

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](http://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 too 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

---

# INTRODUCTION

**Merel Visse**  
**University of Humanistic Studies**

**Tineke Abma**  
**VU University Medical Center**

---

*I am going to learn to make bread tomorrow. So you may imagine me with my sleeves rolled up, mixing flour, milk, salaratus, etc., with a great deal of grace. I advise you if you don't know how to make the staff of life to learn with dispatch. I think I could keep house very comfortably if I knew how to cook. But as long as I don't, my knowledge of housekeeping is about of as much use as faith without works, which you know we are told is dead.*

—Emily Dickinson to Abiah Root, September 25, 1845

*What happens when domestic bliss does not create bliss? Laura tries to bake a cake. She cracks an egg. The cracking egg becomes a common gesture throughout the film [The Hours, dir. By S. Daldry, 2002], connecting the domestic labor of women over time. To bake a cake ought to be a happy activity, a labor of love. Instead, the film reveals a sense of oppression that lingers in the very act of breaking eggs. Not only do such objects not make you happy; they embody a feeling of disappointment. The bowl in which you crack your eggs waits for you. You can feel the pressure of its wait. The empty bowl feels like an accusation.*

—Sara Ahmet, on the film *The Hours*, 2017, p. 63

## **NURTURING A CARING SOCIETY**

This book explores the intersection of evaluation studies and care ethics in contemporary Western societies. In all societies and institutions, large and small, we find forces that can strengthen or destroy their fabric. One new regulation, law, or policy can impact the lives of many who find themselves in precarious positions. Think, for example, about health care reform and migrant policies in various Western countries and their effects on the everyday lives of millions of people. Policies, programs, and those who execute them can threaten the daily routines of our lives, and we can respond by withdrawing or freezing, doing nothing and thinking it will pass. Or we can respond with resistance, anger, and sometimes much worse, like the shootings in several American cities.

This may sound like an overly dramatic opening to a book about evaluation and care, but in our work as evaluators, we have encountered similar responses to changes in society. Take, for example the response of a nurse to the announcement of a new accountability policy in elderly care: “They don’t trust me. I’ll quit.” This nurse did not find it comforting that the managers who announced this policy change felt as stuck as he did, forced by changes in regulations beyond their control. In every situation where tensions grow and are not resolved, people are inclined to protect themselves (“I’ll quit”) and increase control (new rules), instead of exercising care and creativity. They abandon their connections not only with others but also with themselves.

We would like to change that and accordingly recall what women have known for ages and Rebecca Solnit (2017, p. 18) recently articulated powerfully: the power of interconnectedness and gathering for solidarity, support, and advice. Think of the mother with a child at her breast. In case of danger, she cannot simply run away or pick arms and go to war. She is involved in survival and nurturing activities to protect herself and her offspring and to promote safety in an environment characterized by uncertainty and instability. This is why the presence of a life-sustaining web (Fisher & Tronto, 1990, p. 40) is central to care ethicists. They view people as part of such webs that support them in living their lives as well as possible (Fisher & Tronto, 1990, p. 40). This ethical notion of care prompts our exploration of how we can contribute to (and think about) a caring society. Let us then begin with our own practice: the practice and theory of evaluation. We write this book for that reason: to integrate notions from care ethics into evaluation theory and practice in order to nurture a caring society.

Evaluators’ task is to assess and understand the impact of policies and programs on people’s lives. In our view, policy and program evaluation can and should advance humanization and care. The work of evaluators should create “ethical” spaces with a “temporary suspension of ethical

assumptions” (Kushner, 2000, p. 151). This can promote trust and solidarity, prerequisites to recognizing the meaningfulness and humanity of everyday practices. However, evaluation is typically conducted in politicized contexts, with many competing sets of values and priorities, so a vision guiding the evaluation practice is needed. Care ethics can inspire such a vision.

Together with colleagues in the fields of evaluation studies and care ethics, we, in this book, invite you to learn about the possibilities and challenges of integrating evaluation studies and care ethics in the service of a caring society—a society with policies and programs that honor and respect people’s vulnerability, precariousness, interdependencies, and needs. Including these human features in our evaluative and care ethical work weaves new threads into our work and, over time, our social fabric. We envision that this fabric will leave neoliberal views on humanity in the past and move toward a different but more realistic view that honors who we are.

In this book, we seek to address how we, as scholars in the evaluation and ethics field, can contribute to a society that honors care while acknowledging and respecting the realities of regulation and financial incentives that control the public sector. Connecting theoretical and empirical work from a rich variety of scholars and fields of inquiry, we gradually develop a view on evaluation as an approach to nurturing a caring society. This view and its implications for evaluation studies are presented in the last discussion chapter.

