



Organizational change and evidence-based practices in support services for people with intellectual and developmental disabilities

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ARTICLE INFO

Keywords:

Intellectual Disability
Organizational Culture
Organizational Change
Evidence-based practices
Performance perspectives
Effectiveness
Efficiency

ABSTRACT

Summary: The impact on support services for persons with intellectual and developmental disabilities of the socioeconomic movements and theoretical reformulations of the last decades has generated the necessity, in order to guarantee their sustainability, to carry out processes of profound change in their organizational culture, intervening in the elements that compose it. Among them are professional practices as the best way to intervene in culture, with the use of comparative analysis between an organization's current practices and those expected with culture change. In this line, the organizational self-assessment tool "Organizational Effectiveness and Efficiency Scale" (OEES) is applied in a study with 24 organizations, which uses a collaborative assessment approach in the service of a set of evidence-based practices identified as standards in key aspects that guide culture change, specifically, a person-centered approach, participative structures, use of information systems and data management, implementation of quality systems and participative and transformational leadership. The results obtained show that a large majority of organizations have significant discrepancies between their current practices and evidence-based practices. The descriptive analysis allows affirming the usefulness of the scale for an organizational diagnosis and identification of strategies to guide transformational change.

One of the most relevant implications of innovative theoretical paradigms that are impacting organizations supporting persons with Intellectual and Developmental Disabilities (IDD) is the need to undertake significant organizational change processes (Schalock, 2018; Verdugo, 2018; Schalock et al., 2021), linking these theoretical trends (mainly the social-ecological model of human functioning, quality of life model, the evolution of the concept of intellectual disability and the paradigm of supports, the principles of ethics and the recognition of the rights of persons with disabilities) with organizational change strategies. In turn, this transformation of organizations must respond to the demands of the stakeholders that belong to or surround each organization to which service or support is provided (Minoja, 2012; Sandoval, 2014).

Among the types of change that an organization may face, transformational change is the most far-reaching, affecting all its component elements, which, with greater complexity, are in continuous interaction with each other (Kreitner & Kinicki, 1995). It is a change that impacts the organization partially or totally, a profound change in its functioning, in the organization's climate, attitudes and behaviors of its

members (Schermerhorn & Hunt, 2004). Schein (1988) describes it as a process where the organization faces a change in the values that maintain the organization and its organizational culture, in the basic assumptions, invented, discovered, or developed that a specific group of people has internalized to respond and adapt to external and internal demands, in their way of facing problems, validated by the group and essential to learn in order to be part of it.

The fact that a transformational change process aims to respond effectively to the challenges faced by an organization implies, initially, that a prior reflection on its design is carried out and an approach of continuous evaluation and analysis of the internal and external reality of the organization is adopted (Rivera, 2013; Sandoval, 2014). In turn, it is essential to have a defined vision of the future of the organization, identifying the culture to be implemented, an essential issue that will allow it to develop change strategies to address the discrepancies found between its current organizational culture and the target culture to be achieved (Naranjo & Calderón, 2015; Schalock, 2017). It is a change directed towards building organizational capacity to achieve its mission

Abbreviations: IDD, Intellectual and Developmental Disabilities; OEES, Organization Effectiveness and Efficiency Scale.

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<https://doi.org/10.1016/j.evalprogplan.2023.102337>

Received 24 November 2022; Received in revised form 22 May 2023; Accepted 18 June 2023

Available online 20 June 2023

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(Bishop, 2007; Kapucu et al., 2011; Levine et al., 2013), and also for the improvement of its organizational effectiveness and efficiency (Schalock et al., 2015), a concept used mainly in the management of third sector organizations, which involves facing many challenges and difficulties (Rivera, 2013).

Recent contributions to the understanding of IDD allow us to extract four key themes to incorporate into the culture of organizations that guide the necessary change processes (Schalock & Verdugo, 2013, 2017). Specifically, the introduction of values oriented to the achievement of personal goals based on the principles of ethics, social inclusion, individual empowerment, organizational efficiency, and quality, and innovation; greater flexibility of the organizational structure, its fluidity, and horizontality (Litterer, 1991); a rethinking of the functions and roles of professionals and customers, active members of society; and, finally, the inclusion of the assessment of professional performance and the effectiveness, efficiency, and sustainability of the organization (Bradley, 1994; Schalock et al., 2015). It is essential in these organizations to combine a business mentality with the values of an organization that supports people and that constitute its organizational culture (Naranjo & Calderón, 2015; Schalock et al., 2016; Schalock et al., 2015).

