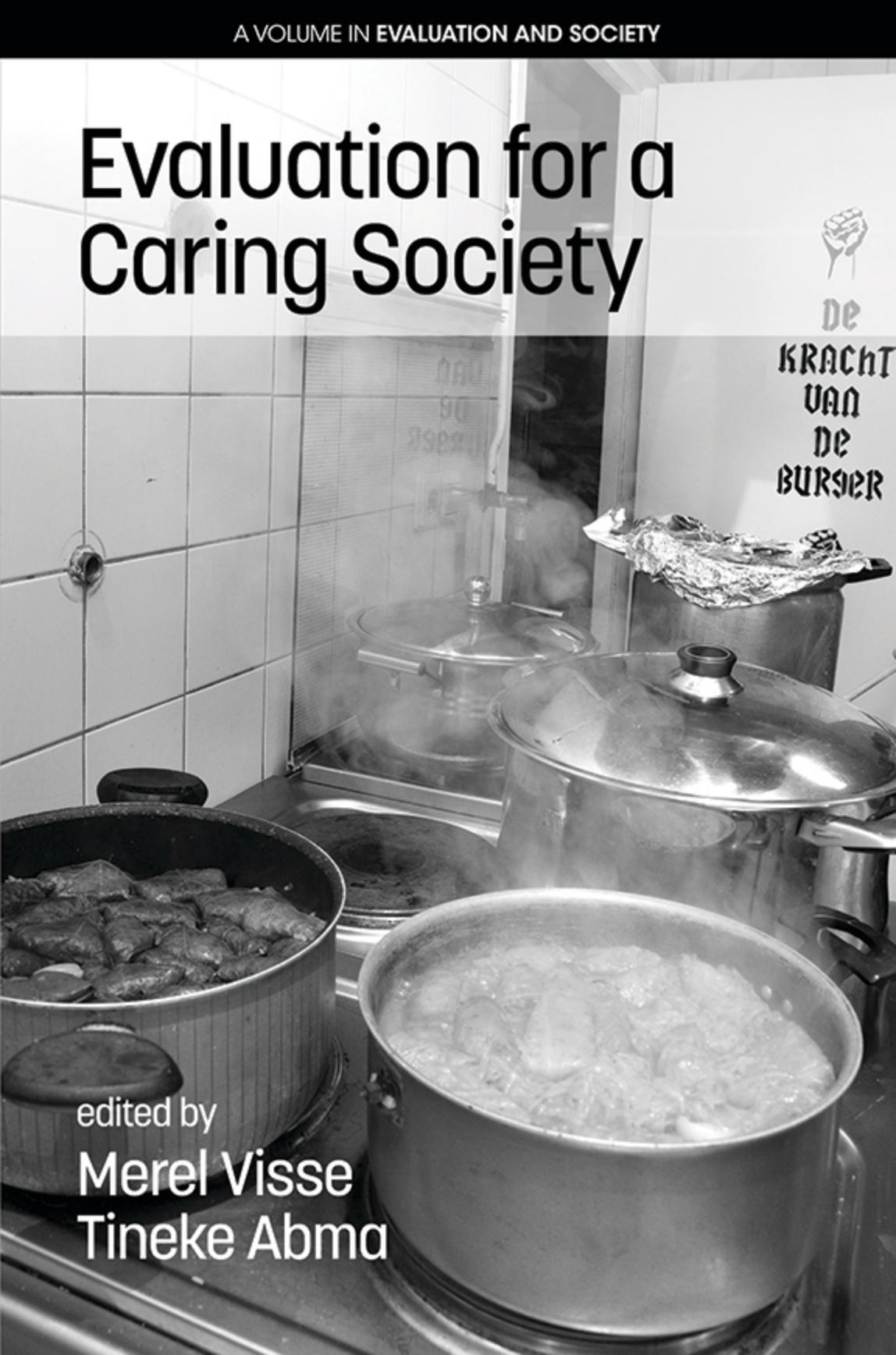


A VOLUME IN EVALUATION AND SOCIETY

Evaluation for a Caring Society



DE
KRACHT
VAN
DE
BURGER



edited by
Merel Visse
Tineke Abma

Evaluation for a Caring Society

A volume in
Evaluation and Society
Jennifer C. Greene and Stewart I. Donaldson, *Series Editors*

This page intentionally left blank.