## FROM EQUITY TO CARE

This book emerged from the 2014 conference of the European Evaluation Association in Dublin. At that conference, the notion of *equity* was prominent and debated widely. Equity was addressed in the context of programs and policies, with a special interest in approaches aimed fostering equity, such as equity-focused evaluation, democratic evaluation, and transdisciplinary evaluation. Fervent debates raged over formative and summative evaluations and the rights and obligations of evaluators while carrying out their studies, such as the right to set criteria in advance and do justice to those criteria. To our surprise, we noticed that the discourse was abstract and principled, relatively detached from the everyday complexities and practices of evaluation. The discussion focused on evaluations approached with pre-set criteria and the application of principles to particular cases to determine the effectiveness of an evaluation. The conversations at that conference assumed that issues of fairness and the rights and obligations of program and policy participants should be on the agenda and can be assessed impartially. This presumption resembles justice thinking as a rights-based moral theory, which emphasizes autonomy, equality, and the fair distribution of goods among as many as possible. In liberal and neoliberal

climates, principles of justice are agreed upon by people assumed to be capable of agreeing or disagreeing with social arrangements. Not each and every citizen, though, is able to participate in rational deliberation as a free, equal agent (Held, 2015), nor can certain forms of injustice be articulated in the prevailing discourse.

However, in some evaluation studies, rules have been followed, but justice has not been done, especially with regards to the inclusion of multiple perspectives in particular situations. Evaluators such as Ernest House, Robert Stake, Egon Guba, Yvonna Lincoln, and Thomas Schwandt have long argued for a more situated, dialogical, practice-oriented view on evaluations to counter the use of explicated standards and allow space for context. Why then did equity still dominate the conference? Why did we notice a lack of care for particularity and contextuality? We wondered whether justice thinking in evaluation studies, accompanied by a discourse of preset criteria, equity, autonomy, rights, and obligations, could be opened up (again) to create space for the contextuality, relationality, and situatedness of people in evaluations.

### A CALL TO CARE

We, therefore, aim to incorporate care ethics into the discussion on equity and justice in evaluation settings. Within the field of moral philosophy, care ethicists and theorists have extensively scrutinized theories on justice—not only as a theoretical field but also in the context of moral education and development. Care ethicists agree that care ethics began with the work of Carol Gilligan (1982). In her book *In a Different Voice*, Gilligan (1982) criticizes Kohlberg's notion that the highest form of moral development arises from impartial, abstract principles of justice and Kantian reasoning. She explains that the impartial justice model conflicts with other important elements in moral decision making, often emphasized by women, such as maintaining relationships despite divergent interests and desires, a commitment to meeting others' concrete needs, and needing certain feelings and emotions to understand a situation. To prevent an opposition between justice and care, Gilligan (1982) argues that justice should include care. Justice then becomes also constituted by care and the capacity to take care of and be attentive to others.

Care ethics, as an interdisciplinary field of study (Leget, van Nistelrooij, & Visse, 2017), regards people as “dependent upon one another for their survival, development and social functioning, and highlights the unchosen obligations we all have towards others by virtue of our interdependency” (Engster, 2007, p. 7)—unchosen and interdependent because we have lost control and do not have a complete understanding of the forces that

influence our society, our institutions, our families, and sometimes even ourselves. To continue our lives and work, we pay attention to and care for and about others, systems, and their routines. We care in many different ways and in a variety of areas. Care is easily found in ordinary, personal settings regarded as relational in nature (Van Nistelrooij, 2014). A child cannot grow up without feeding from a parent; an adult cannot die with dignity without sincere support. During the rest of our lives, our house becomes a home because we care, we can have a meal when we are ill because someone cooks for us, and on Monday, our colleagues inquire after our weekend to reconnect and get back to work. Consequently, in contrast to justice thinking, care ethics does not only see people as reasoners but also recognizes that people cannot reach unambiguous agreement upon a single interpretation of principles. Principles and regulations are always open to multiple interpretations, especially when applied in real-life situations.

