Sowing the seeds of innovation:
Ideas for child and family services

In child and family services in Australia and elsewhere there is a rich range of promising approaches emerging in response to problems such as child abuse and neglect. However, little is known about how and why some innovations spread from one context to another and others do not. This paper draws upon the 'diffusion of innovation' literature to highlight the complex interplay of the innovation, the individual, the organisation and the wider environment on the spread of innovative policies, programs and practice.

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Introduction

> Why do models of excellent schools, effective job training, and wonderful early childhood programs remain only models? Why do interventions that actually change the odds for their high-risk participants succeed briefly … and fail the moment we try to sustain them … or expand them? (Schorr, 1997, p. xiv).

Lisbeth Schorr asks these questions of the US context, but they are very pertinent and timely for consideration in Australia as we witness the emergence of many new models of programs and practice in child and family services. To obtain the best return on this investment, greater attention needs to be paid to developing the conditions under which dissemination and diffusion of innovation are most likely to succeed.

Significant commitments to prevention and early intervention, educational innovation and health initiatives are being made by Commonwealth, state and territory governments, and non-government organisations, with insufficient attention being paid to issues of sustainability and 'taking to scale' (expanding across the service system) successful pilot projects or trials.

Such initiatives include a range of promising programs and practice, both home-grown and imported from overseas, to assist families who face complex social issues, including mental health disorders, unemployment, intellectual disability, homelessness, emotional problems, substance abuse, financial difficulties, illiteracy and health problems. Their objectives include: empowering families and building their capacity to deal with their adverse circumstances; enhancing the resilience of children; and strengthening communities and generating social capital. Given this surge of innovative programs, it is important to explore the factors and strategies that facilitate the sustainability and scaling-up of effective innovations found in child and family services.

The Diffusion of Innovation literature provides insights which may be valuable to practitioners, policy makers and researchers in child and family services. The term 'diffusion of innovation' was first introduced by Rogers to describe the way innovations, in the form of new ideas, products, policies, programs and even ways of working are 'communicated over time among members of a social system or organisation' (Rogers, 2003, p. 35). Of particular interest is the question of how successful innovations spread and, in particular, why some spread quickly and successfully, why others spread much more slowly, and why some innovations do not spread at all.

It should be noted that not all innovation is worthy of diffusion and in some cases it may be dangerous to do so. The task needs to be one of 'promoting the uptake of innovations that have been shown to be

effective, delaying the spread of those that have not yet been shown to be effective, and preventing the uptake of ineffective innovations' (Haines & Jones, 1994, p. 1488).

This is a significant challenge in child and family services, where evidence of effectiveness of new programs is often lacking because the use of randomised controlled trials, seen as the 'gold standard' of research in the health sector, is difficult for ethical and practical reasons (Fixsen, Naoom, Blase, Friedman, & Wallace, 2005). Further, the current structures, systems and processes of many social service organisations may make systematic implementation of programs and practices difficult (Fixsen et al., 2005).

Given the risks of unintended harm and wasted resources associated with prematurely 'taking to scale' innovations that have not been well evaluated, the diffusion of innovations therefore needs to be seen as part of a rigorous and systematic process of 'innovation–evaluation–dissemination and transplantation' (Scott, 2005).

Greenhalgh, Robert, Macfarlane, Bate and Kyriakidou (2004) have identified that there is no 'quick fix' or single solution to increasing the diffusion of promising programs and practices, because of the complex interplay between—and high variability of—the factors that influence the rate and extent of spread of innovations. Therefore the aim of this paper is to increase awareness of the determinants that may facilitate or impede the spread of innovation, rather than to provide prescriptive guidelines.

Overview of diffusion of innovation concepts

Innovations pervade modern society in many forms, including ideas, beliefs, objects, knowledge, services, products, programs, policies and practices (Eyestone, 1977; Haider & Kreps, 2004; Hartley, 2005; Rogers, 2003). Examples of fairly recent innovations that have spread include interactive communication technologies, such as the Internet and the mobile phone; health interventions, ranging from new pharmaceutical products to the 'Slip, Slop, Slap' skin cancer prevention campaign; and social programs, such as home visiting services to vulnerable families.

