial relevance for both the school community and the policy. The external diagnosis of the schools is structured mainly by the annual test results on SIMCE. The current law allows the permanent closure of any school that doesn't meet the standard for a certain period of time (4 years). For public schools this is a border situation, which is explained by the medical metaphor:

'I know we are in the municipal (public) education and it is real, concrete, that it is disappearing. I think the possibility of school closure is strongly related to us accepting being walked over, we are accepting things that maybe 10, 5 years ago we wouldn't accept. So, we are in danger, even the Principal said it, our school is in the *Intensive Care Unit*, any minute we will have another stroke and we will die,

and that makes us accept certain things, because it is our job, is what gives us food at the end of each month and we don't want to lose it'.

Professional Assistant, Integration Team

In Rosa School, teachers and principals recognize this test's high stakes, and that it generates great pressure inside the school. They said that their daily work is constrained and negatively influenced by this incentive and punishment context. This can be seen, for example, in the adaptation of their daily activities, both in and outside the classroom, to fit the central purpose of the school, which has become to increase their SIMCE scores. As a Sur School teacher puts it:

'I feel the whole school puts all of its effort in the performance on these measurements. I feel it because we are always demanding 3rd graders, we are always demanding other grades to evaluate, but we never do continuous work (...) there is no other activity apart from Tutoring Workshop, reading speed, mathematics'.

Even though teachers recognize there is a variety of skills they would like to address with their students, in the end SIMCE prevails as a horizon, it becomes school life's structuring principle.

As the principal of Rosa School once explained in a Teachers Meeting:

'The thing is we are being measured by something and we have to respond to that. We worked four years for SIMCE, because of SEP law, because the school is classified according to that. We can dress up as clowns, have scientists, but what's de use, none, we need to rise our scores to 260 (points) in SIMCE. I don't know whether I'm being clear: it is language and math'.

At the same time, SIMCE is seen by the policy as a neutral instrument, just like a 'thermometer': it can identify which schools have 'fever' and which ones do not. The problem of this, as a teacher of *Rosa School* points out, is: 'Does the Ministry of Education know that we exist? Do they know who our children's are?' Teachers question the external diagnosis built upon standardized tests:

'I think on the outside people don't know us, they don't know our core, and I think that is related, because people don't know what is going on here'

Higher Education Teacher, Rosa School

In the school agents discourse there is a radical distance between ‘us’ and ‘they’, between the school and the school system. Within the school, the work they do is not seen or considered by external diagnosis. At the beginning of a teacher’s meeting, the Principal of Rosa School sums up what he considers the main problem at the school:

‘We have received the vulnerability certificate, we are poorer than last year, 94.48% of poverty in primary school, this is, of every 10 kids that come to our school, 9 and a half are poor’.

In this relationship of a discursive opposition, they say that what ‘we’ (the schools) know (student poverty), ‘they’ (the School System) ignore. Because of this ignorance of the complexity with which teachers struggle daily, schools do not trust the judgment made outside the school. Teachers think that, although the system knows there is a great deal of poverty at the school (after all, it hands them poverty statics), it does not know what does this poverty mean for the educational task.

And what means is facing real complex problems in the everyday life of school. For example, in a Teachers Meeting of the South School, they start discussing a specific problem related to student violence. The issue was that a kid was threatened with a knife by another in an attempt to steal his coat. However, the problem was that the threatened boy, that was a ‘good’ student, left the school. The Principal says: ‘he’s gone. The mother told me that she loved the school, but that with what had happened she was afraid’. One of the tragedies that the School System does not get, is that having a lot of poor students produces the ‘loss’ of the ‘good’ ones, because usually their families do not want them close to the ‘bad’ ones. So, every year their enrolments rates keep dropping.

And this is a real problem in a school system organised under a voucher system because every student literally means money. And even more, ‘priority’ and ‘special need’ students, since de SEP law, mean more money. So when the school loses students, it loses money. That is why every year they have to do ‘enrolment campaigns’ to attract more students, but from those that they achieve to attract, they usually only get to retain those students labelled as ‘priority’ or with ‘special necessities’.

