

The Politics of Resistance to Change in Innovative Programming*

ROBERT COUCHMAN

President, Donner Canadian Foundation

Foundations in Canada play a number of critical funding roles, the most important of these being the provision of venture capital for highly creative new ideas generated by bright entrepreneurial people working within Canadian public and charitable agencies, organizations and institutions. Foundations not only have a capacity to take reasonable risks with new approaches and programs but many of them relish the opportunity to encourage positive change. As other funding sources are somewhat more cautious or even risk averse, the limited dollars available from Canada's small foundation sector, particularly for highly innovative programs and research, are very precious indeed. Of Canada's estimated annual charitable giving of 5.45 billion dollars (1990), only 5.5 per cent is provided by Canadian foundations and less than half of this money is spent on service innovation. Thus, the foundation sector pays extremely close attention to the impact that its venture capital is having towards encouraging agencies, organizations and institutions to think more creatively and engage in innovation.

Unfortunately, the general results are discouraging, to say the least. Resistance to change among the majority of organizations supported by foundation grants is exceptionally high and this is not only the case in Canada but also a phenomenon in the United States, where creativity, innovation and the entrepreneurial spirit are viewed as national characteristics. In the *1990 Annual Report* of the Mott Foundation of Michigan, William White, Chairman of the Foundation, noted that over the past two decades, literally billions of dollars of U.S. foundations' money have been generously invested in innovative service approaches in the fields of education, health care and social services. The various systems eagerly absorbed the money, often launched stunningly effective projects and, in the end, failed to integrate the results into the core services of the system or agency. While one can anticipate that a high percentage of experimental approaches will inevitably fail, when successful efforts are discarded, there is reason for genuine concern. Terry Sullivan of the Premier's Council on Health, Well Being and Social Justice made the obser-

* This article has been adapted from a presentation to the Prevention V Conference held in London, Ontario on April 29, 1992.

vation at a recent social agency symposium that the Province of Ontario is “littered with the remains of innovative social programs”.

Two crucial questions inevitably arise from this observation. Is there a need to encourage service experimentation, applied research and policy analysis which are capable of challenging the traditional human service paradigm? We have done fairly well in Canada with models of service developed over the past 50 years. While we have tinkered with education, health care and social service during the subsequent years to maintain their relevance, not since the introduction of national medical care have we engaged in a major paradigm shift. Must we now depart from our course or can we continue to tinker?

The second question, which is the primary theme for this paper, is: What is the nature of this resistance to change? To appreciate truly why and how systems and organizations counter creative change, one must look into the very psyche of the systems and organizations to understand the complex defences which work to maintain the status quo. But before launching into this later enquiry, how important is it, under current conditions in Canada, to promote major systemic change within education, health and social services?

Clearly, the need for thoughtful strategic planning among health, education and social service organizations has seldom been more critical. While public awareness of a major national economic transition seems to be growing, no doubt due to the intransigence of the recession, Canadians seem unaware that the frayed fabric of our social welfare safety net is also beginning to unravel. Global economic conditions, the urgent need for Canadians to reach out and embrace a new idea-driven economy, rather than relying on resource industries and outdated manufacturing, and the ever-increasing debt load of the federal and provincial governments have had the cumulative effect of reducing the availability of government dollars for human services. Under such conditions, the hope that charitable giving will be able to make up the shortfall is desperate thinking, to say the least.

As a result of this situation, the collapse and internal disintegration of services and programs serving communities from coast to coast are becoming as frequent as business bankruptcies. Sadly, a significant number of the new and more innovative programs are among the first to collapse, as they lack profile and a secure base of long-term charitable support. It is inevitable that this trend will spread to strike at some of the large and more traditional programs that have served Canadian communities for many years. On the basis of these developments, the question as to whether we can benefit from highly creative new approaches to the delivery of health, education and social programs in Canada warrants a definitive “yes”. Canada’s social programs, as well as Canadian business, are in the midst of a major paradigm shift. We can, therefore, choose between an accidental future or move deliberately and boldly

in realigning our human service systems to insure continued effectiveness while dramatically improving efficiency.