Initiating the process of changing the organizational culture, its "mental model" (Senge, 2006), requires, due to its complexity, identifying change-generating elements that facilitate planning, as well as the implementation of effective strategies and actions. Naranjo and Calderón (2015), adapting the organizational design model of Kates and Galbraith (2007), in a very illustrative approach to this topic, specify six constituent elements of organizational culture (Fig. 1), key in the development of processes of change: the *context* in which the organization is located and interacts; the *strategic planning* of the organization, of direct influence on its beliefs, norms, and behaviors; the *structure* of the organization, of direct impact on the channels of communication, conflict resolution, and control of the organization; the *leadership style*, essential in the construction of culture, reference for the behavior of the members of the organization, in the promotion of a shared vision, and in the generation of commitment (Jaskyte, 2004); the *systems for collecting data and results*, where what is evaluated is identified and becomes a priority for the organization; and the *practices of the professionals of the organization*, which, in essence, are the most remarkable cultural manifestation of an organization and, as Hofstede (1991) points out, the best way to intervene in the organizational culture without violating human processes.

This systemic conception of organizational change, in which all the elements involved in it influence each other, focuses on planning the transformational process with a multilevel intervention in the

organization and in all its elements (Kreitner & Kinicki, 1995). It is a progressive change process, shared with the main sectors involved, which aims at having people develop new behaviors autonomously and integrate into their practices the values, attitudes, and competencies of the new ways of thinking and acting (Lewin, 1951; Burnes, 2005), and which simultaneously requires, due to its scope, the necessary adjustments in the management processes of the organization (Beer et al., 1990).

The use of the analysis of the organizational practices in its different performance perspectives (financial and non-financial) through indicators has been decisive in many organizations to initiate processes of transformational change in their organizational culture (Kaplan and Norton, 2000). In the field of organizations supporting people with IDD this approach is having a progressive application linked to the assessment of their sustainability, where the conceptualization of the practices as interventions, services, strategies, supports and policies focused on improving the person's functioning, social participation and well-being is driving the identification of best practices, drawn from research-based knowledge, professional standards and values, empirically based clinical judgment or derived from rigorous review-by-evaluation processes (Schalock et al., 2017b). Best practices that, used as indicators, provide relevant data on the achievement of the objectives planned by the organization, assessing its effectiveness and efficiency in the delivery of individualized supports to people with IDD (Schalock & Verdugo, 2013; Schalock et al., 2018).

In this line, progress has been made in determining the reliability of the evidence which supports best practices in IDD organizations, based on criteria of quality and theoretical and philosophical-scientific robustness (Means et al., 2015), but also including the cultural properties of the evidence itself (context, methodological properties, reported experiences and the personal well-being of individuals) and how they affect human rights and equality, aspects of great importance and relevance in decision-making (Donaldson et al., 2009; Mitchell, 2011). In this perspective, evidence-based practices are characterized by providing the best available data used in clinical practice, management and decisions related to service delivery criteria and continuous quality improvement (Claes et al., 2014), obtained from authoritative sources using reliable and valid methods and/or information based on an empirical basis that supports the theory or justification (Schalock & Verdugo, 2013; Schalock et al., 2011). These are practices that have proven a relationship between concrete practices and measurable outcomes (Schalock et al., 2017a).

Some of the evidence-based practices that have shown the best results, with a high impact on services for people with IDDs, have been

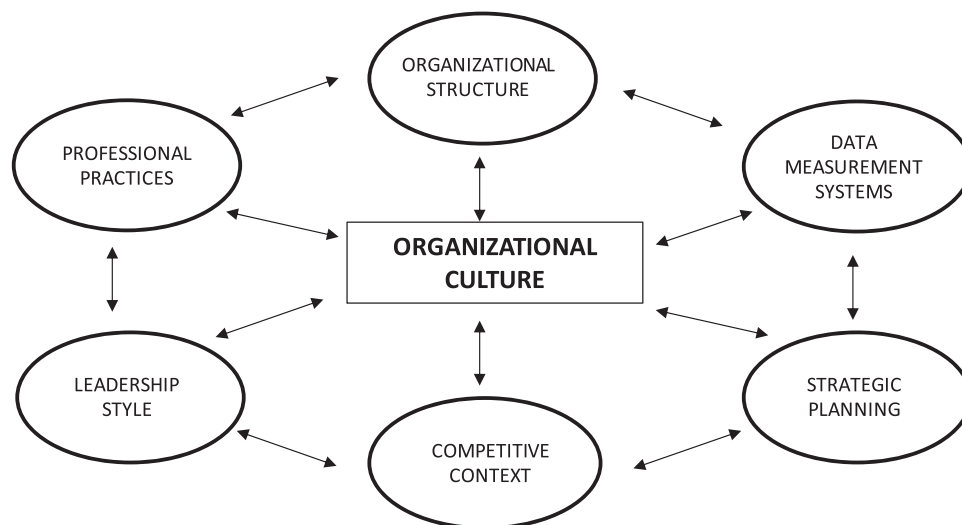


Fig. 1. Elements that generate organizational culture (adapted from Naranjo & Calderón, 2015).

characterized by using participatory research, use-focused evaluation, a methodological pluralism, and outcome-oriented policy design and evaluation (Claes et al., 2014; Schalock et al., 2011; Turnbull & Stowe, 2017). The change in the practices of an organization, introducing evidence-based practices in its process of organizational transformation, entails that the documented practices selected are *consistent* with its mission and with the expected results of the practice; that they *are fully described* and allow for systematic (organized, sequential, and logical), formal (explicit and motivated), and transparent decision-making (clarity); that *have demonstrated its effectiveness* and comply with *quality and robustness standards*; and, finally, that they are *applicable and relevant* to the people involved (Claes et al., 2014).

