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***Implementing innovations in the context
of the declared and actual readiness to change
of social assistance workers***

Abstract

Contemporary society around the world is highly volatile and therefore any support system that responds to the real needs of people must be constantly evolving. As a result, new and innovative solutions appear in the social welfare system. However, the analysis of public policies and programs shows that many good ideas are not implemented in the daily work of employees who directly support clients. There is a resistance on their part to novelty and their openness to the implementation of new concepts is limited. The aim of the article is to analyze the phenomenon of openness to change. The study was conducted on a group of 186 social welfare workers (132 social workers and 54 family assistants). Two research categories were adopted: declared and actual openness to change. The results of the study showed that social assistance workers declare a high level of openness to change, but their measured level of real openness is actually low. Although employees declare great support for new solutions, they do, in fact, have very low tolerance for uncertainty

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and the ability to take risks, which is inherent in the implementation of innovations. Thus, a gap arises between the declared and actual value. This discovery is crucial for the successful implementation of innovations and may be one of the more important obstacles to its realization. It is necessary to change the current approach and broaden the activities preparing for implementation of new solutions so that the actual readiness to change of employees is at a sufficient level.

Key words: social work, innovation, attitudes to innovations, social worker, family assistant

Introduction

The main aim of social work is to lead the client to independence or to improve the quality of life of people who, due to different conditions, cannot fully achieve independence. The changing world, the reality of clients drives the need for changes in the realisation of social work. Every change can be called a crisis, as it requires at least a partial denial of previous practice and at the same time a reflection on new solutions (Webb, 2006). The changing client world forces a change in the social assistance system (cf. Wódz & Pawlas-Czyż, 2008). The need to reform the assistance system therefore results not only from new ideas of those responsible for creating public policies, but above all from the need to adapt to the changing clients' needs, as well as of social assistance workers. Today's world is changing so rapidly that it is appropriate to create a culture of innovation called *sustainable innovation policy* (Foxon et al., 2004). Although creating and implementing innovative solutions seems inevitable, there remains the important question of why, in many cases, even good solutions do not cause permanent change and are not implemented to a greater extent. On the Polish ground, a question can be asked about the systemic adoption of new (although already well-known) methods, e.g. Local Activity Centres (cf. Jordan & Skrzypczak, 2002), Solution-Focused Brief Therapy (cf. Szczepkowski, 2010), or Family Group Conferences (cf. Przeperski, 2015). Of course, it is difficult to point to one factor that would cause resistance to change. The literature mentions the human factor related to employees' attitudes to change as key to implementing innovations (Penc, 2000). In many cases, implementing new solutions is prepared by starting with the diagnosis of employees' readiness to absorb change. In this article, I would like to analyse whether there is a difference between the social assistance workers' declared and actual openness to change, readiness to implement innovations, and if there is such a difference, then what are the practical conclusions resulting from this knowledge.

Innovations in social assistance

Generally speaking, innovation is changing something that already exists by introducing something new. According to Rogers, innovation can be an idea, a practice

or an object that is perceived as new by the receiving individual. The key notion here is perceiving the implemented solution as a novelty, even if in other areas, institutions it has existed for a long time. If the solution is something new to the individual, it is identified as an innovation (Rogers, 2003). The implementation of innovation is the application of practical tools and techniques that cause small or large changes in products, processes or services. They are the result of the introduction of new solutions that provide added value for clients and contribute to increasing the organisation's knowledge resources (O'Sullivan & Dooley, 2008). In the social area, the term 'innovation' is understood as a new solution to a social problem that is more efficient, effective, sustainable and fairer than previously developed solutions. The benefits of this innovation are primarily for society as a whole and not for individuals only (Phills Jr. et al., 2008, p. 36).

The path from the creating an innovation to implementing it is difficult. It seems that it is often the implementation process that causes more problems than creating a new solution or identifying it outside one's own system. The current practice is often based solely on employee training that shows an innovation and work methods using the new solution. Nowadays, it is increasingly apparent that training alone is insufficient to implement innovations. Additional activities as such as mentoring are required, preparing the ground for a new solution (cf. Akin, 2016). It is pivotal already at the level of innovation creation to identify the factors that will support the implementation process and lead to a given solution being adopted and effective in given conditions (Cartwright & Hardie, 2012). To show how complex it is to implement innovations, we can use the scheme developed by Aarons et al. which contains four steps (Aarons et al., 2011). The first of them is the exploration phase. The second is the decision to adopt the solution, the third is its proper implementation. The fourth step is for changes to be sustained (evaluation). The diffusion of innovations theory allows us to identify various factors influencing the effectiveness of implementation. The following elements can be pointed out after J. Dearing: a. the perception of the innovation by the adopter as possessing the following attributes: relative advantage (efficiency and cost-effectiveness compared to alternatives), simplicity (how simple the innovation is to understand), compatibility (matching the established ways to achieve the same goal), observability (the scope in which outcomes can be seen) and triability (the scope in which adopters need to commit to full adoption); b. the level of innovativeness of the employee, also in relation to the entire work group; c. the social system with its structure, opinion leaders and pressure to adopt the innovation; d. each employee's individual innovation adoption process; e. the system of introducing the innovation, e.g. hiring external staff as change leaders, advisory agencies, etc. (Dearing, 2009). The human factor is therefore one of the paramount factors for the success of change. At the same time, the authors undertaking research on the implementation of innovations indicate that each change induces resistance which can manifest itself as refraining from actions that contribute to the success of the change (passive resistance), or as acting to impede or prevent the change from being introduced and sustained (active resistance) (Penc, 2000). It is also