Evaluation for a Caring Society

edited by

Merel Visse

University of Humanistic Studies

Tineke A. Abma

VU University Medical Center



INFORMATION AGE PUBLISHING, INC.
Charlotte, NC • www.infoagepub.com

Library of Congress Cataloging-in-Publication Data

A CIP record for this book is available from the Library of Congress
<http://www.loc.gov>

ISBN: 978-1-64113-163-6 (Paperback)
978-1-64113-164-3 (Hardcover)
978-1-64113-165-0 (ebook)

Copyright © 2018 Information Age Publishing Inc.

All rights reserved. No part of this publication may be reproduced, stored in a retrieval system, or transmitted, in any form or by any means, electronic, mechanical, photocopying, microfilming, recording or otherwise, without written permission from the publisher.

Printed in the United States of America

CONTENTS

Foreword	vii
<i>Thomas Schwandt</i>	
Foreword	xi
<i>Guy Widdershoven</i>	
Acknowledgments	xv
Introduction.....	1
<i>Merel Visse and Tineke Abma</i>	
The Photo-Story of the Carefreestate.....	17
<i>Janine Schrijver, introduced by Tineke Abma and Merel Visse</i>	
I am Zaitone—Poem by Tineke Abma in collaboration with Zaitone Osman	21

PART I

THEORETICAL REFLECTIONS ON A CARING SOCIETY

1 Care, Competency, and Knowledge	27
<i>Maurice Hamington</i>	
2 The Art of Understanding	51
<i>Karin Dahlberg</i>	

PART II

DEMOCRATIC EVALUATION FOR A CARING SOCIETY

- 3 Democratic Evaluation and Care Ethics..... 83
Helen Simons and Jennifer C. Greene
- 4 Democratic Caring Evaluation for Refugee Children in Sweden 105
Anders Hanberger

PART III

ETHICS AND EVALUATION FOR A CARING SOCIETY

- 5 Uncontrolled Evaluation: The Case of Telecare Innovations 127
Jeannette Pols
- 6 Evaluation for Moving Ethics in Health Care Services
Towards Democratic Care: A Three Pillars Model: Education,
Companionship, and Open Space 143
Helen Kohlen

PART IV

RESPONSIVE EVALUATION FOR A CARING SOCIETY

- 7 Responding to Otherness: The Need for Experimental-
Relational Spaces..... 159
Gustaaf Bos and Tineke Abma
- 8 Dialogue, Difference, and Care in Responsive Enactments of a
World-Becoming..... 185
Melissa Freeman
- 9 Responsive Evaluation as a Way to Create Space for Sexual
Diversity: A Case Example on Gay-Friendly Elderly Care 207
Hannah Leyerzapf, Merel Visse, Arwin de Beer, and Tineke Abma
- 10 Evaluation for a Caring Society: Toward New Imaginaries..... 225
Merel Visse and Tineke Abma
- About the Contributors..... 243

FOREWORD

More than a half-century ago, C. Wright Mills criticized what he called abstracted empiricism in sociology, an approach that fetishized facts and evidence, equated empiricism with science, and advocated political disengagement. He also called for the development of the sociological imagination that makes possible the recognition of a relationship between private troubles and public issues. Today, in the broad and varied field of evaluation practice, Mills' concerns remain salient. The field is alarmed at the excessive emphasis on evidence-based best practices and at efforts to assign the highest value to empirical evidence gathered in an apolitical, technical fashion. Likewise, as many authors of this volume make clear, the growing concern with a caring and relational perspective on the aims and conduct of evaluation draws attention to how private woes evident in the context of the personal and biographical are to be interrelated with the sociological and political realm of public issues.

This book explores the relationship between evaluation as a professional practice and care (a particular type of concern for others) as well as caring (the act of attending to others in a particular way). On the one hand, care/caring might be reasonably thought of as an ethic for evaluation practice. It might be sensibly seen most poignantly as a relational ethic that governs the personal sphere, a means of guiding the various kinds of interpersonal and micropolitical interactions that professionals have with individuals they encounter in the course of professional work. It might be regarded as a companion to an ethic of justice that guides thinking and acting around issues

in the macropolitical sphere surrounding how the profession promotes the public good for all citizens.

In this volume, however, I believe the editors are suggesting that care should be promoted not as an ethic but as an ethos for the professional practice of evaluation. This seems especially evident in the concluding synthesis chapter. An ethos refers to a group's distinguishing moral character and shared fundamental identity. It encompasses the professional group's motives, values, ways of reasoning, goals, aspirations, and, even, anxieties. An ethos more so than any set of ethical principles guides the interactions a professional has with those he or she serves.