Schalock & Luckasson (2014) emphasize that, once the formal aspects that validate them have been applied, the evidence-based practices chosen to initiate transformational change in organizations of people with IDD should be characterized as practices based on respect for the person, support for personal autonomy and empowerment in making informed decisions about their lives, based on professional standards and ethical principles. These authors add the need to include strategies to obtain correct and updated scientific data, a crucial aspect that requires competent professionals with scientific responsibility in the application of evidence-based practices for making clinical management and organizational decisions, and in the evaluation of the effects achieved on personal outcomes for the person and their family.

Once the organizational culture that the organization aims to address has been identified and the practices have been selected in accordance with the related criteria, can be inferred the evaluation of the current practices of an organization, together with a commitment to the implementation of the best professional practices, as an initial facilitator in the implementation of the transformation process (Naranjo, 2010) in the most difficult stage of the process, that of detecting the need for change by the organization (Burnes, 2005; Lewin, 1951) that allows to be sustainable, the main objective of any organizational transformation process (Schalock et al., 2017a; Turnbull & Stowe, 2014). The successful implementation of the selected practices requires this sensitivity to change, but also a facilitating leadership and the coherence of the practices with the ecological and social perspective, their capacity to be learned by professionals and individuals, the limitations of the available resources for their development, their concreteness of the expected results, changes in behaviors, observable attitudes, and organizational results that can be measured over time (Pronovost et al., 2008; Biesta, 2010).

In this line, the empirical study presented here aims, from a systemic perspective, to analyze the usefulness in IDD organizations of the application of the Organization Effectiveness and Efficiency Scale (International Research Consortium on Evidence-Based Practices, 2013), which uses evidence-based professional practices as evaluation indicators related to the provision of services and support to people with disabilities and the growth and yield in the four perspectives of organizational performance used in the balanced scorecard (Kaplan and Norton, 2000) and data measurement systems for the identification of strategies that enable organizations to plan a change process that incorporates into their organizational culture of the current challenges they have to face, concretely the introduction of person-centered values, organizational flexibility, rethinking of roles and the assessment of the sustainability of the organization (Schalock et al., 2015).

1. Method

1.1. Participants

A total of 24 occupational centers in the province of Valencia participated voluntarily in this study, approximately 50% of the occupational centers located in this province. The initial selection criterion was to be accredited centers by the local government and to express interest in the study. These are resources whose main objective is to

promote the personal development and autonomy of people with intellectual disabilities over 18 years of age, which, in the sample under study, mainly provide support to more than 30 people in their services (63.6% of the centers), with levels of mild, moderate and severe intellectual disabilities (78.8% of the sample). 72.7% of the centers have a staff of between 4 and 10 direct care professionals. The management and one professional from the center (48 professionals) voluntarily participated in the study.

1.2. Instrument

The research was conducted using the Organization Effectiveness and Efficiency Scale (OEES) (International Research Consortium on Evidence-Based Practices, 2013), an organizational self-assessment tool aimed at enhancing organizational outcomes, and which measures the implementation of evidence-based practices through twenty indicators of four organizational perspectives: *customer* (practices related to personal objectives, assessed support needs, individualized support, and personal results), *growth* (program options, high-performance teams, participation of direct support professionals, and networks, consortia, and collaborations of the organization), *financial* (calculation of unit costs, cost accounting, cost allocation, social capital, fixed and variable costs, overhead rate, and resource allocation models) and internal processes (horizontal and vertical alignment of program components, allocation systems, research and evaluation capacity, data sets, data collection systems, and quality improvement activities).

The five evidence-based indicators associated with each of these four performance-based perspectives are measured with three evidence-based criteria by means of a consensual assessment between the center's management and a qualified professional from the center, of the degree of documented compliance of the organization with these criteria, giving a 2 if all three evidence-based criteria are met, 1 if one or two criteria are met, and 0 if no criteria are met.

The raw scores that are obtained in each perspective allow the calculation of three evidence-based indexes: *effectiveness* index or degree in which the objectives sought by an organization are achieved; *efficiency* index or degree in which the results planned by an organization are achieved with the use of its resources and, finally, the *sustainability* index, the ability of the organization to adapt and design processes of change that include the four perspectives, to incorporate good practices into its policies and practices, and to provide a wide range of opportunities and practices of service delivery.

