



# RESEARCH TO PRACTICE NETWORK

## **Implementing Change: Lessons Yet Unlearned**

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The **Research to Practice Network** is a contingent of scholars and researchers working in collaboration with CoreBC and the Federation of Community Social Services of BC to provide practitioners with insight into emerging research relevant to the field of community social services.

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## Implementing Change: Lessons Yet Unlearned

Approximately 15 years ago, MCFD implemented the BC Risk Assessment Model (BC RAM) and the first author of the present paper was contracted to evaluate the first stage of its implementation. That evaluation is instructive with respect to present day implementation of a new assessment framework coterminous with a new information management system within the public service.

The BCRAM was developed thorough a process of internal and external consultation involving staff, community agencies, and national and international experts. The process of implementation recommended by the advisory committee that crafted the BCRAM in the mid 1990s was to follow a readiness model. In other words, training would be made available in waves and it was hoped that those who had the training would provide feedback and encourage use of the model among their colleagues.

It was anticipated that newer staff in particular would find it useful to have a framework for the assessment of risk and the derivation of relevant plans for the reduction of identified risks. For more experienced staff, the model would serve as an “aid memoire” to ensure comprehensiveness in their consideration of the major areas of personal and familial experience associated with the risk of maltreatment. Implementation would be gradual and voluntary.

The criteria for implementation included:

- Completion of SWMIS (social work information management system) implementation;
- Stable staffing in the pilot offices (i.e. the majority of social work positions in the pilot offices to be filled by permanent staff, not auxiliaries);
- The availability of coverage to backfill district office staff during training to ensure continuity of service and uninterrupted participation in the training;
- Interest in the model at the district office level; and
- Prior training to district supervisors within their own regions to equip them to lead their teams through training and implementation.

The aftermath of the Gove Inquiry changed all of that.

In response to negative press and political pressure in response to the report of the Inquiry, MCFD field staff were given marching orders to implement the BCRAM (later termed the Comprehensive Risk Assessment or CRA) province-wide within six months. That would have proved an enormous undertaking in itself but it happened at the same time as yet another reorganization and the implementation of the new information management system (MIS). The parallels with the present give pause for concern.

Despite the challenges associated with implementation of the CRA in 1996-1997, immediate post-implementation evaluation indicated some success and a number of areas for ongoing training. Acceptable levels of inter-rater reliability among social workers were achieved in the areas of family influences (except where family violence was involved), abuse and neglect influences, and parental response to intervention. The assessment of children's behaviour, mental health and development, and their response to their parents, however, remained highly inconsistent.

Overall, evaluation indicated the assessment of parent/child interaction, parental capacity to recognize and respond to child needs, and child behaviour and mental health was less consistent than necessary to ensure reliable judgement in these areas. These are areas that require the most opportunity for observation and where clinical judgement improves with training and experience.

Today field staff are having to implement a new Strengths and Needs Assessment at the same time that a new Integrated Case Management System (ICM) is being rolled out. Training was completed in advance of the rollout in some regions and the latter precedes the former in others. In a Ministry focussed on assessing and strengthening family systems, it is perplexing that the most basic tenet of systems theory could be ignored again.

All systems, social, biological or organizational, can only assimilate so much change at one time. Adaptation and change occur as the larger system finds the new elements compatible and useful. When too many requirements for change occur at the same time, the system's survival is threatened and it is more likely to reject the new elements. When a family loses or adds a member, roles have to be realigned, new tasks learned and overtime a new homeostasis is established. When families are overridden with requirements of unbidden change, as can occur in the wake of natural disasters or social upheaval, entropy or social decline can ensue.

We see this among refugee families whose experience of change is sudden and involuntary and often involves the loss of significant roles and mechanisms for social integration. Families with particularly rigid role boundaries are at greatest risk for dysfunction during such times simply because their functions are less pliable and interchangeable. Gendered role divisions and intergenerational power differentials that have served the family historically may present challenges for adaptation in changing circumstances. Most family social workers have seen the subtle imbalances that can ensue, for example, when children become the interpreters and culture brokers for their parents. Even more serious challenges follow the loss of the breadwinner in families with highly gendered role divisions. Colleagues with rich cross-cultural experience tell us that immigrant families are often more traditional and conservative (in the sense of conserving traditions) than are their contemporaries in their countries of origin where change has been assimilated gradually and willingly. Rapid change may sometimes be necessary, or even essential, to survival but it is more fraught with challenges to assimilation.