References throughout this volume to care as a moral-political-epistemological practice (a disposition, a set of understandings, as well as a way of reasoning and acting) suggest this idea of a particular evaluation ethos. Evaluation is a social practice concerned with public issues most obviously manifest in private troubles with programs and policies in immigration, health care, education, social services, housing, and so on. A student of color experiences discrimination in a public school classroom in the United States; the evaluator is concerned not only with that child's experience but with the larger public, political issue of an achievement gap in public education between white students and students of color. An ethos of care in evaluation guides behavior at these two levels of action. At one level is the evaluator's immediately responsive and interpersonal encounter with the personal troubles of social actors, most visible, as Mills originally pointed out, in an individual's biography and in those social settings directly open to the individual's lived experience. A contemporary example is the evaluator who listens attentively, empathetically, and with care to the experience of an undocumented child of immigrant workers now enrolled in a college in the United States who is deeply worried he will be deported because the President of the United States is threatening to rescind a deferral program originally protecting this individual. At another level, the sociological and political level, the evaluator operates at what Mills called the arena of public issues where immediate personal troubles are seen not only as problems encountered by individuals but as the result of structural and political arrangements in society. Thus, the counterpart to the personal story is that the evaluator must be aware of and attentive to the fact that the lives of approximately 750,000 undocumented immigrants will be affected by the President's decision that is grounded in his ideological position on the issue of immigration. In the view of the editors of this volume, evaluation for a caring society is thought to operate at both levels.

Whether an ethos for evaluation wherein (in the words of the editors of this volume) "care is at the center of critically and responsively examining societal challenges and questions" and whereby evaluation promotes

a caring society can be more fully articulated remains to be seen. But the present volume is certainly a strong step forward in that direction.

—**Thomas A. Schwandt**
Professor Emeritus
University of Illinois at Urbana-Champaign

This page intentionally left blank.

FOREWORD

Evaluation and care are mutually related. As any practice, evaluation should be performed in an attentive and responsible way, showing a caring attitude. Thus, evaluation requires care. Care as a human activity should be responsive to the needs of those cared for, which asks for continuously checking the impact of one's actions. Consequently, care implies an element of evaluation. The intricate relationship between evaluation and care is hardly addressed by evaluators or caregivers. This book fills a gap, as it focuses on the relationship between evaluation and care and provides a multitude of examples of evaluation as a caring practice.

Why is the relationship between evaluation and care often overlooked? The importance of care to evaluation, and of evaluation to care, resembles the importance of water to fishes. As their natural habitat, water is not noticed by its inhabitants. It is not until the water dries down or becomes polluted, that the fishes become painfully aware of its crucial role in their existence. If they are lucky, they can escape to find fresh water, after which the awareness of the importance of it will feed away. Evaluators and caregivers also tend to forget the close relationship between evaluation and care, and its relevance to their practices. The authors in this book reflect on this relationship, and thus help the reader to become aware of aspects of their work which are normally not visible, and provide perspectives which may help to nurture these elements, and make their work better.

The mutual relationship between evaluation and care not only means that both refer to each other. Evaluation and care also share a common orientation, as they are both driven by values. The word evaluation already

indicates that values are at stake. An evaluation of a practice means to investigate whether the practice realizes the values which are relevant for and constitutive of that practice. Care also refers to values. In her theoretical analysis of care, referred to in many contributions to this book, Joan Tronto elucidates five core values: attentiveness, responsibility, competence, responsiveness and solidarity. According to her, these values are not general principles, guiding action from outside; they are virtues, embodied in the practice of caregivers. Thus, values are not external rules of conduct which are to be obeyed, but internal dispositions, acquired through and realized in the practice of care.

The intricate relationship between evaluation and care, and their orientation on values embodied in practice, sheds new light on current evaluation procedures, for instance the evaluation of scientific research. One may question whether standard evaluation protocols, focusing on output in terms of number of articles, actually investigate whether a scientist contributes to the realization of scientific values. The plea for taking into account social impact as an indicator of scientific quality refers to other parameters, and makes values explicit, as social impact is also denominated as social value. Yet, also the focus on social impact should be critically assessed. Often, this is interpreted as economic value. Scientists, however, can add value in other ways than developing products which are profitable. Products of medical science, such as medical technologies, should be investigated for their value for patients and other stakeholders. Do they meet the needs of vulnerable people? Do they support the process of care, and foster and embody core values like attentiveness and responsibility? These are crucial questions, as medical science ultimately aims at making the lives of patients better. Likewise, others scientific practices should be evaluated from the perspective of their contribution to the improvement of human life, including its natural and social environment.