The previous reliability results in each of their perspectives were: 0.75 in customer perspective, 0.70 in growth, 0.75 in financial; and 0.80 in the internal processes perspective (Schalock et al., 2015).

1.3. Procedure

For the correct administration of this instrument, a meeting was held with the participating centers, with the delivery and explanation of the research project together with a dossier of the assessment procedure that included explanatory examples of measurement with documentary support of the evidence included in the perspectives, extracted from the work of Schalock et al. (2014a, 2014b). The entities stated that they had been trained in the models of quality of life and support for people with IDDs, being very interested in the self-assessment of the implementation of the models and the orientation of their practices, and thus obtaining an objective organizational diagnosis on which to base organizational change processes.

A written confidentiality agreement was signed with each participating center for data processing, and an exclusive telematic link was provided for access to the scale. The communication and advice of the principal investigator was established with each center for the completion of the scale, as required in the instructions for its administration.

1.4. Analysis

For the statistical analysis of the data, an internal consistency analysis of the items was applied at two levels: organizational indexes (effectiveness, efficiency, and sustainability) and, on the other hand, of each perspective that makes up the indexes (customer, growth, financial and internal processes). The raw scores obtained from the application of the scale were subjected to frequency analysis, specifically, of the results in each perspective, of those obtained in the efficiency and effectiveness indexes (analysis of the situation of the organizations at the individual and collective level) and of the sustainability indexes (sum of the two previous indexes, which allows obtaining an individual and joint vision of the future of the organizations evaluated). The SPSS statistical package was used.

2. Results

The internal consistency analysis, using Cronbach’s Alpha calculation, of the indexes evaluated by the scale in the organizations shows that the results, according to George & Mallery (2003), are acceptable in the three indices: efficiency, 0.91; effectiveness, 0.75, and sustainability, 0.87. Regarding the perspectives that make up the effectiveness index, both present questionable reliability levels from the customer perspective (0.60) and acceptable from the growth perspective (0.71). The perspectives that make up the efficiency index have good reliability levels (financial analysis, 0.87 and internal processes, 0.83), which explains the excellent reliability level reached by this index.

In relation to the perspectives that make up the effectiveness index, the results in the customer perspective place 62.5% of the participating centers (15) in scores ≤ 5 in the sum of the results of all the indicators (maximum score 10), with 5 being the most frequently obtained (25% of the centers). As shown in Table 1, the indicators that receive the lowest scores are indicator 2 (related to the inclusion of people) with 58.3% of the centers indicating that there is no evidence, and, to a lesser extent, indicator 4 (analysis of personal results). On the other hand, indicators 3 (measurement of personal results) and 5 (use of technologies) receive the highest scores.

In the growth perspective, 54.2% of the sample scored ≥ 6 in the total sum of the indicators, with 16.7% of the centers scoring above 8. Even so, the most frequent score is 5 (20.8% of the centers). In the analysis of the indicators (Table 2), among the indicators with the lowest scores, 41.7% of the sample reported having no documented evidence of working with high-performance teams (indicator 9) and 25% of the centers also had no evidence in relation to indicator 10, job satisfaction and enrichment. The indicators with the highest scores (45% of the sample) are 6 and 7 (organization’s mission and collaborations), where the three evidence criteria are met for each indicator.

Within the perspectives included in the effectiveness index, the results in the financial analysis perspective (Table 3) determines that 62.5% of the centers are in values of ≤ 5 in the sum of the total scores

Table 1
Percentage valuation of each indicator in the Customer perspective.

	VALORATION INDICATOR (in %)		
	0	1	2
INDICATOR 1. Aligns services/supports with identified customer needs for support	8,3	41,7	50
INDICATOR 2. Reports the number of customers living or working in more independent, productive and community-integrated environments	58,3	29,2	12,5
INDICATOR 3. Measures personal results	16,7	50	33,3
INDICATOR 4. Reports and analyzes aggregated personal results	33,3	54,2	12,5
INDICATOR 5. Uses technology to improve personal outcomes	20,8	45,8	33,3

Table 2
Percentage valuation of each indicator in the Growth perspective.

	VALORATION INDICATOR (in %)		
	0	1	2
INDICATOR 6. Articulates the organization’s mission and desired results	12,5	41,7	45,8
INDICATOR 7. Participates in collaborations	8,3	41,7	50
INDICATOR 8. Develops program options	12,5	58,3	29,2
INDICATOR 9. Uses and evaluates high performance teams	41,7	29,2	29,2
INDICATOR 10. Monitors job satisfaction and develops job enrichment programs	25	37,5	37,5

Table 3
Percentage valuation of each indicator in the Financial Analysis perspective.