A smooth transition cannot be effected, however, without experimenting with new approaches to service and program delivery. Systemic resistance to change, under these conditions, is not only foolhardy but it jeopardizes precious resources and professional morale, two ingredients that Canadians will need if they are to continue to express their collective concern for the welfare of their neighbours. How then, do we understand the inability of agencies and organizations to integrate proven and effective changes into their core operations?

Having been an observer for a number of years, and a participant in the politics of innovation and change, I am impressed that a significant number of courageous professionals and volunteers continue to explore more effective, efficient and natural means of addressing the painful side of the human condition. Too often, these idea-driven individuals and collectives are seen as radical or even, in some instances, as a neo-conservative threat to the preservation of the sacred icons of human service systems. Because of the threat they represent to the preservation of the status quo, people with new ideas are all too often marginalized by their agencies, institutions and administrative leaders. Defence against change, however, must be conducted in a subtle manner because the term "innovation" is a powerful concept eliciting positive images of improvement, collaboration, effectiveness and efficiency. As society tends to reward individuals for successful innovation, organizations and institutions generally give the appearance of fostering and embracing their most creative professionals and volunteers.

At a deeper level, however, innovation is resisted with a vengeance. Thus, too many bright and creative professionals find themselves seductively showered with the praise of their administrations and the community in the early and middle stages of the development of their innovative program efforts but, mysteriously, towards the end of their pilot efforts, long after the harvest of praise has been reaped by the agency or institution, the funds for their work quietly disappear. Noting this problem the puzzled workers inevitably hear the response, "There are no more grants from government or the foundation to continue your very fine program". For those few senior administrators who strongly support and believe in the innovative new program, the pressures against integration of the new program into the core services of the organization largely come from other administrators who are threatened by the loss of financial resources from their own program envelopes or by a board of directors which is reluctant to accept the challenges of change.

The problem is not one of failing to generate new and creative ideas. The problem, rather, is the failure of organizations and service systems to learn

from experience and adjust their core program elements to the new learning. Innovative approaches which break down boundaries between agencies and systems, particularly those which are collaborative and interdisciplinary, have the lowest potential for systemic integration, despite the fact that they may possess the greatest potential for long-term positive change.

When it comes to the public reasons most often cited for this failure to integrate innovative projects into agency core programs, the answers bear repetitious similarity. As a funder of innovative projects, I most often hear the following three rationalizations:

“We very much regret that we couldn’t continue the project but we simply were not able to get the Ministry to provide on-going funding”. Second in popularity is the excuse that the program falls outside the parameters of Ministry program definitions and, while it was a good idea, “We can’t get the Ministry of Health, Education, Tourism and Recreation, etc. to agree to support the program since our agency is funded by COMSOC” [Community and Social Services]. Finally, when asked why the program cannot be funded from the agency’s core budget the answer is that “the project would require us to take money from an area of mandated service and we simply can’t do that, in that service demands are too great”.

A few months ago, for example, the paraprofessional co-ordinator of a highly successful community-based program for low-income single mothers called the Foundation at the request of the director of her agency, a local Children’s Aid Society. As their federal government demonstration research grant had expired, it was suggested by the director of the agency that her program seek foundation support for its continuance. When I asked the worker, a low-income single mother herself, whether consideration had been given by the agency to picking up the modest program costs of the project, she explained that the director had told her that the agency’s budget could only be spent on mandated services and her self-help group was not such a service. Despite the fact that the program had been successful in eliminating the need for residential protective care for the children of these high-risk mothers, as well as reducing the level of home supervision provided by the agency’s social workers, the agency chose to allow the program to die rather than to continue to meet its modest costs through diverting core service funds.

Like so many similar mainstream agencies, this local child welfare agency had an enviable reputation for supporting innovative endeavours such as this parent self-help program. By maintaining a regular flow of innovative projects on the perimeter of its core programs, the agency was seen as being highly progressive as well as creative by its local community and the provincial government. This image of progress, however, is really but a thin veneer over the tired chipboard of highly traditional casework practice.

