Who's on board? Child welfare worker reports of buy-in and readiness for organizational change ☆

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ABSTRACT

This study views the extent to which staff buy-in for an organizational innovation in child welfare (CW) relates to implementation progress. The study occurs during implementation of a statewide practice model that was supported with technical assistance from the Mountains and Plains Child Welfare Implementation Center (MPCWIC) and framed around the National Implementation Research Network model. Mixed methods were used to address three study questions: (1) what is the level and nature of buy-in related to the innovation? (2) does buy-in vary according to staff characteristics, and (3) what is the relationship between buy-in, local level agency readiness, and implementation status one year after project start? Survey data were collected from 568 CW staff in 13 local county agencies and 12 implementation specialists assigned as coaches. Focus groups and interviews were conducted with 52 staff in four agencies. Bivariate chi-square analyses and multivariate regression using a cumulative logit model showed that buy-in was related to gender and agency tenure. Implementation progress was higher among smaller agencies, and agencies with lower levels of job stress. Qualitative themes centered on staff inclusivity in project design, communication, and supervisor support. Findings highlight the need to adapt implementation strategies in urban and rural locales, and to attend strongly to staff selection, supervision, and inclusion during implementation. Addressing job stress may help bolster implementation.

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1. Introduction

Research concerning the uptake of new practices in human services stresses that interventions should be viewed as compatible by the potential implementers as a key aspect of implementation success (Aarons & Palinkas, 2007; Proctor et al., 2011; Rogers, 1995). Alternatively associated with terms such as fit, change valence, appropriateness, and buy-in, the notion is that change is more likely when adopters believe that the change is necessary, important, beneficial and worthwhile (Bouckenooghe, 2010; Weiner, 2009). As early as the 1950s, organizational change theorists proposed that change begins by "unfreezing" the organization through altering the existing views of

staff and creating the motivation to change (Lewin, 1951; Weiner, Amick, & Lee, 2008). Since then, implementation research has emphasized the need to assess multiple levels of system readiness, with most evidence still supporting two overarching components to preparing for change: staff motivation—*being willing*, and organizational capacity—*being able* (Weiner et al., 2008).

Child welfare organizations are complex environments in which to introduce change. First, public child welfare agencies are large—encompassing a state governing body and multiple local service providers (CW agencies), which are county or regionally based, and can number upwards of 100 agencies in one state. Second, these local CW agencies, particularly those that are large or moderate-size, consist of multiple internal work units that perform distinct (and often siloed) functions. One hand may not know what the other is doing. Conversely, in smaller agencies, workers perform all work functions, from intake to foster care. This local diversity contributes to varying training and professional development needs, and can create tension between urban and rural locales. Finally, child welfare work is unpredictable and crisis-oriented, requiring staff to spend significant time offsite, attending court hearings or visiting with families. This makes internal communication challenging, and primarily centered on the welfare of children and families rather than on organizational strategic planning or change.

How do child welfare agencies successfully implement change, and to what extent do staff attitudes influence implementation? Multiple

studies have been conducted to examine the adoption of organizational change and evidence-based practices in the fields of psychology, health promotion, and education (Greenhalgh, Robert, Macfarlane, Bate, & Kyriakidou, 2004; Powell Davies et al., 2012). Very little research has been conducted in child welfare agencies to understand what contributes to successful implementation in these unique environments.

This study aims to contribute to what is known about introducing large-scale change in a public child welfare organization. The study uses data from over 568 child welfare staff in 13 local agencies, along with case study interviews and focus groups in a subset of four agencies ($n = 52$), all involved in implementing a statewide set of standard child welfare practice, values, and protocol ("practice model"). The study uses mixed methods to address three study questions: (1) what are the level and nature of buy-in related to the innovation? (2) does buy-in vary according to staff characteristics, and (3) what is the relationship between buy-in, local level agency readiness, and implementation status one year after project starts? The study draws on implementation science, diffusion of innovations theory, and organizational change management theories to guide the study questions. We hypothesize that agencies whose staff report higher levels of awareness, understanding, and belief that the innovation is worthwhile will be more likely to reach implementation compared with agencies with lower levels of awareness and buy-in. The study tests this hypothesis controlling for organizational characteristics such as readiness for change at the outset, job stress, and leadership.

1.1. Staff buy-in, organizational readiness, and the adoption of new practices

The seminal article by investigators Greenhalgh et al. (2004) recommends that there not be any additional studies of the individual patterns of the adoption of an innovation. This includes the idea that there are different types of adopters, from someone who is an early adopter with a particular set of characteristics, to another who is more reluctant and a later adopter—who could then be persuaded to adopt the innovation in a wholly different manner (Rogers, 1995). Instead, because there is little empirical evidence for these adopter categories, Greenhalgh and colleagues propose a focus on (1) why and how people and organizations reject an innovation after adopting it, and (2) what from the fields of cognitive and social psychology are transferrable, given a particular innovation and circumstance or setting?