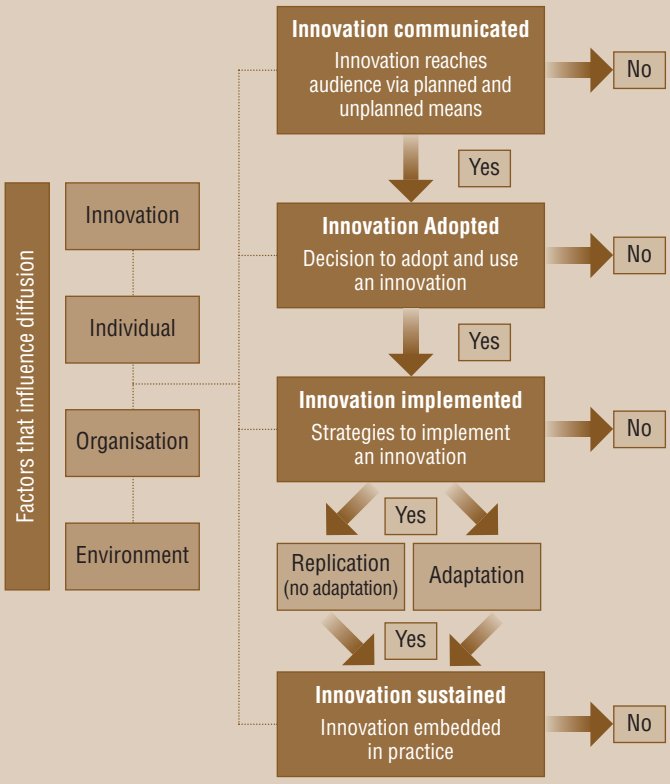
Such innovations can diffuse through different populations and service systems, and across cultural and national boundaries. As noted above, some innovations spread quickly (for example in response to market forces) while others spread slowly or not at all. A classic example of delayed diffusion innovation is the use of citrus fruits to prevent scurvy in the British navy. The first evidence for this practice was traced back to 1601 by an English sea captain; however its widespread adoption did not occur until 1795 in the British navy, and 1865 in the merchant marines (Berwick, 2003; Haines & Jones, 1994; Rogers, 2003).

In child welfare history, there are some notable examples of the diffusion of innovation. One is the spread of the late nineteenth-century South Australian model of state-controlled boarding-out (later known as foster care) for destitute children (Spence, 1907). This pioneered deinstitutionalisation of child welfare in Australia and in other parts of the world, and was probably aided by the fact that foster care was less expensive than institutional care. Organisational resistance, however, may delay the spread of innovation. For example, the development and diffusion of enlightened parental visiting policies and practices in children's hospitals did not occur until almost twenty years after John Bowlby's research in the 1950s on the effects of hospitalisation of young children.

The first research done in the field of diffusion of innovation was in the area of agriculture and rural sociology, in relation to the use of hybrid seed corn among Iowa farmers in 1943. The principles of diffusion of innovation theory have since been used in fields as diverse as anthropology, marketing and management, education, communication and public health (Greer, 1977; Haider & Kreps, 2004; Musmann & Kennedy, 1989; O'Neill, Pouder, & Buchholtz, 1998; Rogers 2003; Yates, 2001).

Recently, there has been a strong interest in diffusion of innovation theory in the health and education fields, as researchers, policy makers and practitioners endeavour to implement effective strategies, policies and practices (Berwick, 2003; Buchan, Sewell, & Sweet, 2004; Huw, Davies, Nutley, & Smith, 2000).

Figure 1 Process of diffusion



* This diagram characterises diffusion as a linear process; however, research suggests that the diffusion process is dynamic.

The diffusion of innovation literature draws on a range of theoretical perspectives; in particular, behaviour change and organisational theory. It has also been conceptualised as a social change and communication process, because behaviours of those adopting the innovation (individuals, systems or organisations) are modified (Cain & Mittman, 2002; Cockburn, 2004; Rogers, 2004). Due to the complexity of the variables involved, it is difficult to apply experimental methods to test the propositions of diffusion of innovation theory, and most of the research in this field has been based on retrospective case studies.

Much of the diffusion of innovation research has focused on identifying the stages in the process, with attention being paid to the conditions which appear to increase or decrease the likelihood that an innovation will be adopted.

The process of diffusion can be seen to have four main stages, as outlined in Figure 1 (Flueren, Wiefferink & Paulussen, 2004; Greenhalgh et al., 2004; Hallfors, & Godette, 2002). While initially diffusion of innovation was conceptualised as a linear process, a number of authors now emphasise how 'real world' conditions, such as complex service, social and political systems, make it a non-linear and unpredictable process (Nutley, Davies, & Walter, 2002).