Funders, too, share considerable responsibility for the failure of agencies and human service systems to shift from the traditional social, health and education service-delivery systems to the more integrated service paradigm which will be required in the near future. A paradigm, by the way, which will shatter professional workers, give strong emphasis to well-focused secondary prevention programs and empower customers (not clients) to facilitate their own solutions to problems.

Of all the systems which cling firmly to tradition, the highly segregated ministerial system of most Canadian provincial governments is by far the most antiquated. A separate Ministry of Health, Ministry of Education, Ministry of Community and Social Services, Ministry of Tourism and Recreation, and Ministry of Corrections is a structural formula designed by medieval bureaucrats to ensure the maintenance of the status quo. It is a system based upon tight fiscal accountability and while it frequently pays lip service to innovation, its reward system strongly reinforces those who demonstrate frugal management of financial and human resources. Unfortunately, individuals with such skills are too often also endowed with frugal vision and constipated creativity. Thus, it is the dedicated and lonely civil servant, and thank God some do remain in the system, who quietly fosters and encourages vision and creative program experimentation. Fortunately, every once in a while they are able to gather together and push the system ahead. In Ontario, the *Better Beginnings* project and a major report on welfare reform, *Transitions*, offer evidence of these infrequent successes. Between these flashes of creative vision the system gets by with the occasional establishment of an interministerial committee, the giving of a small isolated grant to assist some idea whose merit is guaranteed, and the release of a progressive policy paper in which the rhetoric far exceeds specific follow-up support.

The reason for this short-sightedness is easy to understand. Civil servants or politicians who encourage innovation place themselves in a position to fail, an outcome which has tremendous negative consequences for their careers. Also, a few high-profile disasters could quickly put the lid on a large number of other innovative projects as well as ending a number of fine careers. To date, the risks exceed the rewards, due to a cautious policy climate in which short-term vision is the order of the day, or even the hour. The situation could be altered, however, by teaching the media and the public that risk is a natural consequence of meeting new challenges in an innovative manner. Creative risk-taking should, therefore, be rewarded and when a failure occurs it should be treated as a natural cost of serious experimentation. The progressive nature of a government should be measured by the amount of money made available for innovative service experimentation. Using this index, current creative vision is negligible.

This description of the current service culture, in which innovation and change are struggling to shift the traditional human service paradigm, challenges us to probe beyond the surface rationalizations in search of the basic reasons for resistance to change. How do we understand this resistance and what must be done to overcome it before the current systems implode upon themselves due to inadequate government and charitable financial support? Robert Pirsig, author of *Zen and the Art of Motorcycle Maintenance*, writes in his recent novel *Lila*:

Just as the biological immune system will destroy a life-saving skin graft with the same vigor with which it fights off pneumonia, so will a cultural immune system fight off a beneficial new kind of understanding.

An interesting example of this immune system analogy is the reception being given to the highly innovative and progressive health-promotion policy thinking coming from Health and Welfare Canada, the Premier's Council on Health, Well Being and Social Justice of Ontario and, in more practical research application, by the Canadian Institute of Advanced Research. Conventional thinking that correlates the health status of Canadians with the availability of sophisticated diagnostic and treatment resources is being challenged. Health-promotion thinking suggests that longevity and the absence of serious illness in a population correlate more closely with factors such as proper early childhood care, quality of workplace life, and nutrition and exercise. Health-promotion advocates point to countries that spend a smaller portion of their GNP on formal health care than does Canada, and yet have greater longevity, lower infant mortality rates, and lower hospitalization rates, Japan being a case in point. The CIAR research indicates that the social and economic environment have considerable impact upon the health of the national population. Under such circumstances, it would seem appropriate that a greater portion of health dollars be spent on promoting an improved quality of life among the country's citizens. To date, however, this innovative thinking has largely been resisted by the formal health care establishment which continues to control the expenditure of health dollars.

