

What makes it work? Evaluation of an eight-year national sustainability program in LTC¹

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Abstract

In voor zorg!, (or in English: *Into care!*), is one of the world's largest sustainability programs in long-term care (LTC). The Dutch Ministry of Health, Welfare and Sports initiated the program in 2009 to improve sustainability of the LTC sector in terms of cost-effectiveness and leadership. It had a generic component by raising awareness in the field of LTC that substantial change can and needs to be made: more or better care can be delivered in a context of budgets being at stake. The program also aimed at reducing the gap between national policy makers and the 'field', in order to better align policy and practice.

The central theme of this paper is how to systematically improve sustainability of LTC by a (national) government's program, affecting and improving daily care practice. This issue is investigated by describing the *In voor Zorg!* program and by evaluating the working mechanisms in the design of the program.

The findings on the working mechanism are based on qualitative descriptive data on the design of the program (document analysis, interviews). Further, quantitative data were collected by program statistics and case studies for instance on achieved efficiency gains, quality of care and quality of work. Data on participation in the generic elements of the program are collected by program statistics and digital participation (analyses of web use and use of social media). Data on mechanisms that are effective were based on document analysis and interviews. In order to analyse the data so called claims were formulated and tested. In the present paper the findings are presented as working mechanisms.

In this program 433 change routes LTC providers (further referred to as: LTC organizations) received intensive in-kind support by selected coaches, who worked at professionals', organizational and governance level. The goal of the program goal was to achieve sustainable long-term care services in which both existing and acquired knowledge would be used. Thus, the implementation of already existing examples and mutual learning was facilitated.

Further, a digital national knowledge infrastructure was set up (with at the top of the program 350,000 unique visitors annually, monthly rates over 100,000 visitors), as well as many gatherings, ranging from small scale intervision to large scale conferences. The *In voor zorg!* program ended in April 2017 with a final conference in which the outcomes and evaluation were presented.

It will be concluded that the *In voor zorg!* way of working has contributed to overcome the chasms between innovation and implementation, between public and private and between government and LTC providers. The program has had significant impact in the LTC sector of the Netherlands. It is however doubtful, whether it has been enough to make the sector fully sustainable for the future.

1. Introduction

Long-term care (LTC) is facing major changes in the Netherlands. As it was organized some ten years ago it proved not be sustainable. In 2009, public expenditures on Dutch LTC were highest among the OECD countries, 3.8% of the GNP (Huber *et al.*, 2009; OECD, 2011; Rodrigues *et al.*, 2012). According to the OECD projections the expenses were expected to amount to 8.2% in 2050, thereby by far outnumbering other Western countries. Population aging would - apart from its many valuable implications to society - also cause increasing complex care questions. With a decreasing workforce this is a second challenge. Moreover, there is a tendency in society and among clients of LTC to demand a more client-driven care, rather than supply-driven care.

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Acknowledging these three major concerns several system changes have been initiated by the Dutch government aimed at improving sustainability of the LTC sector. Apart from 'traditional' system measures, such as new legislation, restructuring funding mechanisms and rearranging positions of stakeholders in the field, the government issued national programs. These programs focussed on cost-effectiveness, labour market and quality of care. Examples are the *National Program Care for Older People*, the *Transition Program Long-term Care*, *The National Dementia Care Program* and *Care for Better (to improve care at primary process level)*. They programs attempted to develop new knowledge and to implement it through large scale pilots. However, this new knowledge and experiences did not automatically find their way all across the sector. Moreover, impact appeared to be temporary and insufficiently incorporated in day-to-day routines. As a logical next step, a program was to be developed with a focus primarily on large scale implementation, thereby structurally incorporating innovations within organizations. In 2009, the Dutch government launched the program *In voor Zorg!* (or in English: Into care!) to facilitate and support LTC organizations to meet their manifold challenges.

The *In voor Zorg!* program

In voor zorg! is - for as far as we know - one of the world's largest sustainability programs in LTC. The program had a threefold objective:

1. Supporting LTC providers in their pursuit of becoming more sustainable.
2. Enhancing of knowledge sharing and utilization by (digital) knowledge platforms for the compilation, distribution, and implementation of both existing and program-generated knowledge about sustainable LTC.
3. Strengthening the relationship between the government and LTC providers (creating a closer relationship between government and field).

The central theme of this paper is how sustainability of LTC by a (national) government's program can effectively affect and improve daily care practice. We investigate this issue by describing the *In voor Zorg!* program and by an evaluation study into the working mechanisms behind the design and the mechanisms of the program. First, we will outline the design of the program. Secondly, we will present some descriptive data on the generic and specific parts of the program. Thirdly, we will present an analysis of the key mechanisms of the program, at organization level and at program level. Finally, we will discuss the usefulness and productiveness, the role of this transformation program as a policy instrument, and the limitations of both the study and the program.

