

GETTING ON AND OFF THE POLICY AGENDA: A DUALISTIC THEORY OF PROGRAM EVALUATION UTILIZATION

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Abstract: This article deals with the impact of program evaluation on policy making and, more specifically, on policy making with regard to home care and services for the elderly in Québec. Three important evaluations have influenced policy making in this area since 1983. The article proposes a “policy communities” framework to explain why and how these evaluations either influenced or failed to influence policy. It suggests that program evaluation strategies should reflect the political context in which evaluation takes place, and that the utilization of program evaluation results depends to some extent on program evaluators’ ability to participate effectively in the policy processes in question.

Résumé: Cette étude porte sur l’influence de l’évaluation de programme dans la formulation des politiques publiques et, plus particulièrement, dans la formulation des politiques québécoises de maintien à domicile pour les personnes âgées. Trois études importantes ont influencé les politiques dans ce secteur depuis 1983. L’auteur présente un cadre d’analyse fondé sur la notion des «communautés des politiques publiques», afin d’expliquer pourquoi les études en question ont influencé, ou n’ont pas influencé, l’évolution des politiques dans ce secteur. Il est suggéré, à travers l’analyse de ces cas, que les stratégies d’évaluation devraient refléter les contextes politiques de l’évaluation, et que l’utilisation des résultats de l’évaluation dépend en partie de la capacité des évaluateurs de participer effectivement à ces processus de formulation des politiques publiques.

Program evaluators, and the users of program evaluation research, are among those who participate in the formulation and implementation of public policy. Because policy making takes many different forms, it seems plausible that program evaluation should adapt itself to a variety of different policy situations. And, just as it is difficult to argue that particular kinds of policy making

are inherently “better” than others, so it seems that particular program evaluation methods are only “better” in the sense that they are better adapted to the policy-making situations they are attempting to influence.

If this point of view is valid, it seems logical that program evaluation strategies should reflect a clear understanding of the policy-making situations they are attempting to influence. This article seeks to explore two different kinds of policy-making situations, referred to as “incremental” and “nonincremental” policy making.

The theory of policy making presented here is derived from the literature on policy communities (Cronbach and Associates, 1980; Hecló, 1974; Weiss, 1983) and on policy systems (Sabatier, 1988; Sabatier & Jenkins-Smith, 1993). Sabatier (1988, p. 131), for example, argues that policy analysis must go beyond the “iron triangles” that often characterize the more classical approaches :

Our conception of policy subsystems should be broadened from traditional notions of “iron triangles”—limited to administrative agencies, legislative committees, and interest groups at a single level of government—to include actors at various levels of government active in policy formulation and implementation, as well as journalists, researchers, and policy analysts who play important roles in the generation, dissemination, and evaluation of policy ideas.

The same view is presented by Cronbach and Associates (1980, pp. 100–101), who see policies as evolving within “policy-shaping communities.” These communities include a wide range of governmental and nongovernmental participants:

We speak of this audience as a policy-shaping community (PSC) to emphasize the communication that exists between citizens and those who speak for constituencies or agencies ... What members of a PSC have in common is a concern with certain social agendas, not geographical or organizational affinity.

I will argue here that both the incremental and nonincremental models are useful characterizations of the policy process. I will hypothesize that the kinds of evaluation strategies that are appropriate to incremental policy making may be less appropriate to nonincremental policy making, and vice versa.

NON-INCREMENTAL POLICY MAKING: THE AGENDA-SETTING MODEL

According to Kingdon (1984) as well as Cobb and Elder (1972) and Cohen, March, and Olsen (1972, 1979), nonincremental policy making emerges when problems and solutions get placed on a “policy agenda” and those problems and solutions are able to generate interest and support among a wide range of groups and individuals within a policy community. Certain issues capture the attention of important sectors of the population and others get pushed to the back burner. At any given time, certain issues are developing greater visibility while others are fading from view. Cronbach and Associates (1980, p. 104) describe the process in the following terms:

The spotlight flares and fades ... For decades or centuries a social shortcoming is taken as “the way things are.” At some point, however, it comes to be consciously accepted as a problem. A service to deal with it is set up. The service is delegated to a manager in one decade, is pulled and hauled by public controversy in the next. As public concern diminishes, it ceases to be a problem and slips back under managerial control.

In this respect, it is the “agenda-setting” process that prepares the ground for nonincremental policy making. As Kingdon (1984, pp. 3–4) describes it :

The agenda, as I conceive of it, is the list of subjects or problems to which government officials, and people outside of government closely associated with those officials, are paying some serious attention at any given time ... Out of the set of all conceivable subjects or problems to which officials could be paying attention, they do in fact seriously attend to some rather than others. So the agenda-setting process narrows this set of conceivable subjects to the set that actually becomes the focus of attention.

Agenda setting thus refers to the whole range of mechanisms by which participants in a policy subsystem distinguish between the important or urgent questions requiring immediate attention, and the less important or less urgent questions that can be dealt with at some future point, or ignored altogether.