While one can never be completely confident about understanding the unconscious motivation for such resistance, a few explanations seem obvious. First of all, those in charge of professional training in faculties of social work and psychology, in teacher training institutes and in health sciences faculties have a particularly heavy intellectual investment in the traditional way that social agencies, schools and health programs have been operated. With modest exceptions, therefore, they are reluctant to court approaches to their disciplines which challenge the fundamental basis for the way in which their disciplines deliver service. Students are, therefore, taught safe and highly traditional approaches. When these students graduate they become members of a profes-

sional association or union and it is the mission of these professional organizations to strengthen the essential presence of the profession within whatever system its members are employed. Departure from this pattern often has strong disciplinary consequences, thereby making any questioning of the orthodoxy of the profession extremely difficult. Those young professionals who do well in maintaining the traditions of their discipline and profession are also the ones most likely to receive promotion to positions of supervision and eventually senior administration, thus securing the permanence of traditional thinking.

The introduction of creative new thinking into the system, thinking which challenges the very basis of the old paradigm, is, therefore, faced with an incredible capacity to resist any significant restructuring of the system. The politics of this defence are quite remarkable in their sophistication and subtlety. Powerful, well-considered initiatives are praised and often launched as satellite programs of the agency or pilot projects of local interagency and interdisciplinary collaboration. In some instances, consumers of service may actually be invited to become marginal staff members of the agency. Thus, the innovation is absorbed by the agency or system, much in the way a new graft or nutrient is absorbed into the body's system. Over time, however, rejection occurs: "I'm sorry that we can't secure on-going funding to keep the program operating. It was a great success and you are to be congratulated for your efforts. Thank you." At the level of government, permanent change is postponed by the pressing need to launch yet another experiment to replicate the results of the first. Another favourite ploy is the insistence that there is a need to restructure the Ministry, thereby shifting personnel capable of making change to a new office where they will have to undergo prolonged orientation far away from the action.

As innovation is always highly experimental, the vulnerability of any proposal to external negative criticism is high. Thus if a research project demonstrates significant potential to shake things up, it can usually be stopped in its tracks because the scholars and experts who control the granting sources have a heavy "investment" in maintaining the status quo. This is a favourite manoeuvre of research funding programs controlled by academics. Another defensive measure is the ability to smother the project with proper program evaluation methodology. It is often the case that community based program innovations possess variables which are extremely hard to control. This makes their outcomes, even when successful, difficult to understand. It also suggests, by the way, that perhaps we should be moving in our program evaluation work, particularly in the area of innovative experimental programs, to outcome measurement, i.e., did the consumer actually benefit from participating in the program?

There will undoubtedly be those who are troubled by the picture that has been painted here. While you will recognize some of the dynamics, you will no doubt

take exception to the often subjective and caustic presentation of the situation. Do I believe that a well-orchestrated plot exists to maintain the status quo? No, I certainly don't. Do I believe that those who resist change have any less concern for their clients than those who are pushing for systemic change? Here again I believe the majority of professionals and civil servants are people of good will who are seeking the best for their clients. Nevertheless, I am convinced that true innovation, particularly with respect to preventing illness or social dysfunction, is not a high priority. If it were a priority there would be, in addition to a few modest foundation sources, a significant number of government granting programs available to encourage agencies to take creative risk. Social agencies, school boards, recreation programs and medical services would also be clamouring to redirect their core energies towards the shift which will be essential for the preservation of health, wellbeing, and financial security within Canada's new economic order. Alas, I see none of this happening at a level that offers much in the way of real encouragement.

The most probable scenario is one in which the majority of agencies, school boards, and health services struggle desperately to preserve the traditional highly professionalized and rigidly compartmentalized model of human services. Those sectors and agencies which have strong public support and a solid history, while finding their services eroded, will survive the first wave of the prolonged recession we are currently experiencing. New organizations, with perhaps less public and political support will be forced to close their doors or amalgamate for more efficient administration. During this initial wave of reductions, frontline staff will bear the brunt of the cutbacks, particularly in education, as agencies manipulate the media to make their case for restoring full financing. Throughout this period, however, the seeds of innovation will begin to germinate. The self-help movement and programs involving consumers of the service in delivery of the programs will begin to take up the slack left by the hasty withdrawal of professional resources.