2. Design of the program

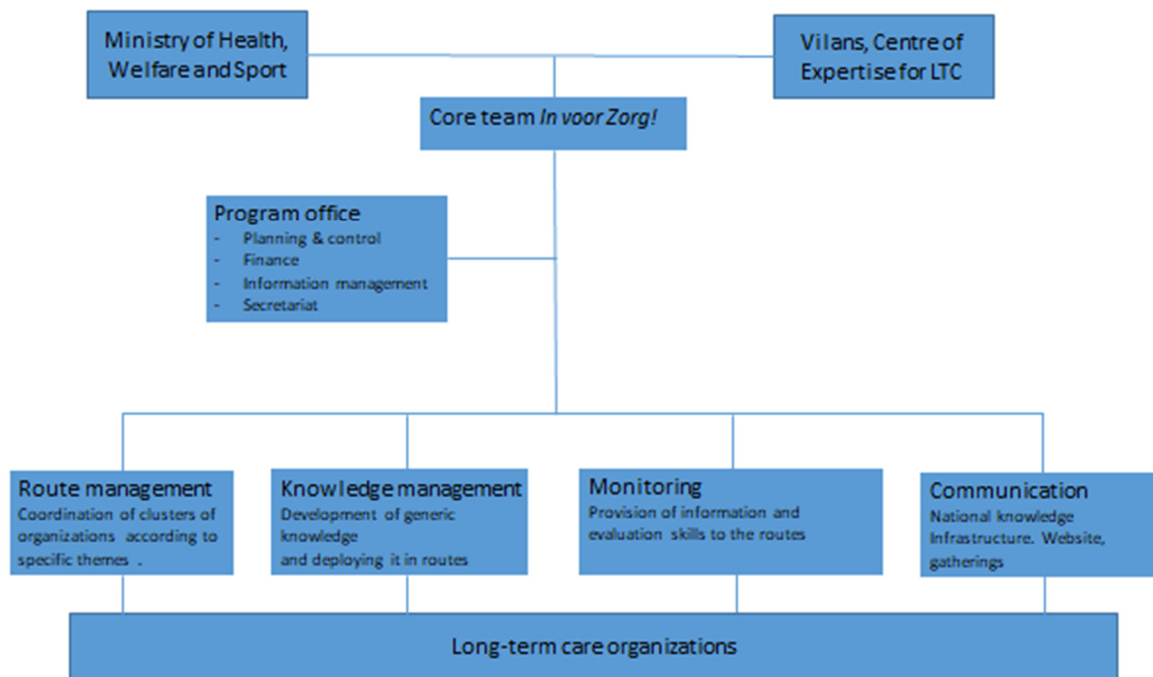
In describing the program we will first outline the design of the program-organization. Secondly, we will present the ways of working and some key figures on the specific and the generic and specific elements of the program.

The program-organization of In voor Zorg!

The *In voor Zorg!* program ran from summer 2009 to spring 2017. It consisted of two main components. The first component focused on individual organizations and aimed to actually implement existing knowledge in participating organizations by change routes. The second component exceeded the individual organizations and aimed to disseminate knowledge, by sharing information, experiences and inspiration, as well as to demonstrate that significant change is a realistic option. The program was carried by out Vilans, the national centre of expertise for long-term care in close collaboration with the Ministry of Health, Welfare and Sport. In its operational execution Vilans set up a linking organization - or perhaps better: network - together with hundreds of experts and organizations, in order to achieve the best match between requirements an capabilities.

The operational and strategic day-to-day steering was performed by a management team consisting of the program director and vice-director, the program secretary, one or two a representatives of the Ministry, a member of the Executive Board of Vilans, the head of communications and the head of knowledge management. The organizational structure is also visualized in Figure 1.

Figure 1. Organizational structure of *In voor zorg!*



Change routes

The program invited top management (usually Executive Boards) of Dutch LTC organizations to participate. All organizations who signed up for participation were admitted when they welcomed organizational change and agreed with the conditions as specified by the contract with the *In voor Zorg!* program. Although all LTC organizations were invited to participate, the program specifically focused on those organizations who welcomed organizational change but were not able to realize it by themselves. By supporting this (large) group of organizations, the program hoped to stimulate organizational change in the entire sector. It was a deliberate choice not to focus on the ‘forerunners’ but on ‘early and late adopters’.

LTC organizations were provided with in-kind support by so called ‘coaches’. The aim was to create a more sustainable organization with demonstrably better or similar quality of care with a more cost-effective use of resources. To realize this aim, the participating organizations focused on transforming within a specific theme. To this end, all routes followed or were appointed to one of the following themes:

1. *Business management*, focusing on the increase of production and improvement of business results, a clearer setup and management of the organization, the elimination of unnecessary actions, and a reduction of consultation and overhead
2. *Room for professionals*, aiming at shifting responsibilities towards employee teams, providing space to employees, focusing on skills, and introducing new methods and competencies.
3. *Inter-organizational collaboration*, different parties working together assist each other in reaching common goals, and to share knowledge and experiences in order to learn from each other and to improve practice. Several routes for integrated care in LTC, acute care and social services.
4. *New technologies* to assure equal or better service quality, while deploying fewer professionals at a lower price, for example through screen care, lifestyle monitoring and self-management via the internet, or the use of technology and technical applications in clients’ own homes or in nursing homes.

Routes consisted of various standardized steps: intake, scan, setting up a plan of action, implementation and evaluation (See figure 2).

Figure 2: *In voor zorg!* procedure: standardized steps

Intake

- 1 Exploratory talk
- 2 Gathering information

Scan

- 3 Organization analysis (scan)

Plan of action

- 4 Setting up a plan of action
- 5 Approving the plan of action
- 6 Contract

Implementation

- 7 Action period 1
- 8 Intermediate evaluation
- 9 Action period 2
- 10 Consolidating lessons learned

Evaluation

- 11 Final evaluation

A route started with an intake process in order to match expectations and to explore the ambitions. Then, the assessment was carried out in order to customize on the specific needs and conditions of the organization. Thus, the exact direction and purpose of the various routes often differed within the chosen themes. After the assessment, a concrete and detailed plan was outlined with milestones and outcomes to be achieved, the time *In voor zorg!* would invest as well as the time the various professionals (including managers) would invest. The plan was the basis for the contract between the particular organization and *In voor zorg!* Participation was for free, provided the organization met the conditions as detailed in the contract. If not, the LTC organization had to pay back all expenses that were made until that moment. All plans and routes were discussed in the management team of *In voor Zorg!*; they approved all plans of actions, as well as outcomes. They worked from a transitional point of view: the changes to be implemented should be that significant. The plan, thus, should initiate a change for which there is no way back to the old, formerly known ways of working. So called, 'route managers', appointed by the program, acted as intermediaries between the LTC organization and *In voor zorg!*. They visited the participating organizations frequently to negotiate the plan and to discuss the progress. After the intake and the assessment an organization could quit without financial claims by the program.

The intake process and the actual support of the organizations were provided by independent professionals: self-employed, employees of consulting firms or - in a limited number of cases - of Vilans, who together formed the linking organization. They were called 'coaches' to make clear that they did not take over responsibility of the organization. Moreover, they should not have the connotation of high level expensive consultants paid by public money. From 2009 on, all assignments were organized by a European procurement procedure.

