SUMMARY

In this thesis, we present the results of research on the potential of an evaluation method to improve the quality of care in general and quality of residential care for those with profound multiple disabilities in particular. Opinions differ as to how quality of care should be studied and improved. How should quality of care be defined and how can it be measured? Interventions aimed at improving the quality of care have not always yielded satisfactory results. There is no single rule that states which methods, techniques and designs are best for studying the functioning and effects of these types of interventions. Until now, scientists have largely ignored the question of how the functioning and effects of interventions in care programs could be studied. Theory-driven program evaluation appears a suitable method. The potential of this evaluation method is explored using the example of an intervention in a residential care facility for the profound multiple disabled. Hence, the research question is: What possibilities does theory-driven program evaluation offer in explicating the functioning and effect of an intervention aimed at quality of care?

Before answering this question, I will first discuss how quality of care is operationalized in chapter 2. Due to multi-dimensionality and contextual restrictions, quality of care may be operationalized in very different ways. Briefly, quality of care comprises the following aspects: the extent to which the external environment meets the needs and possibilities of the target group, the perceived well-being of the target group as assessed by care providers or relevant others, care providers’ assessment of their work situation, their relationship with (members of) the target group and organizational effectiveness. On the basis of this list, we can derive specific quality requirements for care programs. A program should be subject-oriented and ensure continuity. It should be based on clear assumptions and be consistent, in the sense that the same objectives are pursued at all levels of the program. Also, the congruency between the intended program and the executed program should be controlled and previously set process and outcome criteria should be reviewed. In addition, the effectiveness of the program must somehow be assessed. Various strategies have been designed to meet these requirements. I will discuss: the elimination of the causes of quality loss, evaluation procedures aimed at continuous improvement and the quality cycle. Quality of care can be ‘measured’ by how and to what degree care programs achieve their objectives. Quality of care can be assessed through program evaluation.

In chapter 3, program evaluation is presented as a method to improve research into (care) programs. There are two suitable evaluation methods: method-driven program evaluation and theory-driven program evaluation. Method-driven evaluations demand adherence to one particular method of research as the best
method to evaluate a particular program. The choice of research design and the assessment of outcomes and conclusions are based on one domain of arguments and considerations. The limitations of method-driven evaluations are: limited range, mutually exclusive work methods, onesided approach to subjective factors and process factors or to objective effect measurements, lack of a feedback mechanism with respect to the theoretical assumptions. For these reasons, method-driven evaluations often fall short in improving care programs. Method-driven research strategies, too, are limited because of the multi-factorial causes of program effects and the broad range of intended and unintended effects. The use of strongly standardized methods, techniques and designs for both (quasi-) experimental and naturalistic improvement-focused program evaluation studies should thus be questioned. In theory-driven program evaluations, both methodological issues and so-called program theories are considered. Program theories form the 'backstage' rationale of programs, interventions and implementation strategies. They are the guiding principles that indicate how a program should be constructed and why a program is assumed to work in a certain context. Knowledge of program theories can provide insight into how and to what degree effects have come about. This implies that program improvement through evaluation should include questions of methodology, contents and context. Program evaluations allow us to explain why the desired effects or intended outcomes were not (sufficiently) achieved. A lack of effectiveness might be due to the use of an unsuitable 'backstage' theory or lacking contextual conditions (program failure). Simply understanding the (causes of) these 'failures' often already results in program improvement. Explicating and specifying program theories, goals and structure is essential for the evaluation of a (care) program. Implementation factors, such as staff expertise with respect to evaluating the care program, can also facilitate program improvements. Chapter 3 concludes with the presentation of a theoretical diagram and an operational diagram which can be used to evaluate an intervention aimed at improving the quality of care. The operational diagram forms the basis of a secondary results analysis of the previously mentioned intervention study and leads to a new interpretation of the conclusions.

In chapter 4, an example of a theory-driven program evaluation is given using an intervention in the project 'Improving the quality of care for persons with profound multiple disabilities'. The intervention consisted of implementing a new care method that would improve care providers' treatment of persons with profound multiple disabilities. This example from practice shows that theory-driven program evaluation has the potential to track down the causes of (insufficient) quality of care and to uncover the processes leading to a higher quality of care and fewer educational problems. It was also possible to warn parents, care providers, managers, researchers and other stakeholders against wrong/
wrongly interpreting program effects. Furthermore, when it became apparent during the course of the program that goals would not be or were not being realized, adequate adjustments could be made. Thus, we found that working with educational programs was 'compatible' with various forms of care organization and that program changes could be integrated in the original care programs without causing 'damage'. We also found that theory-driven program evaluation was suitable for studying the underlying process of selecting theories or goals. Besides being used to evaluate a program after the fact or a program and an intervention, theory-driven program evaluation can also be used to improve a program (or intervention) and to parry assaults on a program (or intervention). However, theory-driven program evaluation also has its limitations. A temporarily increased workload for those involved is unavoidable during the theory-driven evaluation of a program. In addition, we found that evaluation results - even if they are positive - are applied indirectly rather than directly, as a result of the influences of decision-making processes. Finally, the (unintended and undesirable) side effects of a program (or intervention) can only be partly prevented, even though they can be foreseen.

In chapter 5, we list ten arguments from a theory-driven perspective that provide an adequate assessment of the reported effects and causal relationships of the intervention. We also discuss whether explicating and specifying program theories is sufficient to evaluate program effectiveness from a theory-driven perspective. Two conclusions arise from these discussions: (1) researchers justly concluded in their report that the intervention was active and effective. The stronger and weaker aspects of the intervention were also uncovered. And (2), theory-driven program evaluation is suitable for evaluation studies of other interventions with respect to an adequate explanation of matters of causality.

Further research into the potential of this evaluation method should comprise several different implementations. The focus should be on methodological aspects such as developing valid instruments and criteria to explicate and specify program theories and to determine the degree of success of the program or intervention. We recommend changing the character of theory-driven program evaluations of innovations and interventions from the traditional 'after the fact assessment' to 'supervising' and 'designing' programs. This would increase the likelihood that evaluation results are actually used. Such a shift would be in the interests of researchers/evaluators, but perhaps more importantly of managers of care programs and those who commission evaluation research.