Progression through stages of the diffusion process is influenced by the interrelationships between characteristics of the **innovation**, **individuals**, **organisations** and the **environment** (Bowen & Zwi, 2005; Dobbins, Ciliska, Cockeril, Barnsley, & DiCenso, 2002; Flueren et al., 2004; Greenhalgh, Robert, Bate, Macfarlane & Kyriakidou, 2005; Osganian, Parcel, & Stone, 2003; Rogers, 2003). Characteristics of these factors are outlined in Table 1. The following sections of the paper explore how each of these factors might influence the different stages of the diffusion process. It is important to note that the interaction of these factors may be as influential in determining the spread of innovations as the individual factors themselves.

How does the innovation influence diffusion?

Innovations are more likely to be adopted when they: are compatible with current service and practice orientations (that is, where there is a good 'fit' between the innovation and the organisation or practitioner); can be trialled; the results are observable; and when they are perceived to have relative advantage over current practice, such as in effectiveness or efficiency (Cain & Mittman, 2002; Haider & Kreps, 2004; Rogers, 2003; Sanson-Fisher, 2004). Innovations that are less complex to understand and to use are also more likely to spread across contexts.

The comprehensive systematic literature review on diffusion of innovation conducted by Greenhalgh et al. (2005) also addresses a range of important characteristics that need to be considered. Factors including reinvention (making changes to the innovation so that it fits with the organisation), the knowledge required to use the innovation, and the support provided in the delivery of the innovation, all influence the spread of innovations, especially in complex organisations such as health care. The degree to

which these might apply to other human services is unclear. Within child and family services, there are three main issues related to innovation attributes that may be worthy of investigation: the 'innovation versus improvement' debate; the 'adoption versus adaptation' debate; and the issue of the perceived risks associated with adopting the innovation.

Innovation versus improvement

One of the major criticisms of diffusion research is its pro-innovation bias, that is, the assumption that innovations are necessarily positive (Rogers, 2003). Hartley's (2005) research on innovation in governance in public services highlights the need to distinguish between innovation and improvement. "Innovation in public services needs to be valued to the extent that it leads to improvements, not in its own right. Research from the private sector suggests that about a third of innovations fail to be implemented successfully and it might be more realistic for governments and public services to recognise and learn from failure (or partial failure), rather than to assume an identity between innovation and improvement" (Hartley, 2005, p. 4).

According to the findings of the American Kauffman Best Practices Project, many of the funding sources available to help children recover from child abuse support the push for novel innovation over application or replication of proven practices (Chadwick Center, 2004). Funding has been seen to be more readily available to create something new rather than support the regular delivery of practice or service that has been empirically established. Similarly, Braddach (2003) asserts that non-profit organisations devote "time, funds and imagination into new programs which at best reinvent the wheel, while the potential of programs that have already proven their effectiveness remains sadly underdeveloped" (p. 19). In human service organisations, while the distinction needs to be made between innovation and/or improvement, the effectiveness of the innovation itself needs to be determined. It is paramount that the efficacy of a new program and/or its cost-effectiveness be determined through sound and rigorous evaluation.

In fields such as child protection, where randomised controlled trials (the 'gold standard' in the field of medical science and some areas of psychology) are rarely ethically or practically viable, the importance of determining why and how innovations work is especially critical. In their discussion on the Pathways Mapping Initiative, an approach designed to develop a knowledge base about what works for local communities, Schorr and Auspos (2003) identify that "paying attention to the attributes of effectiveness will help guard against the dilution and distortion that occurs when programs move from the hothouse conditions that produce strong evaluations to the messier and less supportive environment that characterises the real world" (p. 7).

Blackstock (2003) highlights that "it should not be assumed that because we are not developing an innovation, we are regressing" (p. 337). Further, Blackstock (2003) contends that learning from past experiences and building on this knowledge is key to meeting the needs of children and families and developing more responsive and holistic approaches. In child and family services, programs are sometimes defunded, only to be reinvented under a new name at a later date, with the associated loss of staff, expertise and relationships that took time to build (Scott, 2000).