In total, *In voor Zorg!* had general contracts with 207 parties/professionals for scanning and coaching. On average coaches were deployed for some 1200 hours within a route for a period of - again on average - one-and-a-half year. On site coaching was intensive and all levels: professional, organization and governance level. This multi-level approach was chosen to achieve sustainability at all levels. The program organized training meetings on several theme's, such as organizational change and leadership, to improve the level of competences and knowledge of the coaches. Within each organization, a project-leader was appointed to create support within the organization and to assure the organizational change on a long-term base. Commitment of the CEO was a requirement. Workers' and Client Councils had to be involved in decision making. In total 433 routes were run with this form of intense support.

As intermediaries between the *In voor zorg!* management team and the coaches and organizations so called 'route managers' were active. These were highly experienced organization consultants who negotiated plans of action, contracts, budgets, matched coaches and organizations, monitored quality performance of coaches and who had sometime intense deliberations at Executive Board or Supervisory Board level (Dutch LTC organizations are independent usually not-for-profit organizations, with their own governance structure and public accountability).

Knowledge infrastructure

From the beginning of the program, a knowledge dissemination strategy and digital national knowledge infrastructure was set up. *In voor Zorg!* distributed knowledge and information through various communication tools and activities. An elaborate and dynamic website was designed, with at the top of the program 350,000 unique visitors annually, monthly rates over 100,000 visitors. Moreover, intense usage of social media (Twitter, LinkedIn, Facebook) was supported, a Youtube channel provided presentations at conferences and webinars, a digital newsletter had more than 9,000 subscribers, a slideshare channel provided the digital presentations that were held at the many occasion, factsheets were published, 47 publications appeared, and a digital learning platform was enabled.

On top of these more generic sources of information many gatherings were organised, ranging from small scale intervention meetings, to excursions, to master classes and to large scale conferences. In total, about 400 meetings were organized, with more than 20,000 participants. These gatherings aimed at all levels of the participating organizations, from care professionals, staff to top management and CEO's. The *In voor zorg!* program ended in April 2017 with a final conference, and a formal evaluation into mechanisms that contributed to the positive outcomes.

For this knowledge strategy and infrastructure a program office was set up of knowledge managers (who found and connected generic knowledge to specific routes, developed new knowledge and information from the experiences in these practices and produced information products and meetings for further dissemination), communication specialists, web-designers, conference managers, HRD specialists to coach people in practice in didactic skills, and researchers who provided information and evaluation skills to the routes. This program office is also visualized in Figure 1.

A multimethod strategy

In fact, *In voor zorg!* employed a multimethod strategy, combining the dissemination of generic knowledge, applying it in practice, and systematically enriching it as practice based knowledge. Moreover, the implementation of new policies was facilitated by similar strategies. The underlying idea was that generic knowledge, both of successful innovations and of policy measures is not sufficient to make them work. But, the underlying notion was that innovations and new policies can be best implemented by a customized approach, matching knowledge to the idiosyncrasies of particular organizations in their context. Moreover, implementation of new practices requires organizations, their boards and employees, as well as their service users, to break through existing routines, positions and relations. Therefore, examples and outside pressure may strengthen this courage.

Unlike what is usual in the Netherlands, with its corporatist culture, national stakeholders, umbrella organizations and public bodies were kept out of the organizational structures of the program. No steering groups or sounding board groups were set up, only the earlier mentioned management team. This speeded up decision making, it avoided policy battles that should be fought elsewhere and it opened the opportunity to work with those organizations who were willing to step into the challenges that the program set.

As mentioned before, it was an explicit objective of the program to strengthen the relationship between government and field. During the program the direction was in some cases adjusted to current policy requirements or urgency. For example, in November 2012 the new cabinet's coalition agreement presented a far-reaching transition: the reform of long-term care. The initial focus, optimizing the existing situation, was no longer sufficient. This challenged the tasks for LTC organizations. From that stage on the program supported LTC and social care providers and their partners in making the necessary transition.

In quite a number of occasions the responsible state secretary attended meetings and visited organizations; both as a way to demonstrate political commitment as to encourage people working in practice.

3. Theoretical framework and research question

Having implemented this large governmental program, the question arises how effective it was in achieving its objectives? It proved to be difficult to measure the overall impact of the program. It was possible to describe a number of figures about how many people used the various elements of the knowledge infrastructure. But to fully understand the effectiveness of the program in terms of outcomes appeared to be difficult. Initially, the management team considered to monitor outcomes such as efficiency gains, sickness leave, improved user satisfaction and employee satisfaction. But LTC organizations appeared to be reluctant to participate in the program if they would get additional 'bureaucracy' in delivering data for evaluation purposes. Moreover, all organizations set their own, specific goals, which were incomparable. And finally, as there were many intervening factors and circumstances during the course of a route, in a way that cause and effect relations were not feasible.

However, effectiveness can also be seen as a way to understand *how* working mechanisms are effective. We have chosen this avenue to better understand how the program contributed in enabling organizations to become more sustainable. Under the auspices of Vilans an independent research team from SIOO (an inter-university centre for organizational studies and change management), has investigated the working mechanisms.¹