	VALORATION INDICATOR (in %)		
	0	1	2
INDICATOR 11. Compares unit costs in different locations and service delivery platforms	29,2	33,3	37,5
INDICATOR 12. Reports the percentage of budget allocated to customer support	41,7	29,2	29,2
INDICATOR 13. Monitors the relationship between social capital and economic capital of the organization	50	33,3	16,7
INDICATOR 14. Uses fixed and variable cost data to establish a cost benchmark rate	20,8	50	29,2
INDICATOR 15. Analyzes the overall expenditure rate to increase efficiency	16,7	25	58,3

given to the indicators that compose it, with 9 centers (37.5% of the sample) that are in scores between 0 and 2 in the total sum of all the indicators (16.7% score 0 in the 5 indicators). In the evaluation of the indicators, indicator 13, social and economic capital, receives the worst evaluation (50% of the sample scores it at 0), followed by indicator 12 (budget allocated to support). Indicators 15 and 11, related to cost comparison and expense analysis, are the most highly rated.

In the internal processes perspective, 66.7% of the centers score ≤ 5 , with approximately 30% of the centers (7) placed in a score between 0 and 2 in the total calculation of the indicators. Table 4 shows that indicator 17, vertical alignment of organization-individual components, is the worst rated, with 45.8% of the sample reporting no evidence in their organization. Two other indicators, 18 and 20, related to evidence of alignment between services and support needs and the use of quality indicators for service improvement, show high percentages of the non-existence of evidence (41.7% of the centers in both indicators). Indicator 19, related to the use of data for different purposes, presents the best

Table 4
Percentage valuation of each indicator in the Internal Processes perspective.

	VALORATION INDICATOR (in %)		
	0	1	2
INDICATOR 16. Horizontally aligns input, process, and output components	29,2	54,2	16,7
INDICATOR 17. Vertically aligns the input, process, and outcome components of an organization with the input, process, and outcome components at the individual level	45,8	33,3	20,8
INDICATOR 18. Demonstrates the relationship between the service/support units provided and the assessed support needs of customers	41,7	25	33,3
INDICATOR 19. Uses data related to personal and organizational outcomes for multiple purposes	25	45,8	29,2
INDICATOR 20. Uses evidence-based indicators for continuous quality improvement	41,7	25	33,3

evaluation, with 75% of the centers scoring between 1 (1 or 2 criteria) and 2 (3 criteria).

In the results of the frequency analysis of the scores obtained in each perspective that make up the efficiency and effectiveness indexes (Table 5 and 6), it can be seen that the results present a very heterogeneous distribution. The calculation of the median in the *effectiveness index* (sum of results obtained in the *customer* and *growth* perspectives), Me= 12.5 (maximum score 20), places 70.8% of the entities below it, with 37.5% of the organizations (16) in a range [11,13] close to the median and 16.7% (4) of the organizations with low scores, range [2,7], the same percentage as in the high scores, range [16,20]. As for the *efficiency index* (sum of results of the *financial analysis* and *internal processes perspectives*), 79.2% of the organizations score below the median (Me=13, maximum score 20), with 37.4% (9) of them in a range [10,12] close to the median, presenting low scores, range [0,6] 25% of the participating entities.

According to the scores obtained in the two previous indexes, the frequency analysis of the *sustainability index* (Table 7) shows that 16.7% of the organizations are below the median (Me=12.5, maximum score 40), with 58.3% of the organizations in the medium scores, interval [16,23], 12.5% below 10% and 8.4% with a score above 30 in this index.

The combined results of all the organizations participating in the effectiveness and efficiency indexes (Fig. 2) show, at a general level and as a summary of the above, the level of implementation of each one of them, and their individual influence on each index.

3. Discussion

The aim of this study is to determine the usefulness of the OEES scales as a self-assessment system of professional practices in organizations that support adults with intellectual disabilities as a diagnostic tool that, using a set of evidence-based practices as indicators in the four perspectives of organizational performance, based on the quality of life and people support approaches, allows them to identify the existing discrepancies between their current organizational culture, their practices that identify their values and beliefs, and the desired target culture they intend to address, the evidence-based practices of the scale, providing an analysis of their effectiveness and efficiency and of their organizational sustainability in an environment of demand for change in the response of organizations derived from the models of care for people with IDD.

In addition, the object of the study is also the analysis of the usefulness of the application of the scale, according to the results obtained by each organization, to identify strategies with which to initiate the process of transformational change oriented towards the aforementioned challenges, specifically, the achievement of personal goals valued by people, the flexibility of its structure towards greater fluidity and horizontality, the rethinking of the function and roles of professionals and people with disabilities (active members of society) and the introduction of the valuation of professional performance and effectiveness,

Table 5
Frequency analysis Effectiveness Index.