The growing attention for research integrity is another example of both the importance of values in scientific practice, and the need to interpret these values in terms of care. The importance of research integrity is visible in the denunciation of fraud and fabrication of data and the retraction of articles when such actions are discovered. These actions clearly go against core values in science, like truth and reliability. Yet, it can be argued that being a good scientist requires not just compliance with rules which forbid such actions. Honesty and trustworthiness are virtues that should be embodied in everyday scientific practice, for instance in collaborating with colleagues, performing reviews, and approaching respondents. Thus, the evaluation of science from the perspective of research integrity should focus on investigating whether the practice of science is a practice of care.

This book provides excellent examples of evaluation of social practices from the perspective of care. Yet, it takes one step further. The aim is to shed

light on evaluation itself as a practice of care. This is relevant in at least three ways. In the first place, evaluators who take a caring stance are motivated by concrete experiences of social needs and lived problems. They are touched by people, individually and as part of institutions, who are in need of care. In the second place, evaluators who are aware of the importance of a caring attitude, reflect on their relationship with practices which they are engaged with. Rather than taking a superior stance, and judging a practice from outside, they are sensitive to the effects of their work on the practice they investigate. In the third place, evaluators who see their work as a practice of care focus on engendering processes of mutual learning in and with the stakeholders involved. They see the importance of dialogues, not only between stakeholders, but also between investigators and the participants in the practice under study. From a perspective of care, these dialogues should focus on concrete experiences and result in new ways of dealing with felt needs.

Evaluation as a caring practice takes time. It requires investing in relationships, building a climate of trust, and responding when trust is under pressure. Caring implies getting to know people, listening to their daily concerns, and helping them to find ways of dealing with difficulties. Caring requires accurate timing: being present when needed, and offering support in a way which fits to the situation. Investing time by being present is not easy, in an era in which time is measured in minutes to be spent on performing tasks and in which the number of tasks tends to grow infinitely, like the number of emails in one's inbox. However, caring also creates time. The experience of mutual engagement in the process of care is a specific experience of time, which the hermeneutic philosopher Gadamer calls "fulfilled time." In contrast to the "empty time," which one experiences when having to perform meaningless activities, the experience of "fulfilled time" creates joy and happiness. It feels like it takes no time at all.

Reading a book like this volume certainly takes time. Instead of scanning abstracts, and looking for sentences which can be quoted in one's next article, the reader has to dive into the chapters and enter into their flow. This, however, will be rewarding, as the reader gradually will come to share the enthusiasm of the authors, and be enriched by their insights. In this way, the book can serve as an antidote to the present-day haste in social practices, and contribute, in form and content, to developing an evaluation practice which may foster a caring society.

—**Guy Widdershoven**

Professor of Philosophy and Ethics of Medicine
Head of the Department of Medical Humanities
VU University Medical Center, VU University Amsterdam.



ACKNOWLEDGMENTS

The idea for this book emerged on two occasions. First in 2013, when one of us (Merel) met with Prof. Dr. Jennifer Greene at the yearly International Conference on Qualitative Inquiry in Illinois as part of her travel grant from the EMGO+/Amsterdam Public Health research institute. Jennifer informed whether we would be interested to develop a special Volume on humanization in evaluation. A year later, at the 2014 conference of the European Evaluation Association in Dublin, the three of us met again and our plans gradually grew. Together with professor dr. Anders Hanberger and Hannah Leyerzapf, we organized a session on Humanization in Evaluation. There, and the years following, we were delighted to continue our conversations with Jennifer and with professor Helen Simons, professor. dr. Bob Stake and many more. When one of us (Merel) moved to the Care Ethics group of the University of Humanistic Studies, the focus changed to the intersection of care ethics and evaluation studies.

There are so many inspiring evaluators and care ethicists and we would have loved to include the work of more of them, but we had to make (tough) choices. This book is not the end though. It's just the beginning of a quest for exploring the promises and pitfalls of evaluation as a praxis of care. Many people have helped us along the way and we are indebted to all of them, especially the authors of this Volume and Prof. dr. Thomas Schwandt and Prof. dr. Guy Widdershoven for the time they took to read the manuscript and write a foreword. We are indebted to Janine Schrijver, who generously shared her artistic work with us: the pictures of the Carefreestate that enliven this book and that spurred a conversation with Zaitone Osman, a

voice reflected in a poem. Our greatest thanks goes to the women of the pictures in this book: by sharing their stories they provide us with a glimpse into the everyday reality of care. Our thanks also go to our colleagues at the Care Ethics Group in Utrecht and the Medical Humanities Department, VU University medical center in Amsterdam.

Our greatest gratitude and appreciation goes to Jennifer Greene. It is because of her inspiration, warmth, support and wisdom that this book has become a reality.

—**Dr. Merel Visse**
Prof. dr. Tineke Abma