This leads to an interesting paradox inside the self-diagnosis: students are signified both as a resource and as a problem. They are ‘priority’ or ‘integrated’ students for the policy, which means that their voucher is bigger because they have more problems. It is assumed as natural that different ‘student categories’ are associated to different financial

incomes to the school. We can see this in a conversation that took place in a Teachers' Meeting, where teachers receive a list of students that has symbols for the students belonging to different categories. They are reminded about what this means for the school:

The Technical Pedagogical Chief hands out papers for each teacher with a list of students. Next to some names there is a happy face if the student is 'priority' and a thumb up if it is 'integrated'. He says 'put the list on the class book, happy face: priority student, a special subsidy that means more resources (...). A hand: integrated. How much subsidy is that!'

Rosa School.

It is the duty of each school to properly manage the quota assigned to each category, to use each one so no money is lost. We could observe how the school managed these labels in order to manage the associated money. At the next Teachers Meeting, the Principal tries to explain the importance of integrated students:

'The importance of these students that they are officially recognized by the Integration Program and are taken care of by this School is to motivate their attendance, so we receive that money and it doesn't get lost. Student that doesn't attend, that quota is gone, lost. So, the idea is to get the most out of it, so that the resources we get through the program are beneficial'.

Teachers' Meeting, Rosa High School.

On one hand, 'priority' and 'integrated' students are signified by school communities as more resources, orienting practices to do everything they can to make them attend. On the other hand, and this is the paradox, teachers are aware that if they have more of these 'problematic' students, their work gets harder than it already is. Students are simultaneously 'good' and 'bad' for the 'health' of the school. Especially because when a lot of 'problematic' students meet at the same place, 'good' students will feel threatened by the 'bad' ones and decide to leave the school.

The big tension between the generic diagnosis of the policy and self-diagnosis is rooted on this problem. To sum up, SIMCE says to the school that it has a *high temperature*, and the main condition that the school community observes to explain themselves their 'sickness' is that their students and families require special care. The policy recognizes this, and increases the voucher for every 'problematic' student. The school tries to retain or increase enrollment of these students' tuition, which generates the loss of the other ones.

(b) Treatment and monitoring

It is important to take into account that both schools are not just sick, but in the 'Intensive Care Unit'. This is strongly related with the categories 'on recovery' and 'emergent' that the SEP law used to name the schools conditions on 2012 and 2013, respectively. This means that they urgently need to improve their learning outcomes statistics, especially the SIMCE results.

The main tool that the National System for Quality Assurance in Education law has created to 'treat' schools is the 'School Improvement Plan', which is the core piece of the 'Annual Cycle of Continuous Improvement', an abstraction of processes and results that should orient good leadership 'to improve the quality of students' learning, through evidence of educational and learning outcomes' (MINEDUC, 2013: 4).

The mantra that is possible to read in official documents and hear in the voice of different actors when they try to interpret what is the 'School Improvement Plan' is that is a unique possibility for the school community to reflect and participate in the construction of their school (MINEDUC, 2013). In our analytical language, this means, 'Dear patient, we have provided to you a diagnosis stating your illness, now it is time that you take responsibility for your own health'.

However, the main problem of this 'call for action' made by the central policy is that the possibilities of reflecting upon the treatment are rigidly framed within the goal of rising academic performance (measured, again, mainly through SIMCE). Therefore, not only the illness is produced by standardized test results, but also the treatment is restricted to the necessity of having 'quantitative goals of educational and learning outcomes and of internal efficiency' (MINEDUC, 2013: p. 6). So, despite the attempts of providing a more complex view of what means an 'Annual Cycle of Continuous Improvement', speaking about community participation, qualitative evaluations or systemic articulation between process and results, at the end, what defines if you are still ill or if you are cured are 'statistics'. In other words, it is impossible for a school to create a treatment without a 'quantitative evidence' management plan, because the frame of the 'School Improvement Plan' prescribes it.