In some cases, the relevance criteria that define the agenda are formal and visible ones. For example, a newly elected government may have specified its policy agenda in its electoral platform. In other cases, however, the processes by which particular issues come to be placed on the policy agenda are less clear and less predictable. As Kingdon (1984) points out of the American context:

Swings of national mood, vagaries of public opinion, election results, changes of administration, and turnover in Congress all may have powerful effects ... How much does politicians' receptivity to certain ideas depend on such considerations as maintaining or building electoral coalitions, being reelected, or running for higher office? ... How do important people judge such a vague phenomenon as a shift in national mood? (p. 18)

The phenomenon of agenda setting means that new policies can be developed and implemented within relatively short time frames, even in the face of opposition from important interest groups. This is the nonincremental aspect of decision making within policy communities. As Kingdon (1984) argues:

If agendas changed incrementally, a gradual heightening of interest in a subject over the course of years would be apparent ... But interest does not gradually build in this fashion. Instead of incremental agenda change, a subject rather suddenly "hits," "catches on," or "takes off." (p. 85)

However, this first step in the policy process is by no means sufficient to ensure the development of new policy. In many cases, actual decisions do not occur at all. Real, substantial decisions are only likely to arise when (a) the importance or urgency of the problem is widely recognized, (b) a potential "solution" to the problem is believed to exist, (c) those involved in the process are willing to link this particular solution with the problem in question, and (d) participants in the policy process believe that the time has come to deal effectively with the problem.

Nonincremental decision making, according to Kingdon (1984) as well as Cohen, March, and Olsen (1972, 1979), is thus a cumulative process requiring links between four different "policy streams," which they describe as follows.

The Problem Stream

The “problem stream” refers to the constant redefinitions of community-wide problems that characterize policy-making subsystems. Although the problems to be dealt with may have an objective basis, the way in which these problems are perceived varies greatly from one moment to the next. As Kingdon (1984) observes:

At any time, important people in and around government could attend to a long list of problems ... Obviously, they pay attention to some potential problems and ignore others ... Sometimes their attention is affected by a more or less systematic indicator of a problem. At other times, a dramatic event seizes their attention, or feedback from the operation of existing programs suggests that not all is well. But problems are also not entirely self-evident. How people define something as a problem is worth some consideration. (p. 95)

The Solutions Stream

Many decision-making environments are the object of promotional efforts by persons or groups who favor the adoption of certain policies, and who direct attention to the problems these policies are meant to solve. Such promotional activities are most efficient, of course, when the solutions in question are widely perceived to be relevant to the problems to be resolved. But even loosely related policies may at times be adopted as “solutions” to specific problems. It is this loose character of nonincremental decision making that led Cohen, March, and Olsen (1972) to characterize this process as the “garbage can model” or “organized anarchy” model. As Kingdon (1984) observes:

Solutions come to be coupled with problems, proposals linked with political exigencies, and alternatives introduced when the agenda changes. Their advocates hook them onto the problem of the moment, or push them at a time that seems propitious in the political stream ... One of those advocates doing the repackaging agreed: “There is nothing new. We are resurrecting old dead dogs, sprucing them up, and floating them up to the top.” (p. 182)

Ongoing scientific research, including program evaluation activities, also provide promoters with a constant source of new ideas and contradictory policy proposals (Kingdon, 1984):

Specialists have their conceptions, their vague notions of future directions, and their more specific proposals. They try out their ideas on others by going to lunch, circulating papers, publishing articles, holding hearings, presenting testimony, and drafting and pushing legislative proposals. The process often does take years ... and may be endless. (p. 122)

Solutions, then, are constantly being proposed within policy communities, but only a limited number are successfully embodied in policy decisions. As Kingdon (1984) observes:

Many ideas are possible in principle, and float around in a “policy primeval soup” in which specialists try out their ideas in a variety of ways—bill introductions, speeches, testimony, papers, and conversation ... But the proposals that survive to the status of serious consideration meet several criteria, including their technical feasibility, their fit with dominant values and the current national mood, their budgetary workability, and the political support or opposition they might experience. Thus the selection system narrows the set of conceivable proposals and selects from that large set a short list of proposals that is actually available for serious consideration. (p. 21)

The Participants Stream

The “coupling” of particular solutions with particular problems also depends on the presence of decision makers and other participants who are willing to participate in the adoption of a new policy. Couplings are more likely to occur, as Kingdon points out, where key decision-making personnel seek to be identified with the making of new policies.