For this evaluation *agency* (the actor perspective in social science) was taken as the starting point of the research. The focus was on what kind of outcomes actors create via their activities in collaboration with other parties, given certain rules of the game and division of labour. The researchers were especially interested in the concepts and tools that these actors utilize in their activities (espoused & in-use). Descriptions and analysis of these concepts and tools are useful to create orientation bases for actors in other fields with similar goals or intentions (See: Smid 2012). This approach was derived from the work of the psychologist Engeström (Engeström 1987, 1991, 1995), combined with the work of the sociologist Swidler (1986; 2001). Swidler introduced a more collective perspective on concepts and tools, in her repertoire and toolkit view of culture (Weber 2005; Swidler 1986; Swidler 2001; Smid 2012). According to Weber (2005) this view ‘bears some affinity to Lamont and Thevenot’s (2000) notion of cultural repertoires, Bourdieu’s (1990 [1980]) concepts of habitus and cultural capital, and other ideas associated with “theories of practice” (...) The common denominator among these ideas is that culture influences action through more than values that provide the ends of action. Culture also supplies actors with the means – the tools – for solving practical problems and for navigating their environment. This “supply-side” analysis of culture shifts researchers’ focus from values and choices to cultural resources, habits, skills and styles. As each actor has at hand only a bounded set of heterogeneous resources (concepts, actions, stories and symbols) for solving the diverse problems of everyday life, distinctive toolkits can be associated with particular actors and collectives’ (Weber 2005, p. 228). (...), while the abstract cultural system that enables communication between actors may be very systematic and “logical”, actors’ toolkits are organized according to pragmatic principles. Actors can use several codes without being overly concerned about apparent inconsistencies. This difference between cultural system and repertoires is akin to the distinction between *langue* (language-system) and *parole* (speech) in semiotic theories of language (...)” (Weber, 2005, p. 228/229).

This perspective allowed to set the spotlight on actors, in this case government officials, actors within the linking organization and actors within LTC organizations. The actors within linking organizations are important for the translation of institutional change (Heinze, Soderstrom, & Heinze (2016). The logic of the existing policy framework does not provide them sufficiently clear clues for action. There is no clear cut repertoire and toolkit that is ready for use. Hence one can expect pragmatism and new knowledge will be created. What kind of “*tools – for solving practical problems and for navigating their environment*” will these actors develop in practice? How do government officials cooperate with officials of linking organizations in their approach to LTC organizations? Are there systematic patterns in their pragmatism? What are their actions, means and underlying frames?

For the evaluation of the working mechanisms of the *In voor Zorg!* program therefore the following research question was formulated: *What repertoire and/or toolkit government officials and actors in linking organizations have developed to manage the paradox in the LTC sector, given the governmental ‘system’ responsibility for the availability of good care?*

4. Methodology

This aim of this study is to enhance policy learning (Knotnerus, De Goede, Van der Knaap 2016) by gaining insight into the working mechanisms of the *In voor Zorg!* program. The focus was on what repertoire has been developed by the actors, given the absence of a pre-existing repertoire. Newer evaluation approaches (3rd and 4th generation) matched better than classical approaches for evaluation (1st and 2nd generation). The latter can be employed to study whether predefined and observable effects have been achieved to reach a clearly predefined goal (Van de Graaf, 2006; Guba & Lincoln, 1989). Therefore, the study has been set up in the qualitative research tradition in social sciences, especially at the *Realistic Evaluation* approach, (Pawson & Tilley, 1997), de *Fourth Generation Evaluation* (Van de Graaf, 2006; Guba & Lincoln, 1989), and *Appreciative Inquiry* (Cooperrider, 1987).

- The *Realistic evaluation approach* was developed by Pawson & Tilley (1997) to evaluate large scale policy programs. Their starting point is that often a direct causal relation between program-activities and outcomes is absent. Outcomes are influenced by the way actors in the target-population make interpretations of and utilize elements of the program in their choices, decisions and activities. According to these authors this contribution of actors creates the *working mechanisms* of a policy program. Effective policy programs are effective due to good working mechanisms that produce meaningful outcomes.
- The Fourth Generation Evaluation approach guided the researchers towards the ‘inner world’ of the actors. Via their stories researchers get entry to the working mechanisms that have emerged.

- The approach of Appreciative Inquiry provided an appreciative but critical perspective on the outcome and meaning of the program.

The researchers made a choice for a mixed methods approach, in dialogue with the stakeholders. The following description is based on qualitative descriptive data on the design of the program (document analysis, interviews). Quantitative data were collected by program statistics and case studies for instance on achieved efficiency gains, quality of care and quality of work. Data on participation in the generic elements of the program are collected by program statistics and digital participation (analyses of web use and use of social media).

Data collection (December 2016 - March 2017)

The researchers first studied documents and the websites of the program. Instead of creating an autonomous stream of information they decided to tap information of various insiders, who all had worked in the program for a long time, and who had extensive knowledge and inside information based on their observations (Balogun & Huff, 2004). Seven group interviews and six panel sessions were held, 26 individual interviews with managers (from both organizations that participated in *In voor zorg!* and organizations that did not), 15 informal interviews with CEO's and some other people who are very well informed about LTC, coaches, project-leaders of the particular organizations, members of the *In voor zorg!* team, civil servants of the Ministry of Health, Welfare and Sport and some experts. Recruitment was based on a purposeful sampling strategy.

Monitoring actors and formulating claims

The researchers first focused at a group of actors in the program, based on *political & expert control* (Hofstede, 1981). As described above no suitable, general monitoring system with indicators was available. However, the members of the management team had seen the plans of all routes, heard or read all mid-term reviews and final evaluations. The researchers had dialogues with these actors, collected their insights with a focus on their observations in the field. The researchers assumed that they - being professionals - had qualified judgements. These were based on observations on how actors in the field used what the program had provided and on which elements of the program were helpful to them. The researchers collected their claims, concerns and issues about how the program was supposed to work or - in other words - what the working mechanisms were. They tried to unleash the observations that formed the base of these claims, concerns en issues in order to validated or reject the claims. The claims were formulated in dialogue with the management team and an independent guidance committee that was appointed for this study.

Focus groups

The researchers then worked with a larger group of actors in the field in panel sessions. Each panel consisted of at least twelve participants, coming from all regions of The Netherlands, from ten large LTC organizations (turnover > € 50 million), ten medium size LTC organizations (turnover € 10-50 million) and five small organizations (turnover < 10 million). The researchers discussed with them the important events seen from their perspective. The researchers also tried to disclose their observations and confronted these observations with the observations of the management team. In case of frictions or remarkable issues the researchers decided to organize case studies.