There is an overwhelming search of coherence in the policy' rationale: a proper 'institutional diagnosis' followed by a good 'planning' and a meticulous process of 'implementation, monitoring and tracking' with a final 'evaluation' will necessarily produce a 'continuous process of learning improvement' in schools. Everything is so

coherent that is easy for the central policy to produce ‘Quality School Management Models’ with ‘areas’, ‘dimensions’ and ‘elements’ that the leadership team of a school must consider in order to correctly plan their ‘treatment’. And they have to present evidence of their work, being strongly recommended to use some fix-model matrix like the one shown in picture 1, where it is possible to see the ‘check mark’ result-oriented rationale that leads this ‘reflection about our illness’ process.

Picture 1: Example of a planning matrix of the ‘School Improvement Plan’
(MINEDUC: 2013, p. 15).

Área	Dimensiones	Inciden principalmente en los resultados de			Proceso de mejoramiento que requiere la Dimensión
		Educativos	Aprendizaje	Eficiencia Interna	
Gestión del Currículum	Gestión Pedagógica	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Instalación
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Mejoramiento
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Consolidación
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Articulación
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> No se abordará
	Enseñanza y Aprendizaje en el Aula	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Instalación
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Mejoramiento
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Consolidación
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Articulación
Apoyo al Desarrollo de los Estudiantes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> No se abordará	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> No se abordará	

In both schools we had the opportunity to observe the two-day sessions of construction of the ‘School Improvement Plan’. Our field notes have information to do a complete paper just about this ‘participative’ process of reflecting upon the school.

Here is important to say that in both schools the leadership team tried hard to do a collective reflection, projecting the 'matrixes' and cheering up their colleagues to work together in it. But they fail, and at the end, it is the leadership team who completes the forms with automatics 'yes' answers from teachers to rhetorical questions like 'do you agree with this?'. The 'simulacra' went on until it became too obvious that nobody was paying attention to what was happening. Then, both Principals, each in its own way, tried to give sense to the performative ritual. The Principal of South School spoke about the relevance of participating and being involved in the construction of the 'School Improvement Plan', reminding teachers that the leadership team could perfectly do the 'Plan' on their own, but that they chose to do it in a participatory way to involve everyone in the school's problems. On the other hand, the principal of Rosa School started reminding all that this was a 'must' task, compulsory for everyone, so they 'have to' participate. In both cases, Principals act as the main interpreters and translators of the policy, they, each in their particular way, were the voice of policy, accomplishing the task of enacting the 'School Improvement Plan'.

This is not at all a fortuitous, on the contrary, the whole 'improvement' policy is oriented to 'principals and management and technical teams' (MINEDUC, 2013: p. 2). Principals are in charge of 'thinking the institution in a systemic way', 'holding a future perspective to plan and establish a long time view', 'creating a climate which enhance learning', 'being able to motivate and work with teachers, students and parents', 'generating strategies to achieve results and promoting collaborative work, innovation and entrepreneuring' (MINEDUC, 2013). The policy makes schools' principals and leadership teams their main allies, so they actually become the 'speakers' and 'voice' of the policy inside the school.

Therefore, this process of building their own 'treatment', at least for the leaderships teams who are the protagonists, is seen as something that 'must' be done and that has some sense. However, problems emerged with much more clarity in relation to the 'monitoring' processes. These processes involve not only the self-designed monitoring practices, but also the ones designed by central policy. Among the latter, external agents of two different public agencies come, without previous notice, one or two times a year to check the school is doing well. Also, schools are required to accept external support from 'Agencies of Technical Support' which, in both schools, were hired by their Municipal Stakeholder without the consent of the schools. Of course these 'external visits' produce a sort of paranoia, which is expressed regularly in the Teachers'

Meetings, at least by the principal of Rosa Schools, with the phrase ‘they can come in any moment, so we must be prepared’.