As one respondent put it, “Historically, [political] secretaries don’t last very long.” ... Among the many motivations of people like cabinet officers is their desire to have some effect on something, to “put their stamp on

something,” to “make their mark.” One respondent encapsulated this ... by remarking, “All these guys get a little history-happy.” If appointees are to make their mark ... they must make it quickly. (p. 32)

The Choice Opportunities Stream

Finally, the willingness to couple particular problems with perceived solutions also depends on the presence of what is considered to be an “appropriate occasion” for the adoption of a new policy. Kingdon refers to such moments as “windows of opportunity”:

Windows open in policy systems. These policy windows, the opportunities for action on given initiatives, present themselves and stay open for only short periods. If the participants cannot or do not take advantage of these opportunities, they must bide their time until the next opportunity comes along. (p. 174)

In some cases, choice opportunities are provided by regularly occurring events, such as the adoption of an annual budget or the end of a government’s mandate. In other cases, however, as Kingdon says, “windows open quite unpredictably”:

as when an airliner crashes or a fluky election produces an unexpected turnover in key decision makers. Predictable or unpredictable, open windows are small and scarce. Opportunities come, but they also pass. Windows do not stay open long. If a chance is missed, another must be awaited. (p. 213)

Proponents of the agenda-setting model thus argue that decisions depend on the coincident arrival of complementary elements within the four policy streams described above. The results of this decision-making process, according to Cohen, March, and Olsen (1979, p. 27) can be both arbitrary and unpredictable:

Although the streams are not completely independent of each other, an organizational choice is a somewhat fortuitous confluence. It is a highly contextual event, depending substantially on the pattern of flows in the various streams ... The streams of problems, choice opportunities, solutions, and participants are channelled

by organizational and social structure. Elements of structure influence outcomes ... (a) by affecting the time pattern of the arrival of problems, choices, solutions, or decision makers, (b) by determining the allocation of energy by potential participants in the decision, and (c) by establishing linkages among the various streams.

THE INCREMENTAL MODEL: HOW NEW POLICIES EMERGE

Although the concept of agenda setting provides a useful explanation of nonincremental decision making, it fails to account for incremental change within the same policy communities. Other policy community theorists have suggested alternative models of incremental decision making. Carol Weiss (1988, pp. 7–8), for example, argues that policies frequently tend to emerge by a process of “disjointed and amorphous accommodations,” via which:

a line of action takes shape, which only in retrospect is seen to be a decision ... Sometimes decisions are made by precedent or by improvisation ... In order for evaluation to have an influence in these nondecision decisions, evaluation findings have to be widely diffused and accepted as part of the “taken-for-granted” assumptions that organizational actors accept.

For Weiss (1980, pp. 381–382), the whole concept of “decision making” misdescribes the way in which new policies emerge gradually over time:

The term “decision” implies a particular set of events: A problem comes up, a set of people authorized to deal with the problem gather at particular times and places ..., they weigh the alternative options ..., and they choose one response. That becomes the decision ... But in large organizations, policies often come into being without such systematic consideration. No problem (or opportunity) is identified as an explicit issue, no identifiable set of authorized decision makers meets, no list of options is generated, no assessment is made of relative advantages and disadvantages ... Yet the onrushing flow of events shape an accommodation—and a pattern of behavior—that has widespread ramifications ... Without conscious deliberation, the policy *accretes*.

Weiss argues that those involved in the “administration” of policy are, in many cases, also participating in its redefinition. When administrators and program staff modify their practices, they are contributing to the incremental policy process (Weiss, 1983, p. 367):

In coping with their daily work, people in many places take small steps, without conscious awareness that their actions are pushing policy down certain paths and foreclosing other responses. They do not necessarily perceive themselves as making—or even influencing—policy, but their many small steps (writing position papers, drafting regulations, answering inquiries, making plans, releasing news bulletins) may fuse, coalesce, and harden. Over time, the congeries of small acts can set the direction, and the limits, of government policy. Only in retrospect do people become aware that a policy was made.

Similarly, Cronbach and Associates (1980) argue that policies emerge through the diffusion of new ideas and technologies within policy communities. This process, they argue, consists of four distinct phases: (1) the development of a new idea, (2) small-scale “experimentation” with the idea, (3) the formulation of a working prototype, and (4) the diffusion and modification of the prototype. In this way, new policies come to be formulated and implemented without ever having been placed on the policy agenda, and without there having been any single moment of decision.

This process of policy change is slower and less visible than nonincremental policy making, but Cronbach and Associates argue that such processes can in the long term bring about substantial policy change. Each of the following steps in the incremental policy process, they argue, provides opportunities for the modification of existing policy.

The Development of a New Idea

The “incremental” policy process, according to Lee S. Friedman (1976), begins with the development of a new proposal or idea that captures the attention of a few participants in the policy community. Cronbach and Associates (1980, p. 108) discuss this beginning point in the following terms:

A program or program modification has to start as a gleam in someone's eye. Almost always, the new idea is speculative and indefinite. Even if the initiator does have a sharply etched proposal, the individuals she interests in it will speculate enough about alternatives to cause the proposal to become more or less indefinite. Indeed, this is a first accommodation; only by acknowledging that details are open to modification is the developer likely to attract supporters.

The new idea may, of course, have to compete with other new ideas in its attempt to capture the attention of the policy community. Only a few ideas, however, will be judged worthy of serious attention by members of that community. As Friedman (1976, p. 284) points out:

It is costly to devote resources to generating new ideas, and there is always great uncertainty about the outcomes. Efforts to generate new ideas may fail. Yet the payoffs from successful efforts may be high ... How a sector should decide on the extent and organization of efforts to generate change is a critical but problematic question.