Raw score	N	%
2	1	4,2
5	1	4,2
6	1	4,2
7	1	4,2
9	4	16,7
10	3	12,5
11	3	12,5
12	3	12,5
13	3	12,5
16	2	8,3
17	1	4,2
20	1	4,2
Total	24	100

Table 6
Frequency analysis Efficiency Index.

Raw score	N	%
0	2	8,3
1	2	8,3
5	1	4,2
6	1	4,2
7	3	12,5
9	1	4,2
10	5	20,8
11	2	8,3
12	2	8,3
17	2	8,3
18	1	4,2
20	2	8,3
Total	24	100

Table 7
Frequency analysis Sustainability Index.

Raw score	N	%
3	1	4,2
9	1	4,2
10	1	4,2
11	1	4,2
15	1	4,2
16	2	8,3
17	1	4,2
19	2	8,3
20	1	4,2
21	2	8,3
22	3	12,5
23	3	12,5
27	1	4,2
30	2	8,3
37	1	4,2
38	1	4,2
Total	24	100

efficiency and sustainability in the organizational dynamics (Bradley, 1994; Schalock & Verdugo, 2013; Schalock et al., 2015).

The reliability data of the scale show acceptable results in the four performance perspectives analyzed and in the effectiveness (which integrates the customer and growth perspectives) and efficiency (which integrates the economic and internal processes perspectives) indices, except for a questionable data in the customer subscale, which, according to Huh et al. (2006), is considered acceptable due to the nature of this initial exploratory research study on the application of this scale.

3.1. Customer perspective

The results show, in all the organizations, an average degree of implementation of practices oriented to the provision of support to people, the development of logical models of programs based on personal goals and support needs of individuals, as evidenced in indicator 4, which shows the need to give greater importance to measuring the impact of practices on personal outcomes and on their quality of life (Thompson et al., 2010; Schalock et al., 2015), and also in indicator 2, which indicates that the organizations are not giving sufficient relevance to the information and measurement of the impact of their practices on social and labor independence level of the people in the service, both aspects which directly guide the individualized support plans.

From the analysis of practices used in the measurement, it can be inferred that the improvement in this perspective is linked to the integration of strategies in the dynamics of the services for the development of individualized itineraries for people with IDD in the community (pre-employment, promotion to employment, etc.); of analysis of the environment and the opportunities it offers to the people in the service; and to promote, in a more systematic and relevant way, the passage of