Case studies

Four case studies were set up in order to zoom in deeper and better understand working mechanisms. They also used - yet unpublished - research of a team of anthropologists of the University of Amsterdam into one of the innovative interventions that were implemented in a number of organizations. Here the researchers checked the claims and the observations the researchers had gathered in the earlier steps.

Learning loops

During the various steps in this process the researchers frequently reported to the *In voor zorg!* program group and discussed the information and facilitated their learning.

Data analysis

Minutes were taken of all interviews and meetings, and analysed by two of the members of the research team. The mix of methods revealed mechanisms that emerged at the level of actors within LTC organizations, given what has been accomplished by these organizations with the support of the program as described before. Further, the mechanisms that have emerged at the level of government officials and actors of the linking organization were clarified. Both will be the basis for a high level analysis that might lead towards a new orientation on working mechanisms.

5. Results

The results of the evaluation, validating and rejecting the claims, are formulated as mechanisms that made the program work; first, from the perspective of the participating organizations and secondly, from the perspective of the policy makers and the linking organization. The findings are presented as a list of mechanisms (conditions or actions) that proved to be effective in the program.

Mechanisms that emerged in LTC organizations

Reduction of risk perception. The managers of the participating LTC organizations felt secure enough to contact the program, due to the positioning of the program. This was not self-evident, as active involvement of the government and allowing external institutions (such as the linking organization) into internal affairs is beyond control of the participating organization. This caused at least a significant number of organizations to not join the program after the intake, to quit after the scanning procedure, while designing the plan and even while carrying out the plan. In total 279 organizations stepped back in one of these stages. Nevertheless, 433 organizations did feel secure enough.

Self-diagnosing. *In voor zorg!* route started with an external scan of the organization, a kind of stress test, provided by the linking organization. The Executive Board or top management of an LTC organizations could use this scan to set a high standard for the development of their organization. In this way they were able to assess whether their participation and their own investments would make sense. As outlined before, the problem analysis, to be shared by the Board formed the basis for the action plan and the contract.

Getting committed. On the basis of the scan and an action plan, the Executive Board of a LTC organization signed a contract with the *In voor zorg!* management team. The contract defined also the most important change issues for the organization and specified the intended outcomes. It also specified that participation was for free, but in case of earlier termination without sound reasons, the organization had to pay for all expenses than had been made, in particular for the hours of consultancy by the coaches.

Focussing. Participation in the *In voor zorg!* route allowed top management of LTC organizations to achieve what was considered by themselves as necessary seen from the perspective of important shared values: proper long-term care without wasting human energy and other resources. These aims were operationalised as much as possible in terms of measurable outcomes.

Making room for situated and multiple values. Cooperation with the *In voor zorg!* program helped organizations to focus on achieving substantive results in favour of the LTC organizations themselves. It was to contribute to substantive organizational professionalization, not primarily at reducing costs: the emphasis was on creating value for clients and staff and reduction of waste.

Selecting a coach. On the basis of the intake, the management participated in the process of selecting a coach from a longlist of coaches, to make an appropriate contribution to this major change issue. As described before, the linking organization organised this longlist by a procurement procedure. For each specific route the selection procedure went through a procurement procedure among the coaches on the longlist.

Pursuing results. Managers, support staff and grass root professionals created significant developments regarding the interaction between professionals and clients, work organization, technology, and business management in the light of those shared values. These developments were extensively documented in reports available through the *In voor zorg!* website.

Learning. By cooperating with the coach and utilizing the methods of *In voor zorg!*, staff and management in LTC organizations were continuously challenged in their learning.

Employing existing knowledge. LTC organizations mainly utilized existing knowledge within the sector and customized this to their situation and organization. They also studied content of the website of similar routes and their successes.

Knowledge sharing. Participating organizations shared their methods and results through publications on the website and in meetings.

Mechanisms that emerged at the level of government officials and actors of the linking organization *Design of the program.*

- Working with an overarching vision. The program utilized an overarching set of values: create good quality in LTC with the lowest level of waste of resources.
- Creating temporality. *In voor zorg!* has been designed as a temporary network organization, independent from other existing linking organizations. This implies also acting independently of existing dynamics in participation, lobbying, vested interests and politics.
- Acting independently. *In voor zorg!* has positioned itself as an independent brand, supported by national government.
- Learning. The program design embraced learning. It could deal with contingencies. The program was flexible. New policy developments have been partly adopted by *In voor zorg!* and included into the overarching visions. Priorities of top management of LTC organizations were respected.
- Self-learning. The program practice was also a self-learning practice. This helped to renew the used format, once signals of criticism has been recognized (the monitoring format had been considered too 'oppressive and bureaucratic'.

Program organization

- Congruency in behaviour. The program organization as a whole demonstrated example behaviour. Their members showed LTC organizations a repertoire that is congruent with sustainability: being in focus, being client oriented, direct responses on demands, short communication lines, and being quality-oriented.
- Neutrality. *In voor zorg!* created a neutral position and operated with no links to vested interests within the sector; this encouraged an open work culture where learning and improving were essential;
- Coupling. The way of working practiced by the program organization guaranteed 'loosely coupled links' to all interested parties in the network, crossing the divide between public and private organizations.
- Strict format. Working with a strict format: intake, scan, plan of action, implementation and evaluation.
- Communication and Knowledge driven. Communication and knowledge brokering & sharing via websites and meetings were deliberately used as a change tool.

Management team

- Coupling sources of power. Officials from the Ministry (VWS) were actively and visible involved in the program, crossing the divide between state and the linking organization; this has been widely appreciated by the sector. A member of the Executive Board of Vilans, knowledge partner and linking organization, was also actively and visibly involved in the program organization. Two very experienced managers participated, as well as the managers of the departments of the program organization participated in the management team.
- Decision making authority. The management team made autonomously all decisions about contracts and funding of the work of coaches.
- Enabling and challenging style. The management team elicited prioritizing and focusing in LTC organizations. In some cases the team challenged others to be more ambitious and less modest, allocating more budget to the route than initially was applied for.
- Case by case monitoring. Throughout, the focus of the program remained on customization. Therefore, progress was deliberately assessed case by case instead of monitoring routes via a general set of indicators.
- Deep breath and reflexivity. During approximately 8 years the team acted as a source of energy within the program organization. The way of working of the management team was reflective.