Experimentation and Assessment

Certain groups, agencies, or individuals are, of course, more likely than others to experiment with new ideas. A number of factors might affect their willingness to engage in experimentation, such as the severity of the problems with which they are confronted, or the time and resources available to them. Cultural or personality traits may also play a role.

Cronbach and Associates (1980, p. 110) describe this experimental or "breadboard" stage in the following terms:

At the breadboard stage ... the proponent of a proposal is not ready to persuade others. She may be working entirely on her own, with no more help than the acquiescence of the local guinea pigs. Or perhaps an agency has given support without commitment to see what can be made of a hopeful idea ... Very few persons are aware of the proposal at this stage, barring some freak of media attention. These quiet backroom stages are impor-

tant if social prospecting is to venture more than a few yards off the beaten path and come up with plans thoughtful enough to be worth a political debate.

E.A. Suchman (1970, p. 106) describes such “pilot projects” as follows:

The emphasis of pilot programs should be upon variation—variation in the way the program is organized, in how and by whom it is carried out, where it is located, whom it reaches, etc. Flexibility, innovation, redirection, reorganization are all desirable, and attempts to structure or “freeze” the program at this stage are premature ... This pilot stage is one of exploratory research and the main objective is to learn enough to be able to move ahead to the development of a program which can then be evaluated in a more systematic manner.

Of the several experiments initially undertaken, some, of course, will be perceived as more successful than others. The definitions of success and failure will themselves be an important factor in the policy process.

The Development and Partial Implementation of a Prototype

The “learning” that takes place as a result of successful experimentation moves the policy community toward the definition of a “prototype.” At this point, the new idea ceases to be purely experimental and starts to become operational.

E.A. Suchman (1970, p. 107) describes the prototype stage thus:

To develop and test programs as operationally feasible, it is necessary to utilize the third type of demonstration program—the *prototype* ... Since the prototype and traditional programs must be carried out under normal operating conditions ..., rigorous controls over matched experimental and control groups may not be readily available ... A research dimension can profitably be added, however, in order to determine how and why the prototype program was a success or failure.

The development of a prototype also gives the new idea credibility but, in virtue of that very fact, can provoke resistance. Cronbach and Associates (1980, pp. 111–112) characterize this phase as follows:

Once a prototype is launched, a proposal tends to gain a larger and larger audience, and political interests mobilize. A prototype is large enough to be visible, and its very existence hints that the innovation is close to being adopted as policy. Illuminators give it their attention, and a hazy public notion of a problem consolidates into more specific views of the particular intervention. Tension grows, unless the plan happens to be one everybody is enamored of. In fact, it is hard to find examples of policy proposals ... that go through without significant opposition.

The prototype creates a context in which the new idea begins to be taken seriously by those who previously showed little interest in it. It may even be seen as a potential candidate for adoption throughout the policy community. This prepares the ground for the process of “diffusion” to the various groups and agencies involved.

Diffusion and Modification of the Prototype

Although the development of a prototype suggests the possibility that the new method might eventually be adopted throughout the policy community, such an outcome is still far from certain. If the new idea has provoked substantial resistance, its diffusion may well become problematical.

The period of diffusion usually raises questions regarding the “essential” ingredients of the new idea. The process will, of course, be strongly influenced by the extent to which there exists a single, authoritative, precisely defined version of the new technology, as compared with the situation where the new idea is more loosely defined and can be interpreted in various ways. Where the new technology is not clearly defined, there may be disputes over what constitutes a “genuine” application of it.

Whatever the degree of resistance to the new technology, however, each new group or agency that adopts the idea creates additional momentum toward the idea’s generalization within the entire policy community. When the process of diffusion is nearly complete, only a few diehard “reactionaries” will continue to refuse the innovation

and, in so doing, may lose credibility and prestige among the more “progressive” groups and agencies within the policy community.

EXTENDED CARE FOR THE ELDERLY IN QUEBEC: A CASE STUDY OF INCREMENTAL AND NONINCREMENTAL POLICY CHANGE

Extended care for the elderly, in Quebec as in other policy settings, occupies the attention of large numbers of health professionals, social workers, gerontologists, health economists, government officials, and policy experts, both within and outside of government. Given the increasing number of elderly persons, and the fact that more of these persons will in future require long-term care or services, those who participate in this policy community are engaged in a constant search for more effective ways of dealing with the needs in question.

In Quebec, for example, it is an established policy that elderly persons remain at home for as long as possible, thus avoiding their premature “institutionalization.” This is considered to be in the best interest of the elderly persons themselves, and it is also the only feasible policy, as the costs of building extensive new residential facilities for the elderly would, at current rates of institutionalization, rapidly outstrip governments’ ability to pay for them.