Weiner et al. (2008) also stress the mix between individuals and the organization, in conceptualizing readiness for change. According to this review, individual readiness includes motivation and willingness to consider adopting new ideas at the outset, whereas receptivity and openness to change reflect one's attitudes toward change in general (Weiner et al., 2008). Later on in a change initiative, whether the change is accepted or resisted by individual members becomes relevant.

In 2010, a set of outcomes was proposed to distinguish implementation outcomes in human services from service and client-level outcomes (Proctor et al., 2010). This also categorizes individual views of an innovation that are related to the innovation itself or to the practice setting (Proctor et al., 2010). Acceptability, in this framework, refers to the perception among members that the innovation is agreeable, palatable, or satisfactory, based on the members' direct experience with the innovation. The authors distinguish this from appropriateness, which refers to whether the innovation is perceived as a good fit or is relevant to a particular issue, problem, consumer, or setting (Proctor et al., 2010). These distinctions are so finite, however, that it is difficult to separate and conclude how implementation strategies might be adjusted to meet each goal.

The Diffusion of Innovation theory (Rogers, 1995) describes the process that individuals go through to adopt an innovation, from knowledge, persuasion, decision, implementation and confirmation. The process includes being first exposed to the innovation, weighing the relative advantage of the innovation and deciding whether to continue, adopting the innovation to varying degrees, and confirming that the innovation was worthwhile to do. Diffusion theory stresses that interpersonal communication channels are key to achieving implementation success in that individuals are most influenced by those who are closest to them, such as their immediate supervisor or team member (Rogers, 1995). In complex change, such as large-scale implementation, however, research supports that spread and implementation occur through a more messy, organic process (Greenhalgh et al., 2004).

Yet, there are virtually no studies to support any given approach to achieving buy-in during practice and organizational changes (Fixsen, Naoom, Blasé, Friedman, & Wallace, 2005). Consistent leadership at multiple levels can influence the success of implementation, as well as promoting the utility of the innovation with the service users themselves (Frambach & Schillewaert, 2002; Groves, 2005). In child welfare services, agencies characterized by low rigidity (less emphasis on beauracratic "red tape"; inflexible rules and protocol) and high worker reports of feeling supported, effective, and cooperative with team members relate to higher staff morale and job satisfaction (Glisson, Green, & Williams, 2012), but research is needed to link organizational and staff-level views to large-scale change that is characteristic of child welfare, such as practice models or moving to a statewide centralized intake system. In this context, a model for creating the change that is less "messy and organic" is needed to help frame the strategies and plan for organized roll-out across a large group of individuals and agency locations.

1.1.1. National Implementation Research Network (NIRN)

In 2005, the National Implementation Research Network established a set of implementation drivers and stages based on a review of over 1000 studies and articles related to successful organizational change (Fixsen et al., 2005). The resulting NIRN framework consists of seven core implementation components or "drivers" and six implementation stages. Stages are exploration and adoption, program installation, initial implementation, full operation, innovation, and sustainability. Drivers—described as interactive processes that are integrated in the initiative to maximize their influence on staff behavior—include components such as staff selection (identifying internal qualified staff or characteristics and procedures for external hiring), consultation and coaching, and pre-service training (Fixsen et al., 2005).

The NIRN framework was selected to guide the implementation of child welfare systems change across the U.S. in 2008, supported by five regionally-based child welfare implementation centers that were funded by the federal Children's Bureau. State and tribal child welfare agencies implementing a change received intensive technical assistance (TA) from the regional center using the NIRN model over a period of 2 to 4 years (Armstrong et al., in press). This typically involved having one or two center staff who worked directly with the agency around implementation drivers such as obtaining leadership training for upper management or helping the agency develop a coaching model to support the planned intervention. Across the five implementation centers, there has been a predictable trajectory to installing different implementation drivers over time; for example, leadership has been a consistent focus over two years, while facilitative administration (e.g. changing policies and procedures to support the intervention) tends to become relevant in later implementation stages (Armstrong et al., in press).

1.1.2. Background on one state's effort

In 2009, a state in the Rocky Mountain region of the U.S. and the Mountains and Plains Child Welfare Implementation Center (MPCWIC) began collaborative work to design and implement a statewide practice model. A practice model is a written document created by the agency to outline how the agency will function according to its mission, vision, and values. A practice model includes clear definitions and explanations of how the agency will work internally, with families, and community partners to provide child welfare services (National Child Welfare Resource Center for