Implementation of the CRA was rushed and occurred in the wake of multiple other involuntary changes. It was treated as though it had actuarial (predictive) properties when in fact it was a consensus model founded on the best practices of the day and intended only to prompt greater consistency and comprehensiveness

in assessment. A real actuarial model would have required ongoing evaluation to determine the comparative circumstances under which it was most and least predictive. This would have provided the means to its ongoing development and correction and to determine staff training needs. In a system overwhelmed by multiple changes within a short period of time, it became little more than a paper exercise – a bureaucratic requirement often completed on the basis of a file review that was only as reliable as the observations of the last observer. The new Strengths and Needs Assessment seems consigned to a similar fate.

Line staff in several offices report that the new Strengths and Needs Assessment (SNA) is already being treated as a bothersome paperwork exercise implemented conterminously with the new ICM computer system. It is frequently completed after the service plan is drawn rather than as a prelude to the negotiation of that plan. Many contend that service plans are determined more by availability than by careful assessment anyway, so prior completion of the SNA is moot. This presents incontrovertible challenges for evaluation. In fact, it makes evaluation meaningless.

If assessments are completed and computer-entered after service plans are drawn, those so-called assessments will simply be completed in such a way as to rationalize the service plan. The match between assessed needs and service plans should therefore seem perfect though alas perfectly inauthentic. This will make it impossible to distinguish between the circumstances where those plans were effective and where they were not. Any subsequent efforts to reform the community-based contract sector in correspondence with changing needs and circumstances in the field will be futile. Program adaptations on the basis of evidence of effectiveness will be similarly impossible.

Accurate program evaluation is only possible under conditions of program fidelity. In other words, the same program elements have to be implemented consistently. Without this, outcomes cannot be attributed to the program. Nowhere has this been more amply demonstrated than in the literature on family preservation programs aptly summarized by the Washington State Institute for Public Policy (2006). What is often referred to as family preservation in B.C. more accurately refers to family support in multiple forms adjusted to the particular needs of families and the skills and abilities of employees in the various community-based contract services. These supports can only be evaluated using single subject designs

because the “components” of the work may be different in each case and there are no core program elements to be systematically related to proposed outcomes. The advantage to this approach lies in its flexibility and adaptability to the unique circumstances of individual families, but any systematic aggregate evaluation is restricted to global measures of satisfaction and less specific outcomes like reduced numbers of admissions to care, and workers’ reports of general family functioning. Where specific goals and indices of their achievement are set in advance, individual and family progress toward those goals may be measured and the overall effectiveness of a particular contract service can be assessed in relation to its ability to meet those objectives.

What remains elusive, however, is the identification of the particular program elements and practices that work in relation to specific individual, familial and contextual variables. Without the latter, program reform or refinement remains largely a question of guesswork. This is particularly ironic since both the CRA and now the SNA were introduced to ensure some consistency and standardization in assessment and service planning across the province. British Columbia is not alone in this enterprise and there are other jurisdictions to learn from.

Ince and Griffiths (2011) have described a similar computerized information system, the Integrated Children’s System (ICS), implemented in the U.K. That system was intended to provide “an electronic record of each child’s contact with social care” (Ince & Griffiths, p. 1498). It sought to achieve the laudable goal of documenting data collected on assessment and service planning along with the interactions among other service providers and the focal child and family. The authors declare themselves to be in favour of computerized information systems as having the potential to reduce barriers to coordination and to increase standardization in professional practice. Nonetheless they identify a number of challenges that seem prescient with respect to the B.C. experience. Screen navigation, the imposition of inflexible time frames for completion, the inability to produce correct reports on related family members, the lack of a narrative focus and the amount of time a social worker has to spend interacting with a computer rather than with the people on their case loads have all been identified as unintended and unfortunate by-products of ICS in the U.K. (Shaw et al., 2009; Wastell, White, Broadhurst, Hall & Peckover, 2009).

... ICS leads to the fragmentation of the assessment process, is time-laden for social workers in inputting and accessing information is duplicatory in inputting sibling

information and, in tandem with performance timetables, appears to promote a 'production line' mentality rather than provide an opportunity for reflective practice. In regard to fragmentation, the organization of information on ICS separates the child from their family and significant others and does not give the practitioner a coherent and integrated 'whole' view of the family and important relationships and events. Whilst it is possible to gain the 'whole view' this requires additional time and effort and adds to the social workers already sizeable bureaucratic workload. (Ince & Griffiths, p. 1500)

Although the implementation of change within MCFD is once again imperilled by the means of its initiation, all is not yet lost. The SNA on-line instrument has fields for entering narrative descriptions and annotations. This provides an opportunity for staff to comment on what they think the family actually needs in comparison with what is immediately available to them. The SNA, like the CRA, covers several domains essential to the assessment of child and family needs. The inclusion of narrative fields allows workers to make a more individualized assessment of the abilities and vulnerabilities of family members and their collective functioning as a family system. This also permits workers to prognosticate on the likely time frame for change in relation to the developmental needs of children as these are reflected in the judicial guidelines associated with court orders and with best practices in the field of family support and family preservation.