To operationalize the principle of self-sufficiency, however, substantial resources have to be invested in developing new home care and service programs. When the official policy on home care services was first adopted in 1979, for example, it specified that 73,000 elderly and disabled persons should receive an average of five hours of services per week (Fédération des Centres locaux de services communautaires [FCLSCQ], 1988, pp. 6–7). In 1988, however, the services actually being provided by the Centres locaux de services communautaires (CLSCs)—the main vehicle for the delivery of these services—fell far short of these ambitious targets. In 1988, for instance, about 45,000 persons were each receiving an average of one hour and ten minutes of services per week (FCLSCQ, 1988, pp. 6–7).

In other words, although the established policy is founded on the principle that all who require home care and services should receive them, the reality is that the services have to be carefully rationed to ensure that those who are most in need receive at least some of the services to which they are entitled.

The need to ration scarce resources has thus led the CLSCs to engage in “incremental” policy making, in order to develop workable principles of resource allocation. Some of these adjustments were described by the FCLSCQ (FCLSCQ, 1988, p. 16):

It is well known that the CLSCs vary between two different practice models, one which tries to ensure enlarged access by reducing the hours of service, and the other which prefers to give more substantial services to a smaller number of users. The CLSCs are forced to make this choice by the shortage of available resources.

In other words, the CLSCs have developed a number of informal practices that make it possible to serve a greater number of persons with the most urgent needs. This implies, however, a lower level of services than what is stipulated in the official policy (FCLSCQ, 1988, p. 7):

Budgetary restrictions have forced almost all of the CLSCs to reduce or abandon domestic services, except in the most desperate cases ... It has become routine to exclude persons on the basis of income ... Some CLSCs no longer offer free medical supplies, while others have reduced personal services (hygiene, etc.) to a precarious level.

The incremental policy process has thus to some extent extended or even replaced the official policy on home care services. It constitutes the CLSCs’ ongoing response to the challenges they encounter in the administration of their mandate.

At the same time, however, the CLSCs have also lobbied the ministry in an attempt to obtain a more “nonincremental” solution, one that would provide substantially increased funding for the services in question. Their arguments in this regard have been supported by policy specialists, gerontologists, health economists, and other professionals, both within and outside the Ministry of Health and Social Services. For the most part, however, these arguments have been unsuccessful in placing home care services on the government’s policy agenda.

An important program evaluation study published by Béland in 1983 unintentionally took a first step in this direction. This study assessed the impact of home care and services on elderly persons’ willingness

to remain at home. It was very critical of these services, and of the fundamental premise on which the 1979 policy was based: that home care and services can substantially reduce future needs for institutional care in Quebec.

Comparison of a sample of elderly persons who participated in home care programs with another sample who did not led Béland to conclude that receiving home care services did not in itself influence elderly persons' desire for institutional care. The study argued that elderly persons' feelings of isolation were the main reason they sought institutional care. It thus implied that measures aimed at reducing the isolation of elderly persons living alone would be more effective than home care and services in reducing the rate of institutionalization.

This study employed a classic quantitative/experimental methodology in an attempt to determine whether home care and services was an appropriate response to the long-term-care needs of Quebec's elderly population. Although the study did demonstrate that the programs investigated produced little impact, its conclusions and its methodology were soon called into question.

The study's conclusions were arrived at, in fact, by considering a relatively small sample of home care and service programs. In this sense, according to its critics, the 1983 study exemplified the classic deficiencies of the summative/experimental model. By seeking to produce a definitive judgment on the "effectiveness" of home care programs, it produced simplistic conclusions that could easily be discredited.

Those who were committed to home care and services did not hesitate to take up the challenge offered by the 1983 report. "How could the author of the 1983 report have supposed," asked the author of a new evaluation study (Bolduc, 1986, p. 19), "... that persons living at home with relatively severe disabilities ... might be influenced by short-term and sporadic services which amount on average to less than one hour per week? ... There is no need for detailed study to understand this obvious reality."

The Bolduc study did not gather new information, but sought rather to study and analyze what was already known about home care and services in Quebec. In a sense, the purpose of the study was to define the major issues—and perhaps even to simplify them somewhat—so that they could be more readily understood by all those

who might wish to participate in debate regarding home care and services for the elderly.

This new study sought in essence to redefine the purpose of home care and services in Quebec. The “official” policy on home care and services, according to Bolduc, was becoming an obstacle to the development of those services. He pointed out that “the 1979 policy seems to have satisfied no one”:

There have been numerous requests for a revision of this policy since the early 1980s ... A large number of concerned groups and persons are dissatisfied either with the policy itself or with the insufficient development of this sector. (p. 2)

The main problem with the existing policy, he argued, was that it failed to distinguish clearly between home care in the “medical” sense (*soins à domicile*) and home services in the “domestic” sense (*aide à domicile*). Whereas home *medical* care could be seen as an alternative to hospitalization (or to the administration of such care through external clinics), the situation as regards *domestic* services was much more complicated:

When home help is requested, the situation and the environment of the person in question are evaluated: the availability of relatives or other persons who might help out, the person’s ability to pay for private help, the availability of other community resources, and so on. There do not seem to be any precise standards or criteria for the evaluation of these different factors. (p. 8)

The 1979 policy, like the 1983 report itself, saw home care and services essentially as an *alternative* to institutional care. Because of the rapidly expanding needs of the elderly, and the limited possibilities for expansion of nursing homes and other kinds of chronic care facilities, the ministry saw the need for an alternative community-based mechanism. This was the main purpose of home care services, according to the established policy, which were thus conceived of quite explicitly as an alternative to institutional care.