The second wave of reconstruction will find steps being taken to integrate locally the segregated systems of health, education, social services and recreation. Interestingly enough, the latter service network, being the weak sister of the quartet, will be discovered to possess a capacity for innovative effectiveness well beyond its modest ranking in the hierarchy. Agencies and institutions which begin to form true partnerships with the self-help movement and local citizen-inspired initiatives will begin to effect a transformation to new models. Government ministries, led by a few creative visionaries, will gradually begin to comprehend this shift and encourage funding resources to be expended in a more flexible manner.

While it is yet too early to predict the details of the new order, the conceptual framework for major systemic change is already being formulated. Much of the work of the Premier's Council on Health, Well Being and Social Justice,

and Economics and Quality of Life combined with the research of the CIAR into the determinants of health, point the way to the future.

For example, an April 1992 report of a working group associated with the Ontario Premier's Council states, within a list of its underlying assumptions, that "Attention to child health and well-being issues is an investment not only in the futures of children but in the prosperity of the population". The report goes on to say that "Children are a collective responsibility. The policy framework will acknowledge family, community, government, business and labour values, initiatives and responsibilities". At a more specific level, the report notes the interdependency between the basic health of children and their capacity to benefit from innovative educational experiences designed for high-risk children: "Measurable, sustained improvements in outcomes for children are more likely to occur with a policy and program approach that deals systematically and simultaneously with key factors or determinants. For example, improving the nutritional status of hungry children and changing their school experience is more likely to raise school achievement than is providing either one alone".

While none of this thinking may seem startlingly new for teachers and health care workers working with poor children, such policy positions are radically new in government strategic planning exercises. And not only are such progressive ideas percolating within government. At the recent federal pre-budget consultation hosted by the Hon. Don Mazankowski, both Thomas d'Aquino, President of the Business Council on National Issues, and Patrick Johnson, Executive Director of the Canadian Council on Social Development, proffered the suggestion that Canada's economic and social policy arenas are integrally related to the overall wellbeing of the nation. Mr. Mazankowski quipped that he never thought he would see the day when the BCNI and the CCSD would be in such accord. What is important, however, is that the federal budget ultimately acknowledged this critical interrelationship between economic and social spheres. While there remains a considerable distance between policy thinking and practical application of these new ideas, there is early evidence of the paradigm shift. The fuel to maintain the momentum is, however, vigorous experimentation with innovative service and systems approaches. We are at an early stage in the transition so it can be anticipated that resistance to change will continue to be formidable.

A truly unfortunate consequence of the transition will be the deliberate offering up of innovative programs in the name of responsible budget management. Junior kindergartens, women's health services, special education programs and a variety of community development programs have already been sacrificed to save administrative layers and inefficient core services. Professional associations and unions have offered little resistance to these sacrifices for obvious

reasons and government has generally lacked the courage to interfere with the autonomy of school boards, the medical establishment and social agencies.

Resistance to innovative programming and the fundamental changes such programming foreshadows are highly sophisticated political processes. The intent of this paper has been to provide some observations on the nature of this resistance and the human motivation which attempts to block more effective and efficient approaches to health, education and social service delivery.

It is to be hoped that by understanding the dynamics of the process, we can facilitate the introduction of a new and more effective paradigm of social support and human enhancement. Canada has always invested generously and wisely in its citizens. In order to take our place within the transformed world economic order, we must continue to make solid investments in our people. Before achieving the right formula for success, however, we will need to take bold risks in our service experimentation. In this regard, we must remember that ideas are the fuel of social change. While the transformation is inevitable we can support a smoother transition by understanding the politics of resistance and assist those who are adventurous and prepared to take the necessary risks to expedite the process of change by developing effective political skills.