When we asked the principals about these monitoring processes they referred to them as ‘surveillance practices’ in the case of Rosa School Principal, who added: ‘These people who call themselves pedagogical advisors are not really advisors (...). They are an intervention, our school is intervened’. On the other hand, South School principal says that they need ‘medicines’, meaning by this ‘external support’ but criticizing that the ‘medicine’ that they received is not always a ‘good’ medicine, in the sense that is an appropriate ‘medicine’ to treat their specific problem. It is interesting how the medical metaphor emerged once again. The medicine is the ‘external’ support based on the plan designed to ‘treat’ the illness. The interesting thing about the ‘medicine’ is that, for teachers and leadership teams, is evident that the ‘medicine’ is not pertinent to ‘treat’ them. In the previous phases there is more ambivalence about the pertinence or not of the ‘diagnosis’ or the ‘treatment’, but regarding to the ‘medicine’ this ambivalence tends to disappear. Somehow it is ok to the school that the central policy frames the ‘diagnosis’ and the ‘treatment’, probably because the school community still feels that they can translate to its own words both process, e.g. blaming students and families for the high temperature and planning their own ‘treatment’. But, in the case of the ‘medicine’ it is too obvious that they are only a ‘patient’, in the double sense of the word, someone receiving medical treatment and also someone who is able to accept and tolerate its adversities without complaining. In the ‘medicine’ phase, the discourse of the ‘proactivity’ of the ‘patient’ becomes a vacuum. The ‘patient’ cannot say anything about the ‘medicine’, its only possibility is to be ‘patient’, almost as if he or she were in a coma.

A second paradox becomes evident: how can be a ‘patient’ ‘treated’ as being in ‘coma’ be a ‘proactive’ ‘patient’? And, even worse, if the ‘patient’ fails to show evidence of improvement, this is, show that its statistics have considerably improved, the ‘patient’ is in danger of being labeled once again as ‘on recovery’, and if you are four years in this category, the policy assumes that you do not have the will or conditions to get cured, so you literally face to a possible school closure which is another way of declaring the death of the school.

Conclusion and Discussion

The main finding of our analyses are the two paradox that we would like here to relate to the three discourses of education policy described. The first paradox, namely, that 'problematic' students are being translated and interpreted both as more resources (positive thing) and as more difficulties (negative thing) can be related to an interplay between the market discourse and improvement discourse. The improvement discourse says: 'in order that schools that attend 'problematic' students can improve their learning outcomes, they need more resources'. This is a claim that nobody would discuss. However, as our school system is structured as a market, the only possible way to increase the amount of resources to these schools is via voucher. The paradox can be read as a subordination of the school improvement discourse under the rational of the school market system discourse.

The second paradox, namely, the claim of the policy about the relevance for the 'treatment' that the school be 'proactive' in taking its medicine and participating in the process of getting well, and the limits of this claim that is crashed under super structured frames, can be read as a tension between the discourse of school improvement and the discourse of accountability. For the central policy the only way to improve is to be accountable and responsible for your 'health', and they already know how you can get better. However, for the school communities both discourses are seen as contradictory. They want 'medicine', this is, they want to improve and can recognize that they have a 'problem', but what they are receiving is not 'medicine' but surveillance. They do not want external interventions, they perceive them as useless, just flooding the time and space that could actually be used to improve. For the policy, the only way to 'heal the 'patient' is through good numbers. However, bad results are only an evident symptom, while the deep problem, the real disease, would be the competition for students in the school market which produces a concentration of 'unwanted' students in some schools, like the ones of this study. Accountability discourse, trying to build a standard model of 'continuous improvement' fails to recognize the relevance of schools contexts. In these context, the same numbers can have different meanings.

This analysis allows us to conclude that in the battle field of the educational policy, the discourse of the market and the discourse of accountably manage to subordinate the discourse of school improvement. Anyone could see that 'doctors' did everything possible to save the sick 'patient', the school community received grants for the poorest and help to 'diagnose, treat and monitor' their 'disease', but nothing can be done by the

'doctor' if the patient does not want to be saved. Educational policy, and the medical jargon associated with it, transforms a school into a 'patient', responsible for the tragedy of its own death. By this means, the discussion of the social and political conditions that make possible the death of the public schools in Chile is avoided.

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