OEES Scoring Form

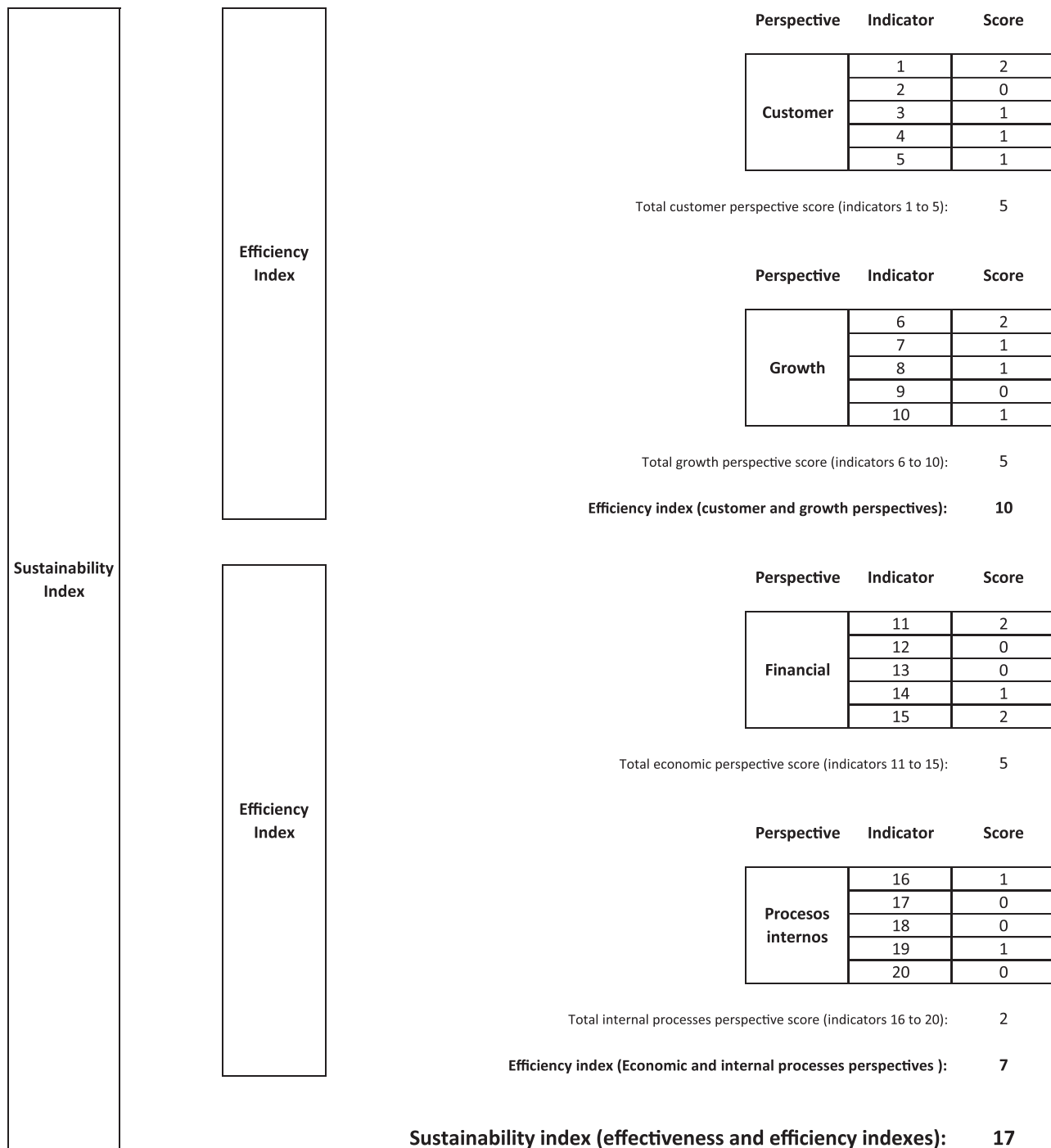


Fig. 2. Aggregate results by perspective and index, Note. Highest frequency raw scores.

people to more inclusive environments (labor, housing or others) as an expected result in people and the organization, developing future plans aimed at their community inclusion (Schalock, 2018; Verdugo, 2018; Schalock et al., 2014a, 2014b). Ultimately, to introduce a belief into their culture that organizational outcomes improve when services are accountable to people with IDD and their families and use formulas such as formal service agreements, participation in decisions about the types of support to be provided and personalized individualization of the service (World Health Organization and World Bank, 2011).

3.2. Growth perspective

The development in the participating organizations of their mission and participation in collaborative networks (indicators 6 and 7) are their strengths, which can be explained by many of them being part of a network that shares knowledge and experiences, aspect of great relevance for their development and sustainability, as pointed out by Schalock et al. (2014b), who state that the development of alliances for a common purpose is directly related to the generation of capacity in organizations, making them stronger in the social environment where they coexist, providing strategic clarity and knowledge to the members of the

organization about its objectives, strategies and goals, with a direct impact on increasing their motivation to achieve them (Wright, 2007; Castañeda, 2015). Further progress is needed in strategies for monitoring and improvement of the relationship between the mission and the expected results in person-oriented community supports, and in greater specification of the expected results in people and in the organization and, in more detail and depth, according to the results achieved, in the development of strategies that promote diverse program options for people based on their support needs, improve their supports in natural environments and offer community alternatives (Schallock & Verdugo, 2013).

The indicators of high-performance teams and job satisfaction clearly show the need to promote strategies and actions that allow the development of horizontal organizational structures, focused on promoting teams to improve management in human resources policies (performance, promotion, training in ethical values and conflict management) and organizational success (leadership, interpersonal skills, improvement of autonomy and achievement) which generate good practices and empower professionals and involve them in the organization (Schallock & Verdugo, 2013).

3.3. Financial analysis perspective

The overall assessment of this performance perspective, which evaluates the use of organizational information and data in the financial practices of the organization, placing this perspective as the second with the least evidence provided by organizations, which reflects the rootedness of the classic design of budget preparation, based on the generic allocation of budget percentages destined to support people, as it can be seen that the practices where organizations report evidence are those related to the control and analysis of expenses and costs to obtain data on financial situation of the organization (indicator 15, identification of general expenses, calculation of indirect costs, cost per user and the preparation of periodic reports to reduce expenses and optimize the service) and, to a lesser extent, the use of practices to improve profitability, to reduce fixed costs through greater use of community resources (indicator 11, identification of fixed and variable costs and the proportion between them).

On the other hand, the low level of implementation of practices linked to the relationship between social capital and economic capital, to the reporting of the budget allocated to support and to the specific calculation of costs, make it necessary to propose a change in practices based on the adoption of a framework based on the social and solidarity economy, a challenge that 3 out of 4 disability entities in Spain claim to have (Observatorio Estatal de la Discapacidad, 2019).