Some care ethicists see care as a normative concept (Barnes, 2012). As soon as we begin to think about care, we start to ponder what good care entails. Others see care as primarily descriptive (Kittay, 2015). Just as we don't say "good justice," we should not say "good care." The goodness of care is already part of its meaning (Kittay, 2015, p. 69). Despite these different views on the descriptive and normative nature of care, care theorists make it very clear that care is a *practice*. Care is more than *caring for*. It also includes *caring about* (Tronto, 1993). Caring for is an act; it refers to doing and acting, and is an important phase of care, requiring expertise and technical knowledge. However, equally important to good care are attentiveness to others' needs, acceptance of responsibility for others, and responsiveness to their changing needs and desires. Joan Tronto (2014) explicitly states that good care is linked to these moral virtues. Good care is always a two-way affair; it cannot be delivered in a paternalistic or parochial way. The receiver needs to be open to and responsive to the care given. Nel Noddings (2015) adds that care can be good only when the receiver acknowledges the care that is given. This requires that the care receiver, who is dependent on the caregiver, grant trust and authority to the caregiver (Tronto, 2014).

To us, care ethics generally moves from what is *just*, from rights and principles to *what matters* to people, to "assess the import of things for people," their evaluative judgements (Sayer, 2011, p. 6). It also moves from reason to perception and experience: putting *lived experience* in everyday situations at the center of attention (Laugier, 2014). Care ethics, however, is not solely concerned with eliciting and understanding lived experience in relational settings. It is a political and critical ethic focused on comprehending how society is constituted by people who relate to each other in situations both of peace and of conflict and tension. Care ethicists acknowledge that the people in a society are interdependent, fragile, vulnerable, and enmeshed in asymmetrical relationships and need to relate to each other in

meaningful ways. Care ethicists acknowledge that we are *all* born in a state of dependency and alternately give and receive care throughout our lives. Thus, care is deeply political (Engster, 2007; Tronto, 2014; Visse, Abma, & Widdershoven, 2015). Care is not only about attending and supporting others' needs nor solely about giving and receiving care in personal realms. It is about much more than that.

Care is the fabric of our sociopolitical lives. Care plays a crucial role in the stability and growth of our institutions, policies, and programs. For example, health care and social policies often are aimed at prescribing who should care for whom and in what way. Care is not solely a personal undertaking but is also manifested in political institutions (Engster, 2007, p. 6). As political ethics, care ethics puts care at the center of thinking about society and democracy. Instead of taking the link between political liberalism and justice for granted, political care ethics questions core democratic values by introducing care as a way of repairing and maintaining our world, so we can live our lives as well as possible (Fisher & Tronto, 1990, p. 40). Political care ethics challenges the hierarchical, rational, and bureaucratic allocation of caring responsibilities to, for example, domestic migrant workers (Tronto, 2014). It critically scrutinizes and discusses the invisibility of care in our society. Care is too easily passed on by those in higher positions to those lower in the social hierarchy. *Privileged irresponsibility* is the term used to criticize these processes (Tronto, 1993). Care ethics thereby creates space for political dimensions of care, including power, and values such as solidarity.

Care, as a fabric, can hold together people in social practices but can also drive them apart, for example, in the case of care that is too protective or paternalistic. Too little or too much care builds or destroys a social practice. Care demands a "*middle way*": a balance to sustain life by engaging with others in joint social practices (Widdershoven & Huijter, 2001, p. 315). We seek appropriate responses to societal questions and challenges, such as how to care for the old, disabled, and chronically ill. Sometimes, we respond to emergency breakdowns of care, situations in which care has failed. Ideally, we do so in democratic, engaging way: the people whose interests are at risk are invited to voice their needs, experiences, perspectives, and concerns.

## FROM CARE TO EVALUATION

Care is already present in the field of evaluation studies, despite the dominance of evaluation as a technique or method to measure practices (Dahler-Larsen, 2015; Schwandt, 2002; Simons & Greene, 2014). Evaluation theorist Thomas Schwandt, who in 1992 cited care ethics as an inspiration for evaluation, aptly rephrases Noddings's (1984) critical warning about the tendency to act as philosopher kings:

We must keep our objective thinking tied to a relational stake at the heart of caring. When we fail to do this, we climb into clouds of abstraction, moving rapidly away from the caring situation into a domain of objective and impersonal problems where we are free to impose structure as we will. (Noddings, 1984, as cited in Schwandt, 1992, p. 141)

Thomas Schwandt reminds us of Stake's (1991) work promoting a socio-anthropological sensitivity as opposed to a scientific-technical lens for viewing human practices.