Design of the relation of In voor zorg! with the LTC organizations

- Ownership. The managers of LTC organizations were in the driving seat. *In voor zorg!* supported activities based what they saw as of what is urgent for good care in the long run. The program has been in close dialogue with a number of change prone top managers CEOs of LTC organizations.
- Standardized contracting process. Working with a strictly procedural intake-scan-plan of action-implementation- evaluation format provides a clear structure to the organizations concerned. It ties Executive Boards and top managers to the program while creating at the same time room for customization within this structure.
- Format, no prescription. The program provided guidelines for content and type of outcome, but no exact design or rules for development or implementation.
- Restricted choice. A menu of four themes: business management, room for professionals inter-organizational collaboration, utilization of new technology in care processes.

- In kind support. Organizations contracted support in kind. This contributed to a focus on the change task as such and to preventing perverse incentives.

The utilization of expert knowledge and knowledge partners

- Tender procedures. Organizations, institutions and freelancers who could deliver scanners and coaches were tendered through procurement procedures. This involves constant attention to fair and modest rates and transparency (no insider network).
- Matching coaches. Selecting coaches for each route from longlists of parties, who were pre-tendered in a framework agreement. This has contributed to customized fits between task, organization and coach.
- Assisting organizations. The coaches were contracted to assist LTC organizations and their staff in effecting what was considered necessary for the particular organization to provide appropriate long-term care without waste.
- Independent professional's role. The coaches were allowed to act as independent professionals in the interests of the organization and not as representative of the government or as interim change manager who reports to the CEO.
- Autonomous role. The coaches were allowed to enact an autonomous role in restraining less appropriate influences from *In voor zorg!* or the Ministry.

The utilization of knowledge infrastructure.

Change was expected to be guided by utilization of knowledge and sharing knowledge and experiences. Workshops and congresses were organized and a digital large library of knowledge & tools was developed. It was frequently used. It served as a 'Yellow Pages' of improving LTC and LTC organizations. Furthermore, sessions specifically aiming specific levels in organizations as well as sessions for all involved were set up. Reflection on actions was facilitated by actively searching and disseminating of good and inspiring narratives.

6. Conclusions

In voor zorg! as a movement

The findings show that the *In voor zorg!* program enabled the emergence of a wave of 433 change routes supported by coaches, a knowledge infrastructure and action within and between LTC organizations in a substantial part of the LTC sector. As such, the program had a significant impact in the LTC sector. The Executive boards and top management of these organizations were highly committed, because of the substantive routes in their organizations, the close involvement of the Ministry and - most importantly - because they saw the necessity. They appeared to be leading actors or at least promoters. Their involvement with the program was (and needed to be) well aligned with the strategic direction of the organization. In many cases, *In voor zorg!* speeded up the strategic direction and the pace in which the organizations were moving. In also a number of cases the *In voor zorg!* management team urged the organization to be explicit and to be realistic in its direction.

A significant number of organizations did *not* actively participate in the program by making use of the coaches. Some of these preferred to work with consultants or coaches of their own choice and to pay for themselves. Other organizations decided that participation investment would be too expensive (a participating organization was supposed to spend significant time and energy in the route that is chose), Some thought it would not work at all. In a number of cases their priorities were on other issues. Sometimes, working with a coach caused organizations and their top management often to get out of their 'comfort'-zone', it was sometimes even threatening to them. However, non-participating organizations made intensive use of the knowledge via the website and the network. The participants can be seen as a 'coalition of the willing in LTC'. So, the program did have substantive effect in terms of affecting the LTC, but not enough to support the sector in its full sustainability (Van Staveren et al., 2017).

Structural impact

A second point to make, addressing the structural impact of the program, is that organizations that were already innovating (the 'front runners') were connected to the program and shared their knowledge, but did not follow their own route and they did not contract *In voor zorg!* for supporting their organization. Other organizations benefitted from their knowledge and experience. On the other side of the spectre, a number of organizations on the verge of collapse utilized support and guidance on their way to reorganization, merger or even termination. Of course it has been signalled that participating organizations have updated and improved themselves, but they did not always structurally develop their own change capability or their organizational resilience. In some cases, the dependence on coaches remained until the end. So in a sense: the development of change capabilities within organizations which is needed for sustainability in the long run has been less strong then desirable.

Design and methods

Thirdly, the design of the program appeared to be crucial. The findings show that some elements in the repertoire of the program organization in particular were particularly effective:

- the creation of the program in close dialogue with a group of change prone top managers and CEO's of LTC organizations;
- the small but overarching set of values (create good quality in LTC with the lowest possible level of waste of resources);
- the way of working of the management team in monitoring and decision making, dynamic and sometimes challenging;
- the strict intake-scan-action plan-evaluations-final reports format and the restricted menu; the exemplary service style of the program organization;
- the explicit focus on knowledge sharing and transparency;
- the use of existing knowledge, no ambition of creating new knowledge;
- the close involvement of the Ministry;
- intense and significant support was for free, was on a voluntary basis, but demanded full commitment of the participating organizations, including financial responsibility for non-commitment during the process.

The strict multimethod approach, the intensive deployment of coaches, the website and the meetings, reached many players within the participating organizations. Most routes penetrated deep into the heart of the organization. The contracting of *In voor zorg!* at CEO level and the fact that the input of *In voor zorg!* was substantial made the program not a superficial one that could just be allowed 'somewhere' in the organization. Up to now, many change programs have been too much at the edge of the organization. Being permanently active with organizational change to create better care and reduce waste, became an accepted practice in the sector. Transformation appears to be structural and affects LTC organizations in their heart. The design of a national transformation infrastructure, should there not be in the margins of the government or the organizations. It requires a rigid and substantial approach.