For the majority of current and future users of home care and services, however, there was simply no question of a choice between home care and services and more institutional care and services. In future, the disabled elderly would have no choice but to remain at home.

It is well known that the needs in this area are increasing and will continue to increase because of the aging of the population and the continuing progress of medical technology. It is also well known that the growth of institutional housing has decreased and that the admission criteria are much more restrictive than in the past. There is, in other words, a diminution of the services offered relative to the existing needs ... Given this new context, the following are the real questions: Will the relative decline in institutional housing be compensated for by an increase in home care and services? ... To what extent will it be possible to maintain disabled persons at home by providing them with adequate services in sufficient quantity?

It is of course true that home care and services do sometimes provide an alternative to institutionalization; but in many cases their role is limited to making living arrangements more acceptable for those who are uninterested in or unable to gain access to institutional housing. The hoped-for effect is to slow down the deterioration that *necessitates* institutionalization, rather than to reduce the *desire* for institutionalization.

In addition to the 1986 evaluation study, which was undertaken partly to refute the conclusions of the 1983 report, it was also decided to undertake a demonstration project, in order to demonstrate the potential contribution of a fully funded home care and services program working under ideal conditions. The project, organized by the Montreal regional council of health and social services, would be called *Projet cas lourds* (the “severe cases” project).

This project, which took the form of a “pilot project” in Suchman’s sense (1970, p. 106), demonstrated that even severely disabled elderly persons could remain at home if they received an adequate amount of home care and services. Those who took part in the project clearly felt that this would demonstrate the inadequacies of the 1983 evaluation study.

Projet cas lourds, in this sense, was a contribution to the “incremental” policy process regarding extended care for the elderly. It demonstrated the effectiveness of intensive home care and services and also provided a working model of a new approach that, it was hoped, would subsequently be emulated elsewhere in the province.

THE TRANSITION TO NONINCREMENTAL POLICY MAKING: EMERGENCY WARD OVERCROWDING AND THE NEW AGENDA

At this point in the evolution of the debate, however, the process of incremental policy making began to be overshadowed by the entry onto the policy agenda of a new problem. The emergence of this new problem brought into simultaneous focus the concerns of two distinct policy communities: the “extended care for the elderly” policy community and the “hospital finance and management” policy community, which dealt with separate sets of issues.

The hospital finance and management policy community normally focused on how to ensure better utilization of existing hospital resources, especially in the context of rapidly rising hospital costs and diminishing resources. Health economists and representatives of the Ministry of Health and Social Services seek to exercise greater control over the hospitals’ use of scarce resources; the hospitals themselves seek increased funding in order to provide better services for their users.

The contentious new issue of emergency room overcrowding emerged within this policy community in the early 1980s. The overcrowding of hospital emergency wards and, more precisely, the long waiting periods in the wards in question were increasingly considered to be unacceptable. Some alleged that emergency wards had in fact ceased to be emergency wards: that they had become “neighbourhood clinics,” thus usurping the role originally intended for the CLSCs.

Differing explanations were offered for these problems. For some, the public itself was at fault for making improper use of emergency wards, going there instead of to the CLSCs or their family doctors for treatment of minor complaints. As a result, the wards in question were less able to attend to genuine emergency cases. Others thought the emergency wards were understaffed and underfunded, and were simply unable to cope with rising demand for their services. For those who thought this, the solution was clear: increased government funding would enable the emergency wards to carry out their role more effectively. Finally, some thought the emergency wards were guilty of bad management and were not making good use of the resources they already had. From this point of view, the primary need was for improved management practices in the wards in question.

This debate over emergency ward overcrowding continued through several studies, enquiries, and consultants' reports. Nevertheless, the highly visible nature of the problem, and the impatience felt by the general population, meant that the issue could not remain interminably within the area of incremental policy making. By the mid-1980s, the conditions had been created for an episode of nonincremental policy making.

The debate soon developed into acrimonious polemics over the causes of the problem and its possible solutions, a debate that spilled over into the public media and into the political arena. The opposition party in the provincial legislature promised, if elected in the forthcoming election, to correct the problem. The newspapers presented graphic accounts of the "inhuman" conditions existing in certain emergency wards. Finally, the government decided to appoint a new enquiry into the problem under the direction of Dr. Walter O. Spitzer.

Dr. Spitzer and his colleagues (1985), however, undertook an analysis of the problem that was quite different from what had been expected. They argued that the source of the problem lay not in the emergency wards themselves, but in the other hospital wards, which were unable to cooperate fully with the emergency wards by rapidly accepting patients who had already been seen in the emergency ward.