Some evaluation approaches are grounded in insights similar to those from care ethics. As mentioned, these insights regard people as interdependent and vulnerable and acknowledge the complexities of daily practices. For example, some evaluators stress the relational nature of practices (Abma & Widdershoven, 2011; Baur, Abma and Widdershoven, 2010; Abma, 2006; Visse et al., 2015). These approaches are often aimed at applying more democratic and participatory practices and regard evaluation studies as a particular pedagogy intended to create a platform for moral learning in the tradition of practical hermeneutics (Abma, Molewijk, & Widdershoven, 2008; Freeman & Hall, 2012; Freeman, Preissle, & Havick, 2010; Visse, Abma, & Widdershoven, 2012; Widdershoven, 2001; Schwandt, 2002). Examples of these approaches include democratic evaluation (Greene, 1997, 2010; Hanberger, 2016; Simons & Greene, 2014), responsive evaluation (Abma, 2008; Abma & Widdershoven, 2011; Freeman et al., 2010; Freeman & Hall, 2012; Visse et al., 2015), and transformative evaluation (Mertens, 2009). Some evaluators, like care ethicists, purposefully attend to the personal and particular features of evaluations (Abma & Stake, 2014; Kushner, 2000; Simons, 1980; Visse, Abma and Widdershoven, 2012), and some especially emphasize a caring praxis and society (Niemeijer & Visse, 2016; Visse et al., 2015; Visse & Niemeijer, 2016). They value engagement with practices and acknowledge and attend to the ambiguity in human life without finding final solutions.

These evaluation approaches share the common aim to holistically understand the evaluated program or policy from the *insider perspectives* of the participants and other stakeholders. In this holistic understanding, the evaluator pays attention to many mutually influencing factors that shape the program or policy and its context (e.g., its history, the organization and culture in which it is embedded, the persons and personalities in leadership, the political dynamics and climate, and the social interactions and relations among stakeholders). These aspects of stakeholders' relationships with one another become interwoven in the fabric of the evaluated program or policy and thus integral to program quality and effectiveness. A program or policy, therefore, should be understood as a social practice; it is never merely an intervention implemented instrumentally but always a



socially, historically, politically (thus critically), and culturally determined and emerging pattern of relations, interactions, and values.

These approaches have a common awareness that evaluators should attend to the plurality of values of those whose interests or needs are at stake. It was Robert Stake (1975) who enlarged the scope of evaluation to include the issues of all possible stakeholders, based on the idea that a phenomenon has various, sometimes conflicting meanings for different stakeholders (Abma & Stake, 2001, 2014; Stake & Abma, 2005). Responsiveness to the issues of stakeholders assumes appreciation of their experiential knowledge. Methodologically, acknowledging plurality implies that the study design gradually emerges in conversation with stakeholders.

Evaluators working in these traditions are well aware of the interpretive nature of their evaluative work. The key concerns and perspectives of stakeholders are not ready-made, there to be discovered or revealed, but must be carefully received by the evaluator as a midwife. The birth of meaning is never only a matter of demonstration or representation. Human beings, including evaluators, are interpreters. To make sense of our world and endow our experiences or others' with meaning, we bring to bear our own backgrounds, training, prior experiences, desires, and standpoints. Every description is laden with interpretation. Evaluators try to stay as close to the stakeholders' accounts and narratives as possible and are skeptical about the use of conceptual frameworks in order to prevent foreclosure or reduction of data. To understand the quality of the practice, evaluators have to use their wise judgment. This type of judgment should not be understood as calculations using preordained criteria. The evaluator does not predefine a set of evaluation criteria but takes the stakeholders' issues and experiences and the evaluator's own observations as a source to assess program quality (Goodyear, Jewiss, Usinger, & Barela, 2014). Stake (1994) explains that this process is partly intuitive; one develops an understanding of program quality and later rationalizes what makes the practice good (personal communication with Abma, summer 1994; Stake & Schwandt, 2006). Schwandt (2002, 2005) refers to the Aristotelian virtue of *phronesis*, or wise judgment, to describe what it is necessary to evaluate the quality of a practice.

Wise judgment is an ordinary, empirical, quasi-aesthetic, contextual kind of knowing. Schwandt (2005) cites Berlin aptly:

Capacity for integrating a vast amalgam of constantly changing, multicolored, evanescent, perceptually overlapping data, too many, too swift, too intermingled to be caught and pinned down and labeled like so many individual butterflies. . . . To seize a situation in this sense one needs to see, to be given a kind of direct, almost sensuous contact with the relevant data, and not merely to recognize their general characteristics, to classify them or reason about them, or analyze them, or reach conclusions and formulate theories about them. (Berlin, as cited in Schwandt, 2005, p. 325)