Crossing the chasm between policy and implementation

The fourth point to make relates to the third objective of the program - strengthening the relationship between the government and LTC providers - in fact addresses the chasm between policy making and the field, and between policy making and implementation. It can be concluded that these chasms have been reduced. According to the design of the program, the Ministry did contract an existing organization, but demanded it to set up a new one, actually more a network-organization, in which itself participated to an extent that it took position in the management team. For this purpose even a new 'brand' was introduced: *In voor zorg!*. In some earlier studies bridging the chasm between policy and practice was defined as a collaboration issue between actors in the field of policy making and in the operational field of LTC (e.g. Van Delden 2009 , Vodegel 2010). In this study we demonstrate that and how policy makers can chose an active role in bridging the chasm and in facilitating the transition between policy and implementation. This position is a remarkable one, as the dominant policy frame prescribes a policy maker to be inactive towards implementation and being active in enforcement. This new role of government requires non-conventional competences of the participating civil servants.

Managing the program

The practice of the management team shows continuous and dynamic steering. In some respects it resembles a 'war room, being closely on the operations in the operations in the field, but providing discretionary space for those who are in the front line to act according to the particular situation. So there is no room for micro-management or involvement in the participating organizations. The practice of the management team can be considered as congruent with the entrepreneurial dimension of the policy frame (De Zoete, Smid & Bernaert 2009).

7. Discussion

Policy implementation

The present study sets a new light on policy implementation in the public sector. In the classic literature of organizational change, much is expected of the change agent as an *expert* (e.g. Bennis, Benne & Chin 1969). In more recent literature, *leadership* of change is in the fore (Kotter 1995). As in the evaluation of the program in the financial network organization (see: De Zoete, Smid & Bernaert 2009), we also see in the case of *In voor zorg!* the importance of a *venture-like team* in which various competencies are united, such as entrepreneurship, change management expertise and transformative leadership. As in that case of *In voor zorg!* core groups have been located on a central point in the network. In both cases the external evaluators observed an entrepreneurial spirit, political sensitivity and competence for

political action, combined with technical professional competence, business knowledge and a great deal of energy and tenacity. In both cases the core group appeared to be a 'culture maker' (Regtering, Dekkers & Slagmolen 2008): the members work in the present with the habitus of the future: with an entrepreneurial style, taking responsibility and advocating core values as they deal with managers about their entrepreneurship, responsibility and loyalty to the core values.

Crossing the above mentioned chasms means also transforming a power coercive change strategy or push strategy into an enabling strategy or pull strategy, enabling and facilitating those who are willing to change (Roth & Dibella 2015). This transformation recognizes the impossibility of a one-size-fits-all strategy and recognizes that in practice variance will and needs to occur. However, a pull strategy is not a pure bottom-up change strategy. It enables a leading role of local management, but it also disciplines local management. In the *In voor zorg!* case by strictly applying of a set of tools: scanning, contracting, reviewing and tendering of coaches.

Crossing the innovation chasm

Moore (1991; 2014) coined the expression *Crossing the Chasm*. He shows that seen from the diffusion of innovations theory from Everett Rogers' (1962), there is a chasm between early adopters of an innovative product and the early majority (the pragmatists). In his view both groups have very different expectations. Moore explores these differences and suggests various techniques to successfully cross this chasm. Here he suggests to define a target market, positioning the product, building a marketing strategy, and choosing the most appropriate distribution channel and pricing.

The *In voor zorg!* program also contributed to make innovative practices in LTC cross the chasm between those who are considered as entrepreneurial innovators and those who follow. The findings suggest that this crossing has not been enabled by sharp targeting as Moore suggests, but by an open invitation to the top management and executive boards of all LTC organization.

The hypothesis might be that a couple of mechanisms reduced the risk perception by managers and CEO's of LTC organizations. A chairman of a board is often *in a situation of breakdown* (see: Winograd & Flores 1996): he or she knows he has to do something, but does not have always the proper instrumentation. Calling in an external consultant might be a solution. But here is always a double risk: a consultant might fail and this is negative for the image of the manager or CEO and hiring a consultant might be seen as a signal of weakness by peers.

Of course external players have a role in reducing the first risk: they can curb this risk-perception when presenting themselves as 'solution' by creating confidence. In the *In voor zorg!* case the program organization selected the coaches, provided them with a sign of quality as tested by a state agency, thereby reducing the risk of a wrong choice.

Because the program has been created in close dialogue with a group of change prone top managers and CEO's of LTC organizations, the program could induce the mechanism of isomorphy: for top managers is became acceptable to induce organizational change; influential peers seem to act in the same way by participating in the program; or at least there was no reason to feel ashamed to work with *In voor zorg!* and external coaching.

Crossing the public-private divide

The *In voor zorg!* program also crossed the divide between public and private. It worked with public knowledge and experiences from often private organizations and experts. Together they formed the linking organization. Knowledge related to some extent to the content of the innovations and improvements, but to a large part also to knowledge on organizational and change processes. The often self-employed or commercial consultants were by being involved in this program, legitimized for their competences. The program succeeded in curbing the commercial drive of the external consultants and to employ them to relatively modest fees.

In sum

In crossings these divides and chasms the *In voor zorg!* program proved to be an innovation in publicly governed change programs. It can be even seen as a new type of policy instrument, in addition to the traditional instruments of legislation, funding, enforcement of regulations, and communication. The linking organization operating as a 'war room', reducing risks and legitimizing participation of LTC organizations and consultants, its strict structure and the standardized steps in the way of working, and the very large scale in which it was deployed, a scale that allows 'no way back'. The program worked with a restricted set of values, and a clear repertoire with a clear toolkit. As the approach of Swidler (2001) demonstrates: values are important, but their importance in cultural change should not be overestimated. It is the instruments that make the difference.

Crossing the innovation chasm has been successful. But still, a significant number of organizations were not reached, and participants expressed their concern in this respect. The end of the *In voor zorg!* program carries the risk that this accumulated information is not preserved. Securing this information and ensuring the continuation of the changes both require attention. For non-participants this may even be more relevant. The successor of *In voor zorg!* - the practice development program Dignity and Pride aims to build on the accumulated knowledge and network structure.