The other hospital wards' lack of cooperation, it was argued, was due partly to the presence in those wards of large numbers of elderly and chronically ill patients, who did not really require the extensive medical services offered by an acute-care hospital. The problem, then, was to find alternative accommodation for the patients in question. It was in this context that *Projet cas lourds* began to take on new importance in the eyes of both the affected policy communities.

Projet cas lourds had, of course, not been devised as a way of deinstitutionalizing elderly and chronically ill patients, nor as a way of reducing overcrowding in hospital emergency wards. But, in the forthcoming episode of nonincremental policy making, this was exactly the role it would be called upon to play. A coupling was soon to be made, in other words, between the problem of emergency ward overcrowding and the solution of intensive home care and services.

It was argued by some, of course, that the actual impact of this solution would be marginal at best. Even a greatly expanded *Projet cas lourds* would not affect more than a small minority of the patients

in question. The point was, however, that the adoption of this solution would demonstrate clearly the government's commitment to finding a viable solution to the problem.

It was thus decided that the intensive-care approach pioneered by *Projet cas lourds* would form the basis of a new and much larger program, which would be introduced in five of Quebec's health and social service regions. The new program would be called SIMAD (*Programme de services intensifs de maintien à domicile*). For the first time in many years, substantial new resources would be spent on developing home care and services for the elderly.

THE CREATION OF SIMAD: A NONINCREMENTAL CHANGE

Viewed from this perspective, the creation of SIMAD was an example of nonincremental change. From an incremental point of view, it would have been just as useful—if not more so—to create SIMAD as a new type of intervention within the framework of existing programs of home care services. This was deliberately avoided, however, in an attempt to make SIMAD seem as different as possible from existing home care service programs.

In terms of Kingdon's (1984) model, *Projet cas lourds* brought a solution onto the agenda of the solution stream, at the same time as the issue of emergency ward overcrowding had brought institutional care for the elderly onto the agenda of the problem stream. This opportunity was quickly seized upon by those who had sought for years to obtain increased funding for home care and services.

At the same time, however, the proponents of home care services now had to pay the price of their earlier success: they had helped to create a new program of intensive home care services, but the new program was directly linked to the problem of emergency ward overcrowding. SIMAD would now have to demonstrate its usefulness as an instrument for reducing the overcrowding of hospital emergency wards.

What this meant, operationally speaking, was that the new program was to be administered by the Regional Councils of Health and Social Services, in contrast to other home care and service programs, which were administered in decentralized fashion by the CLSCs themselves. One reason for the involvement of the Regional Coun-

cils was to ensure that SIMAD really was used to deinstitutionalize hospital patients.

Secondly, the creation of SIMAD meant that those who ran the program would now have to establish effective operating relationships with the hospitals. This would prove to be a major challenge, as hospital staff were often skeptical of SIMAD's ability to bring about effective deinstitutionalization of elderly patients.

On the one hand, of course, doctors and hospital staff welcomed any kind of initiative that would relieve them of the responsibility of chronic-care patients. On the other hand, they doubted that deinstitutionalization could provide a realistic alternative to hospital care. As a representative of the Quebec Association of General Practitioners expressed it in 1995 (*La Presse*, 1995, p. A4):

As doctors, we discover all too often that the mobile care units are unable to ensure the necessary follow-up after a patient has been discharged from hospital ... We are too frequently obliged to readmit such patients because of such deficiencies. The CLSCs don't deliver the goods which their directors promise in public.

In other words, although it had initially been advantageous to have intensive home care and services on the policy agenda, it had become disadvantageous to be there. It was now important to get home care and services off the policy agenda.

More concretely, it now became essential to disengage SIMAD from its links with the hospitals and the regional councils, so that those with immediate responsibility for program services could assume their effective operation.

THE EVALUATION OF SIMAD: GETTING OFF THE POLICY AGENDA

The need to reestablish control by the CLSCs was thus an important feature of an evaluation of SIMAD carried out between 1988 and 1991 (Joubert, Laberge, Fortin, Paradis, & Desbiens, 1991). A new rationale for SIMAD had to be diffused within the policy community, one that did not require the support and cooperation of those who were skeptical of the CLSCs' efforts to develop effective home care services. This rationale had already been developed to some extent in the previous evaluation study (Bolduc, 1986).

The 1991 study, however, employed a methodology quite different from that of the 1983 study. It proposed an “inductive” rather than a “hypothetico-deductive” approach. The authors drew quite explicitly on the work of Michael Patton (1986) and other partisans of “stakeholder-based” evaluation.

The new study thus made little attempt to evaluate the “success” or “failure” of SIMAD. It focused instead on proposing incremental changes that would improve the program’s operating efficiency. It was assumed, in other words, that SIMAD was playing a worthwhile role, and the main priority was to help it play that role as effectively as possible.