Adoption versus adaptation

The adoption versus adaptation contention is very pertinent to child and family services where programs are strongly influenced by context. The question is whether to adopt the program in its pure form or to adapt/reinvent it to fit a new context (see the final stages of the diffusion process outlined in Figure 1). The debate on adoption versus adaptation centres on three perceptions of what constitutes 'success' in diffusion: (1) the effectiveness of a transplanted innovation in terms of achieving its desired outcomes; (2) the extent (spread) of diffusion; and (3) the degree to which the innovation is sustained in its new context/setting.

When defining diffusion success as the program achieving its intended outcomes, it can be argued that the fidelity of the program should be maintained throughout the implementation process and any modifications are made only after full

Table 1 Factors that influence stages of the diffusion process

Innovation	Characteristics of the innovation: • Relative advantage • Compatibility (goodness of fit with individual or organisation) • Complexity • Observability • Trialability Innovation versus improvement Adoption versus adaptation Risk Evaluation of innovation (evidence)
Individual	Characteristics of diffusers: • Champions • Change agents • Opinion leaders Adopter categories: • Innovators • Early adopters • Early majority adopters • Late majority adopters • Laggards Professional roles and networks
Organisation	Statutory versus non-government organisations Organisational structures, resources, capacities, staff Decision-making procedures: • Centralised diffusion system • Decentralised diffusion system • Hybrid diffusion system
Environment	Communication between researchers and practitioners Policy culture, financial arrangements, regulations, policies Political climate Community receptiveness or resistance Linked with organisational capacity Enhancing sustainability (through funding) Time constraints/workloads preventing dissemination

implementation has been achieved (Fixsen et al., 2005; Rogers, 2003). Research and development agencies also emphasise the importance of dissemination with fidelity, deeming reinvention as a distortion of the innovation. Reinvention has been found to have negative consequences, such as dilution of the effects of the innovation and the difficulty in measuring which aspect of the innovation was effective (Dusenbury & Hansen, 2004; Nutley et al., 2002; Wilson & Alexandra, 2005). Hence, the significance of sound evaluation again needs to be highlighted in this instance.

When defining diffusion success as the degree of spread of an innovation, there exists strong evidence to suggest that the more adaptable an innovation is to the needs of the user, the more easily it will diffuse (Schorr, 2003). Reinventing and personalising the original process or program may facilitate the transfer of innovations, especially across very different organisational and service system contexts, but there is an inevitable tension as 'adaptations can inadvertently undermine what works by eliminating the very elements that were essential to the success of the program' (Schorr, 2003, p. 7). Modifications to a program model should therefore be done systematically and the impact carefully monitored.

In relation to the third determinant of diffusion success, reinvention has also been linked to greater sustainability of the innovation (Dusenbury & Hansen, 2004; Rogers, 2003). For example, the successful diffusion of the German kindergarten concept is said to have been possible only because it was 'reinvented' to fit the cultural values and national aspiration of the different communities. Thus, American kindergartens emphasised patriotism and individualism, while Polish kindergartens were used as a means of transmitting the Polish culture and language (Wollons, 2000).

The three methods of defining the success of diffusion, identify the complex trade offs between adopting versus adapting an innovation when transplanting it to a new context. For example, faithful replication of a program may be more likely to lead to desired outcomes, but the program may not fit well with local settings and therefore may spread to a lesser degree and be less likely to be sustained. It cannot be assumed, however, that a program (whether transplanted in pure form or adapted) will lead to the same outcomes as at its original site. Therefore it is important to rigorously evaluate and carefully monitor any innovation introduced in a new setting.

Perceived risks associated with diffusion

The perceived risk involved with introducing an innovative practice or program is another factor that requires careful consideration. Innovation carries inherent risks (Bhatta, 2003), therefore in risk-averse cultures this may be an impediment to adopting innovation. The higher the perceived risk associated with an innovation, the higher the resistance by potential adopters, even though the potential benefit of the innovation may be greater. In a field such as child protection, this is pertinent, as the risk of maintaining the status quo and the risks of embedding innovation need to be compared. Brown's (2005) research on the diffusion of family group conferencing in child welfare highlights the need for high-quality risk management in high-risk sectors such as child protection.

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How does the individual influence diffusion?

While characteristics of an innovation play a significant part in diffusion, the active role of the individuals who *disseminate* information about the innovation is also important. Rogers (2003, 2004), in his observational studies, noted that in different populations there were 'opinion leaders' or 'champions' who seemed to have more influence than others in spreading ideas (see Table 1). These highly regarded individuals were influential role models who had the ability to shape potential adopters' innovation decisions.