The *In voor zorg!* program is a good example of public-private cooperation with actors in the public domain (the government, Vilans) in the steering role. The researchers recommend using the *In voor zorg!* repertoire and design by setting up other similar programs in other sectors. They are convinced that organizations in other parts of the public sector will be able to utilize the repertoire and tools of this type of program.

The *In voor zorg!* repertoire and way of working may contribute to a more responsive government: one that will actively contribute to an alert sector working on good services at the lowest possible cost, serving to all perspectives in the relationship between field and government.

8. Limitations

The researchers obtained the results by triangulating various sources of information: individual and group interviews, case studies, document analyses, desk research, quantitative data. However, it the researchers could not establish unambiguous cause-effect relationships between *In voor zorg!* and the outcomes of the program. As there are many intervening variables over time (often two years for a participating organization), such as mergers, reorganizations, new legislation or funding, staff and top management and executive boards, it was not possible to attribute the effects in terms of efficiency or quality gains to the interventions of the program.

Moreover, organizations were very reluctant to agree with additional data collection for monitoring the outcomes. Thus, the linking organization has chosen not to set up sound monitoring instruments. The program and the routes were closely monitored by the tranche managers, who provided the linking organization with primarily qualitative data.

The interviews for particular this overall evaluation were held afterwards, so respondents had to rely on their memory. This may have led to limited or subjective recollection. In group interviews, this has been corrected to some extent as by the dialogue respondents collectively recalled specific elements of their participation.

Without doubt, many organizations have - sometimes for pragmatic reasons - increased their organizational resilience. It cannot be ascertained whether, next to the themes business management, room for professionals, inter-organizational collaboration and new technologies - all relevant themes for future sustainability have been addressed by the program.

The main concern of the researchers is, whether the program, in spite of its very large scale, has been large enough to make LTC in the Netherlands sustainable.

Literature

- Balogun, J., A. S. Huff & P. Johnson (2004). Three responses to the methodological challenges of studying strategizing. *Journal of Management Studies*, 40(1), 197-224.
- Cooperrider, D. L., & Srivastva, S. (1987). Appreciative inquiry in organizational life. *Research in organizational change and development*, 1(1), 129-1
- Delden, P. J. van (2009). *Samenwerking in de publieke dienstverlening: Ontwikkelingsverloop en resultaten*. Dissertatie UvT
- Graaf, H. van de (2006). Leren door constructief evalueren. Mogelijkheden en toepassingsvoorwaarden van vierde generatie evaluatie. In *M&O* 2006-3 p. 271
- Guba, E. G., & Lincoln, Y. S. (1989). *Fourth generation evaluation*. Sage
- Heinze, K. L., Soderstrom, S., & Heinze, J. E. (2016). Translating Institutional Change to Local Communities: The Role of Linking Organizations. *Organization Studies*, 37(8), 1141-1169
- Huber, M., Rodrigues, R., Hoffmann, F., Gasior, K. B. Marin (2009). *Facts and Figures on Long-Term care. Europe and North America*. Vienna, European Centre for Social Welfare and Research.
- Knottnerus, A., De Goede, P., Van der Knaap, P. (2016). Systematisch leren van evalueren. Waarden, effectiviteit, onafhankelijkheid en kwaliteit als pijlers voor de brug tussen wetenschap en politiek. In: *Bestuurskunde*, 2016 (25) 2 6-19
- Moore, G.A. (1991). *Crossing the Chasm: Marketing and Selling High-Tech Products to Mainstream Customers*. New York: HarperCollins Publishers. (revised in ; 2014).
- OECD (2011). *Health at a Glance 2011: OECD Indicators*. Paris, OECD Publishing.
- Pawson, R. & Tilley, N. (1997). *Realistic Evaluation*. London, Sage
- Rodrigues, R, Huber, M. J. Lamura (2012). *Facts and Figures on Healthy Ageing and Long-term Care*. Vienna, European Centre.
- Gogers, E.M. (1962). *Diffusion of innovations*. New York: Free Press of Glencoe.
- Roth, G. L., & DiBella, A. J. (2015). *Systemic Change Management*. Palgrave Macmillan US.
- Smid, G. (2012) *Goed werk vraagt om goed besturen. Over professionalisering als hart van besturing van organisaties in de 21e eeuw*. Inaugural address OU
- Smid, G.A.C., Bernaert, G.F.- Leiden bij innoveren in netwerken. Nieuw inzicht door onderzoek op micro niveau. In: *M&O* jg 61, nr 6. pp.5-23 (2008)
- Staveren, A. van., Bosboom, F., Smid, G. & Verweij, W. (2017). *Doen wat nodig is. Evaluatieonderzoek In voor zorg!*. Retrieved from https://www.langdurigezorg.nl/wpcontent/uploads/2017/04/Evaluatieonderzoek_Invoorzorg_Sioo.pdf
- Swidler, A. (1986). Culture in action: Symbols and strategies. *American sociological review*, 273-286.
- Swidler, A. (2001). What anchors cultural practices. *The practice turn in contemporary theory*, 74-92.
- Vodegel, F. (2010) Grootchalige onderwijstransformatie: beleidstheorie, ontwerpprincipes en kritische succesfactoren.
- Weber, K. (2005). A toolkit for analyzing corporate cultural toolkits. *Poetics*, 33(3-4), 227-252.
- Zoete, R.P. de, Smid, G.A.C, Bernaert G.F. (2009). Innovatie, leidbeeld, lange adem en andere lessen. Naar een handelingsrepertoire voor de transitie naar een klantgerichte omgeving- Hoofdstuk 15 in: Van Es, R., Boonstra, J. en Tours, H. - *Cultuurverandering, mythe en realiteit. Praktijken, verhalen en reflecties*. Deventer, Kluwer, 2009.

ⁱ. A summary of this investigation has been translated into English. Both reports, including the underlying documentation, are available in Dutch at www.langdurigezorg.nl/invoorzorg.