Based on the information obtained, the introduction of economic strategies that implement greater concreteness of cost calculation (of programs in hours, days and months, of fixed and variable unit costs of each service provided and obtaining adjusted person/day prices) and budgets (oriented to the provision of personal supports) that allow evaluating organizational efficiency (Herman & Renz, 2008), together with the use of comparative cost analyses with other similar entities and cost reduction studies (Schallock et al., 2014b) and the identification, calculation and economic impact on the organization budget of its share capital (collaborations with other organizations, volunteer dedication, donations, subsidies, third-party contributions.) will allow the organization to achieve financial efficiency, which, according to Bradley & Kimmich (2003), would also make it possible to mitigate the socio-financial disadvantages of people with IDD.

3.4. Internal processes perspective

It includes several of the indicators with the lowest scores out of the total set of organizations, evidencing the need to tackle the improvement of practices related to the vertical alignment between the input, process, and output components of the organization and the person, in

the relationship between the supports provided and the assessed support needs of people with IDD, and, finally, in the continuous improvement of service quality. Particular significance is the fact that 40% of the centers state that they have no evidence of support provided and the continuous quality improvement (indicator 20), which shows the lack of objective implementation of structured systems for monitoring per indicator of quality of life and service quality. In parallel, and in the same dynamic, the use of people and organizational data for multiple purposes presents a medium to low implementation level in organizational evidence.

There is a need to introduce strategies to improve the evaluation of expected results at the level of the individual and the organization, analyzing the discrepancies and identifying their causes between the expected results for individuals and in the support strategies implemented by the organization. It is also noted that strategies should be developed to deepen the assessment of people's support needs and the actual implementation of individualized support plans, which, as mentioned above, are the basis for inclusion of people with IDD in programs and in the allocation of resources to guide budgets (Schallock & Verdugo, 2013).

There is evidence of the need to introduce quality improvement actions in the four perspectives evaluated and to generate systems for the collection, analysis, and use of personal and organizational outcome data (Schallock et al., 2014a, 2014b).

3.5. Overview of the organizations

From the analysis of the combined results of all the organizations, it can be observed that, altogether, they self-evaluate themselves at medium levels of organizational effectiveness (achievement of the objectives sought by the organizations), and a lower evaluation in organizational efficiency (degree of achievement of planned results with the use of their resources). From the overall sustainability index, the need to adopt strategies to adapt to the changes required by the environment in the four perspectives evaluated, incorporating evidence-based practices into organizational policies and practices and providing a wide range of opportunities and programs in the provision of services, can be inferred.

The wide gap between the current organizational culture and the target culture to which the organizations evaluated are oriented shows the need to design profound transformational change processes, moving from commitment to action, implementing different strategies from those described above (Schallock & Verdugo, 2007).

4. Lessons learned

One of the most important responsibilities of the management of an organization consists of responding to the stakeholders that surround it (Minoja, 2012), in a continuous change process that combines a business mentality (effectiveness, efficiency, and sustainability) with the values of an organization that works with people (Naranjo & Calderón, 2015; Schallock et al., 2016; Schallock et al., 2015), generating value in a sustained manner that guides decision-making through harmonized organizational processes (Kotter, 1997; Figge, 2005; Chari, 2009). The need to avoid simplistic or unplanned approaches to change makes it necessary to go deeper into the components of organizational culture and their evaluation, through the evaluation of organizational practices in the four perspectives of organizational performance (Kaplan and Norton, 2000), which are evaluated in this study using evidence-based practices as indicators, show the usefulness of the OEEs in the organizations of persons with intellectual and developmental disabilities for an organizational diagnosis and the generation of strategies to facilitate the initiation of a planned process of transformational change from people and processes simultaneously (Beer et al., 1990), which allows them to be sustainable, combines the human and social aspect of the organization with the technological and structural elements (Christensen & Overdorf, 2000), and adapts or changes the responses to new scenarios

and challenges (Pérez-Vallejo et al., 2017), associated with the theoretical paradigms of care for people with IDD (social-ecological model of human functioning, quality of life model, the concept of intellectual and developmental disability, the paradigm of supports, the principles of ethics and the recognition of the rights of persons with disabilities).

It is necessary to expand with similar studies in other types of support services in the field of organizations of persons with intellectual and developmental disabilities for a broader diagnosis of the situation and to obtain comparative analyses that could not be performed in this study because it is an initial pilot study, which presents as a limitation, in a possible generalization of results, having been limited to a modality of providing support to people, day care to adults with mainly intermittent and/or limited support needs in their personal and social autonomy, in a specific geographic area.

In turn, it would be advisable to broaden the participation of other relevant informants in this type of self-evaluation to avoid the incidence of possible biases due to lack of knowledge, or undesired biases due to the fact that they are carried out with the voluntary participation of centers and informants (Worthen et al., 2004), minimizing the possible tendency to overvalue practices due to the "need" to project a positive image of their work (Giné et al., 2004), and thus motivating the structuring of an objective system for collecting and archiving evidence, an aspect that has been shown to be weak in organizations and that can limit the scope of the results of studies (Shonkoff & Fisher, 2013).

Declaration of Competing Interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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