Also, as potential *adopters* of innovations, individuals bring with them their own attitudes, beliefs, values, skills and experience (Bowen & Zwi, 2005; Greenhalgh et al., 2004). As adopters, individuals can promote and spread word about the innovation (act as 'champions') or consequently warn others about its disadvantages. Rogers (2003) has categorised individuals into groups according to their 'innovativeness' or willingness to adopt new ideas and practices. Several studies on adopter categories have consistently recommended the targeting of early adopters in relevant systems or organisations when diffusing evidence-based/effective innovations (Berwick, 2003; Cain & Mittman, 2002).

A gap in the literature identified by Greenhalgh et al. (2004) relates to the psychological traits of

individuals who are willing to try out an innovation. Because individuals actively interact with characteristics of the innovations they come across (for example, experimenting, challenging and modifying), the investigation of psychological antecedents such as tolerance of ambiguity and intellectual style has been proposed as an area for further research. The reasons why individuals cease or discontinue using innovations after adoption also form an important area for inquiry. The research is lacking in this area because of difficulty in measurement of innovation discontinuance.

However, preliminary research in the UK suggests that the failure of an innovation to spread can depend in part upon the match between practitioners' beliefs and values and the characteristics of the innovation. For example, professional resistance has been demonstrated to be a significant barrier to the diffusion of family-group conferencing, because this innovative practice challenged professionals' beliefs about the client–practitioner relationship and was therefore seen as high-risk (Brown, 2005).

Because ideas are more likely to spread naturally between individuals who identify with each other and each other's needs (Plsek, 2003), the professional group to which an individual belongs, and the complexity of inter-professional relationships, may also influence the acceptance of or resistance to an innovation (Brown, 2005; Ferlie, Fitzgerald, Wood, & Hawkins, 2005; Grol & Wensing, 2004; Koch & Hauknes, 2005). The self-interests of a profession may not always be served by an innovation.

How does the organisation influence diffusion?

Health care organisations, educational institutions, community services, and private firms or businesses all differ in size, structure, culture, resources and decision-making processes (Bowen & Zwi, 2005; Dobbins et al., 2002; Greenhalgh et al., 2004). For example, an important organisational characteristic to consider in the child and family services field is the distinction between statutory and non-government sectors. The latter, being less regulated, may have greater flexibility to develop and adopt innovations. Without the support of government, however, it is unlikely that such innovations will go to scale due to resource constraints (see Table 1).

Greenhalgh et al. (2004) reviewed the organisational characteristics that influence the diffusion of innovation in health care organisations, and found that some of the most important determinants related to an organisation's capacity for new knowledge and receptiveness. A receptive context for change includes features such as: an existing knowledge and skills base; an organisational learning culture; strong and proactive leadership focused on sharing new knowledge; clear strategic vision; good managerial relations; visionary staff in pivotal positions; climate conducive to risk-taking; and effective data-capture systems (Chadwick Center, 2004; Cockburn, 2004; Greenhalgh et al., 2004; Plsek, 2003). According to Plsek, "organisations with a high receptive context are seen as 'ripe' for change; they quickly adopt innovative concepts in order to meet the challenges they experience. Organisations with low receptive context lack the will or ability to implement the idea" (p. 6). As yet, there is no universal formula for developing 'receptive contexts' for successful implementation (Greenhalgh et al., 2005).

Another factor which has been identified as influential in determining the spread of innovative practices and programs are the decision-making processes within organisations. Such processes in relation to the diffusion of innovation can be complex (Flueren et al., 2004; Huw et al., 2000; Nutley et al., 2002), with three different types of decision-making and diffusion systems being identified in the literature: centralised, decentralised, and hybrid diffusion systems.

Centralised diffusion utilises a top-down, expert-to-user approach, where decisions to diffuse and adopt innovations are made by a central group. On the other hand, decisions in decentralised systems are controlled and shared among members of the organisation (Rogers, 2003). Recently, a hybrid diffusion system has been identified.

In highly structured and bureaucratic organisations, there is little room for discretion by service providers, and so an innovation is only likely to be adopted through centralised processes. Alternatively, innovations delivered by self-employed professionals or community service organisations with a high level of autonomy will be diffused through a horizontal, peer-based process. A hybrid diffusion process will be more likely to occur in structured organisations in which there is a very professionalised workforce. Professional education is an important vehicle for the diffusion of innovation, at times reflecting changes that have already occurred in practice and at other times leading the change; for example, as a result of the development of research-based curricula in universities. This too may incur additional costs.