Although the evaluation strategy employed in this case was largely “formative” in character, the authors were by no means unaware that “summative” judgements were indeed being made about home care and services, particularly by those who provided the program’s funding. The authors thus organized a public presentation of the study’s interim report before a “blue-ribbon” audience of senior administrators, government officials, and program managers, to explain the evaluation and justify its proposals for the reorganization of SIMAD.

The more incremental focus of the 1991 study also reflected the more incremental decision-making environment that had emerged in both policy communities by the end of the decade. Emergency ward overcrowding had ceased to be an important issue, partly because it had been reduced and partly because the nonincremental policy process had simply turned to other issues.

There was thus little to be gained at this point by addressing the larger issues that might be of interest to the policy community as a whole but were of less interest to the more specialized groups, individuals, and organizations involved in implementing the policy. The important “users” of this new evaluation study, in other words, were likely to be quite different from those who had made use of the earlier studies.

The objective of a program like SIMAD, according to the 1991 study, was no longer to prevent institutionalization or even to reduce overcrowding in hospital emergency wards—although to some extent it might do both—but rather to facilitate the process of attitudinal change and learning that was necessary in order to make intensive home care and services an accepted reality.

This was a process that, according to the authors of the study, was already taking place. Partly as a result of SIMAD, but also because of a variety of other factors (such as the changing nature of nursing home clientele), all of those concerned with these issues were beginning to see home care services in a more favorable light. Even doctors and hospital staff, traditionally inclined to doubt the relevance of community-based solutions to the problems of the severely disabled, were now becoming more open to this type of solution.

The important contribution of SIMAD, from this point of view, was to hasten acceptance of the new reality of home-based care and services. SIMAD was making an important contribution in this regard (Joubert et al., 1991, p. 83):

The results of our interviews show that, in general, SIMAD has increased the willingness of severely disabled persons to remain at home. Home care programs are becoming more acceptable not only for the elderly and their families, but also for staff members working in the various agencies of the "network" ... Some staff members speak increasing of institutional housing as an alternative to home care services, rather than of home care services as an alternative to institutionalization.

In order for this development to continue, however, SIMAD had to be freed from the notion that such services are only useful to the extent that they provide an alternative to institutionalization. In many cases they are simply an essential living arrangement for disabled persons who have successfully adapted to a home care lifestyle.

The nonincremental policy process that led to the creation of SIMAD, according to the authors of the 1991 study, had thus produced confusion over the real purpose of home care and services. As the evaluators pointed out:

The association of SIMAD with measures for reducing emergency room overcrowding has created a certain confusion regarding (the program's) objectives ... Several hospitals considered that SIMAD should deal primarily with persons being discharged from hospitals, whereas several CLSC ... saw SIMAD primarily as an instrument for helping severely disabled persons living at home. (p. 98)

This was part of the reason why it was now important to redefine the role of SIMAD, as well as that of other home care and services programs. As long as such services were justified in terms of their ability to provide a viable alternative to institutional care, the staff of home care programs would constantly be confronted with the need to demonstrate their effectiveness in reducing overcrowding in institutions for the elderly.

For the evaluators, SIMAD was thus making an important contribution in helping those most directly concerned—hospital staff and administrators—to adapt to the new realities of community-based care:

While it is true that SIMAD was initially seen by the hospitals as a way of freeing-up acute care beds then occupied by elderly persons, using SIMAD in this way did encourage the development of new kinds of cooperation between the CLSCs and the hospitals. The CLSCs were able to demonstrate the feasibility of keeping at home persons for whom this had previously seemed impossible. (p. 84)

CONCLUSION: EVALUATING A PROGRAM OFF THE AGENDA

Given the somewhat chaotic character of policy processes within large and loosely coupled policy communities, it would not be surprising if the results of those processes are often less than ideal. The process of coupling attaches solutions to problems in ways that may be satisfying in theory but can turn out to be inappropriate in practice. The fact remains, however, that such processes do enable decisions to be made that enjoy wide legitimacy within the policy communities where they are formulated. Decisions do get made, and problems do get solved, perhaps not as quickly or as efficiently as might be hoped, but as well as can be managed within large, decentralized decision-making networks with little or no agreement on goals, values, or appropriate instruments of policy action.

Nonincremental decision making within policy communities can, however, create problems for those called upon to implement the results. Most of those who make up larger policy communities see programs in terms of the goals or purposes to be achieved within the larger environment. Programs like SIMAD are thus described in terms of large-scale and ambiguous objectives that are difficult or impossible to attain in practice. Such objectives may actually pre-

vent programs from attaining more important but more limited objectives within their immediate operating environments.

So long as members of the larger policy community do not attempt to control day-to-day operations within the program, the view of a program inherent in its official rationale can usually coexist with program characteristics that, in reality, diverge from what is suggested by the official policy. This is possibly the normal situation that prevails when a program's rationale is not on the policy agenda.

In some situations, however, the logic of nonincremental decision making may lead to an insistence on greater conformity with a program's official rationale. Such situations may well require attempts either at modifying the program's official rationale or at eliminating those aspects of it that are most in conflict with the program's real operating characteristics.

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