Wise judgment requires the ability to attend to the particulars of a situation, to discriminate, and to see relevant details. A wise evaluator also finds a balanced, middle-ground position between antipathy and sympathy, emotion and rationality, and does justice to and cares about all the stakeholders, or as many as possible. The Aristotelian middle-ground position is crucial in describing this practice for “the wisdom of the evaluator’s findings will be little appreciated if couched in words that hurt too little or too much” (Stake, 1982, p. 80). Developing such wisdom is a never-ending process in the scholarly life of evaluator; it is fostered among novices through a developmental process which entails learning about more than methods and techniques (Visse et al., 2012). It requires a safe, friendly context that stimulates exploration and reflection on the self-as-evaluator (and on one’s authority, responsibility, obligation, and so forth; see, e.g., Visse et al., 2012).

Evaluators in this tradition establish particular relationships in their evaluation as a way of challenging relationships—especially of power—in the context outside the evaluation. The purpose of evaluation is to establish equal and just relations in society and empower marginalized and precarious groups; therefore, evaluators value engagement and ownership. To effect the desired transformations, the evaluator purposefully uses the relational dimensions of evaluation and forms certain kinds of relationships—those that are accepting, respectful, and reciprocal—to promote the overall social changes desired.

Thus, the evaluator’s responsibility to foster interactions among participants receives great emphasis as a way to jointly develop socially responsible practices. Active partnership, participation, and joint learning are central. In more traditional qualitative approaches, the evaluator does all the interpretive and judgmental work alone, but in an interactive approach, it is the joint responsibility of the evaluator and all the participants (including clients, patients, and citizens). In interactive evaluations, therefore, the social relations between the evaluator and various practitioners and among those practitioners are central. Interactions and relationships always matter because they shape the evaluative knowledge generated in evaluation and convey the particular norms and values the evaluation advances. It matters, for example, that evaluators kneel in the mud alongside psychiatric patients planting a garden because the relationships thus formed are respectful and accepting (Abma, 1998). With this action, the evaluators embody and live the values of respect, attentiveness, and engagement (as opposed to the more distant and hierarchical relationships in objectivist evaluation approaches). In interactive evaluations, evaluators view the social relations in the setting as more than an object of study and actively engage with the people in the setting. This broader responsibility arises from the critical consciousness and awareness that social practices are often marked by

inequalities and social injustice, as well as the consequent desire to create more responsible practices through evaluative work.

Evaluators working in these traditions understand evaluation as a political practice and ask themselves *whose* interests they want to serve (Schwandt, 1997; Segerholm, 2001). They do not take social relations and societal structures for granted but critically examine and transform them. Evaluators criticize power imbalances and the status quo, often on the grounds of critical theories (Woelders & Abma, 2015). They act as social critics or commentators, opposing domination, oppression, exploitation, cruelty, and violence (Mertens, 2002; Schwandt, 2002; Segerholm, 2001). They advocate for particular silenced and marginalized groups (Lincoln, 1993), not only promoting their interests but also allowing them to participate equally in the overall learning process. The intention to pay attention to social relations, justice, and care derives from emancipatory and democratic ideals (Simons & Greene, 2014) and notions of a caring society (Tronto, 2014; Visse et al., 2015). Evaluators engage to empower people in the tradition of Paolo Freire (2007), to enhance their ability to govern their own lives, and to work toward social justice (Rosenstein, 2015) and care (Barnes, Vosman, & Conradi, 2015).

Although evaluation theory seems inclined to focus on justice and rights, we begin this book from the proposition that evaluation studies and care ethics have common interests. We assume that some evaluators are making concrete what care ethicists conceptualize and that care ethicists offer theoretical concepts that can help advance evaluation practices and theory. The specific evaluation approaches we discuss have grown as a counterpoint to approaches of evaluation that center measurement and judgment by indicators and predetermined criteria or principles and rights. The approaches discussed in this book focus on moral understanding, discursive sense-making processes, care and social justice advocacy, participation, democratization, and facilitation of diversity and pluralism.

## OUTLINE OF THE BOOK

The book is divided into four parts. To aid the reader, each chapter ends with an overview of the main concepts and questions for discussion.

Part I explicitly discusses the theoretical dimensions of care and evaluation. Maurice Hamington focuses on care, competency, and knowledge in the context of a caring society. He begins with a statement on the crisis of care in current society and addresses the deficiencies in particular competences. In this Chapter 1 he argues for understanding care as a professional competency and discusses the implications for evaluation studies. Next, in Chapter 2, Karin Dahlberg focuses on the importance of understanding in