Greenhalgh et al. (2005) identified several conditions that can prepare organisations or systems for an innovation, facilitate implementation of the

Table 2 Organisational characteristics that enhance the adoption, implementation and sustainability of an innovation

System readiness
Tension for change (e.g. discontentment, unsustainable practice)
Assessment of innovation—system fit
Assessment of implications
Resource allocation—support and advocacy, dedicated time and resources
Monitoring systems—capacity to evaluate
Implementation
Autonomy of frontline teams
Hands-on leadership
Human resource support
Communication and collaboration between staff
Sustainability
Reinvention/adaptation
Feedback
Communication and collaboration (including interorganisational)

Source: Based on Greenhalgh (2005).

innovation and increase the likelihood of achieving sustainability of the innovation within the system or organisation (see Table 2). As yet, little research has been done to identify the relative importance of each of the characteristics in influencing system readiness, implementation and sustainability.

How does the environment influence diffusion?

Research on the influence of the wider environment on innovation adoption has only recently begun, as identified in Table 1. Health, education and social service organisations are part of a larger sociopolitical environment, and the settings or contexts in which innovations are introduced are influenced by financial, societal and political factors (Flueren et al., 2004; Sibthorpe, Glasgow, & Wells, 2003). Previous research has examined how social pressures such as competitive performance and legitimacy influence the adoption of new programs (Westphal, Gulati & Shortell, 1997). It has been found that the decision to adopt an innovation can "relate more to the institutional and peer group pressures associated with certain fads and fashions than to evidence in support of their use" (Nutley et al., 2002, p. 19), and this reaction to peer pressure has been demonstrated to occur more often when there is high environmental uncertainty (Nutley et al., 2002).

In the health sector, environmental factors associated with adopting innovations have included: interorganisational relationships and policy networks (Bowen & Zwi, 2005; Dobbins et al., 2002; Westphal et al., 1997); regulation and legislation (Dobbins et al., 2002; Plsek, 2003); competition among institutions; and the acquisition of prestige (Dobbins et al., 2002; Greenhalgh et al., 2004).

More recently, political imperatives related to funding and policy making have been revealed to influence different stages of the diffusion process. The policy culture within which an organisation or system operates also needs to be taken into consideration, as there exists a trend for governments to find answers from other jurisdictions which have dealt with similar problems (Newmark, 2002; Rose, 1991). This is no different for child and family services, which are embedded in larger societal, industrial and political systems that influence the pace and spread of innovations.

Several other environmental barriers to the diffusion of innovations have been identified. For example, the Kaufmann Best Practices Project, initiated by the Chadwick Center (2004), identified four environmental barriers to the adoption and implementation of 'best-practice' interventions, such as Parent Child Interaction Therapy for abused children and families. These include: funding associated with intervention adoption; training and consultation; lack of advocacy; and the lack of incentive or link to rewards or outcomes. This project recommended targeting professional education to focus on teaching best practice and the provision of grants to promote best practice.

A neglected area in the diffusion of innovation research has been consumer and wider community acceptance of innovation in service delivery. In relation to child and family services, this is a very relevant issue in relation to a whole-of-government approach to problems such as child abuse, where broadening the roles of health practitioners, such as maternal and child health nurses, from one of paediatric surveillance to family psychosocial well-being is a key strategy.

Those introducing innovative programs may have to engage the community to win support for delivering the program or practice; for example, protective behaviour programs in primary schools that address sensitive issues related to sexuality and sexual abuse. The cultural sensitivity of service innovations is also a major issue in child and family services delivering programs to a culturally diverse population.

Conclusion

This discussion paper has provided an overview of key concepts on the diffusion of innovation. There is much to be done in testing the application of these concepts in the field of child and family services. While it is not possible or even desirable for every flower of innovation in the field of child and family services to bloom, the potential to sow the seeds of successful innovation in a selective and systematic way is a source of great hope for those committed to enhancing the life opportunities of children and families. Much is happening in Australia that involves exciting innovations in many areas of education, health, and social policy and practice. It is time to give the diffusion of these initiatives greater attention.

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While it is not possible or even desirable for every flower of innovation in the field of child and family services to bloom, the potential to sow the seeds of successful innovation in a selective and systematic way is a source of great hope for those committed to enhancing the life opportunities of children and families.

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