This greater specificity in the identification of family strengths and needs can allow workers to be more precise in their recommended service plans while acknowledging that those recommendations may not be entirely met by available services. This would also move the province toward better evaluation of what is working, where, and under what individual, family, and service conditions. It encourages workers' discretion and judgement while working within a standardized framework for assessment and service planning. Implications for the community-based contract sector are significant but need not be threatening.

If MCFD line staff were to put the narrative fields to best purpose in specifying operational outcomes, indices and time frames for service based on their authentic assessment of client needs and abilities, their referrals for contracted services would be much more specific. Community-based services would thereby be assisted to make informed admission decisions based on their own resources and abilities. This would facilitate the ongoing evaluation of service needs and capacities and move us beyond the current "one size fits all" approach to service delivery.

Early evidence of the implementation of SNA and ICM suggests a fatalistic approach to implementation. If social workers believe that service plans are predetermined by availability and the preferred practices of contract services, then there is little reason for them to take the implementation of change seriously or to exercise judgement and discretion in their assessments and service plans.

Countering this will require initiative, courage and leadership within the Ministry. Team leaders will have to be willing to sign off on service plans that reflect both the ideal and the real. Such plans might also reflect reservations, qualifications and preferences that may not align exactly with what is presently available within the community-based contract sector. Those divergences however are precisely what will help sharpen worker's assessment skills and enable more precise evaluation of the links between assessed needs and strengths and service strategies and outcomes.

For community-based services this will require sufficient flexibility to adapt prevailing service strategies to the more specific goals and time frames set by referring social workers. Attention to these specifics, however, will permit aggregate evaluation that will help to sharpen program developments and modifications in line with evaluation findings.

Evaluators of the system implemented in the UK recommended a gradual decommissioning of their ICS and a switch to a simpler system that contains word-processed files. This would constitute a radical departure with implications for political fallout associated with reversing implementation of a system that has already costs countless millions. In BC this will be tantamount to acknowledging a boondoggle almost on the scale of the fast ferries.

In the words of British evaluators Ince and Griffiths, "What the ICS system represents is not only a technical view of a human-centred process, but also a concrete and expensive memorial to a breakdown in communication between government and the social work profession..." (2011, p. 1510). While it is probably unrealistic to expect the political courage required to reverse a bad decision, we may not need to succumb to pessimism. BC's ICM may be irreparable but that has yet to be determined. What is clear is that critical steps in the development of a user-friendly and productive information system were omitted. Again we can turn to lessons learned in the UK:

Developing a modern computer system is a complex process. It involves a developer talking to a customer or set of customers and examining customer documents (requirements analysis), writing down what a system should do (requirements specification), designing the system in terms of modular building blocks (system design) , implementing the system using some programming language (programming) and then validating the system (testing). (Ince & Griffiths, p. 1501)

At this stage of implementation, it may still be possible to validate the ICM or parts of it through testing and thorough consultation with line level users. This level of consultation may have been omitted from the original design and implementation process but remediation makes it imperative now. Whether or not this occurs will be the test of whether implementation is to serve the profit motive of the provider or the service motive of the public sector (MCFD).

Accountability is about more than accounting. It involves questions of both efficiency and effectiveness and the latter rests in part on its usability. Those interviewed for the purpose of this article span a broad range of social work experience and technical facility. What they expressed in common is a commitment to evidence-based practice and a desire for the instrumentalities that would support their efforts to achieve change with the families they serve and the systems designed for that service.

The movement toward evidence-based practice is laudable but can only be realized through evaluation, which in turn rests on a clear and specific ordering of assessment, service plans and operationalized service contracts. The Federation, through its encouragement of accreditation, has taken the community-based contract sector closer to the realization of the capacity for service development and reform based on evidence and evaluation. It remains for both the Ministry and the community sector to take a purposeful pause to reflect on what is required to move forward.

No less renowned proponents of evidence-based practice than U.C. Berkeley's Eileen Gambrill (1995) and Canada's Katherine Dill and Wes Shera (2012) have argued the ethical imperative of evidence-based practice and evaluation. That imperative broaches no compromise and certainly obviates cynicism about the relationship between assessment and service planning. For policy makers, this means stopping to think realistically about the systems their decisions affect. Forced-march implementation is unlikely to reach its desired destination. Organizational systems are no more likely than family systems to function well

and adaptively in the face of pressure to perform beyond capacity. When pressure is unabated and unrealistic, members of the focal system are less likely to engage with the change beyond superficial compliance and more likely to dissimulate. What we would not willingly do to the families we serve, we must not do to ourselves.

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