important to distinguish between the perception of oneself in relation to innovation and actual, though often unconscious, attitudes towards it. It seems to be one of the more minute elements of implementing an innovation, but as research will demonstrate, it is of great importance. Often, those responsible for implementation receive a declaration of readiness to adopt a new solution; however, they experience resistance on the part of the staff as soon as the process begins. It seems, therefore, that there may be a difference between the employees' declarations and their actual attitudes towards innovation.

Research methodology

The aim of the study was to look for answers to the conditions for implementing innovation in social assistance (cognitive purpose) and to create recommendations emerging from the results of research (practical purpose). Such goals are a response to the identified problem between declarations of readiness to implement new, innovative solutions and the actual social assistance workers' activities. The question was asked whether there is a difference between the declared and actual openness to change, readiness to implement innovation in assistance workers.

The first part of the study used a questionnaire on attitudes towards innovation based on Everett Rogers' diffusion of innovations theory (Rogers, 2003). In his first works, he characterised attitudes towards innovations. He distinguished five types of attitudes: innovators, early adopters, early majority, late majority and laggards (Rogers, 2003, pp. 282–286). The questionnaire was used to assess one's self-perception as belonging to one of the groups described below. Respondents were asked to mark the description with which they identify themselves most.

Innovators are people who, as Rogers points out, have a kind of obsession with innovation. In companies, innovators generally account for about 2.5% of all employees. Innovators are mainly interested in new ideas, actively seeking new solutions, but also creating them themselves. They willingly try to implement solutions from outside their system. One can say that these are people who, seeing the possibility of adopting a new solution, are fully prepared to take up the challenge. In the study, innovators were described by the statement: I am not only a person who introduces changes first, but I also create new solutions by myself.

Early adopters constitute about 13.5% of the total workforce. They are open to new solutions and willing to implement them. At the same time, it is a key group for the successful adoption of new solutions. Innovators are often seen as outsiders to the system, creating and trying to create solutions that do not fit into the system. Early adopters are a kind of intermediary between innovators and other employees. They are open to new solutions, but at the same time they are more aware than innovators of the conditions for implementing innovations. In the study, they were determined by the sentence: I am a person who takes advantage of the opportunities that arise, I quickly absorb new solutions and adopt them.

Another group is the **early majority** of approximately 34% of employees. This group adopts new ideas and solutions a moment before the ordinary system user, and the decision-making process in relation to innovations is much longer compared to early adopters. This group follows innovation, considers its adoption but is not itself a leader in this process. In the study, it was defined by the utterance: I am a prudent person, approaching changes with caution, but in principle I am inclined to them.

Another large group is the **late majority**. It can be described as sceptics about changes. This is a large group, typically comprising around 34% of the employees. Innovations are received with great scepticism. They are only accepted when most people have implemented the new solution. This group needs to feel that it is safe for them to adopt innovations. In the study, it was defined by the following sentence: "I am a person who is reluctant to make changes, I do it when I have to, or under pressure from my manager or colleagues."

The last group comprises **laggards**. They are the last group in the workforce to adopt innovations. Their point of reference is the past. Decisions are taken on the basis of procedures that were previously in place. Laggards are suspicious of innovators and change agents. Resistance to change is characteristic of this group. These employees need confidence that the solution will be good for them and will not fail. They are described by the following opinion: I am a person who appreciates tradition, I do not like changes and I do not make them.

The second research tool was the Kriegel & Brandt Change Readiness Questionnaire (Kriegel & Brandt, 1996) in the Polish adaptation by Paszkowska-Rogacz and Tarkowska (Paszkowska-Rogacz & Tarkowska, 2004). The questionnaire examines various factors that indicate the attitude of the examined person towards situations and solutions that are new for him/her. The scale consists of 35 statements to which the respondent responds on a six-point scale. The scale includes the following seven subscales (Kriegel & Brandt, 1996): resourcefulness, optimism, adventurousness, drive, adaptability, confidence, tolerance for ambiguity.

The scale of **resourcefulness** shows how creative a person is and how effectively they generate new solutions. This involves the innovative use of already existing resources or the creation of unobvious and unique solutions. The scale of **optimism** measures whether the respondent has a positive image of the future. Optimism is strongly correlated with openness to change because a pessimist only sees problems and obstacles, while an optimist recognises opportunities and chances. Optimists are more enthusiastic and positive about change. On the other hand, people with very high optimism may not have the ability to think critically. Another scale — of **adventurousness** — shows how much people are willing to take risks. People with high scores in this subscale are bored with routine and are always looking for new ways to accomplish their tasks. Such people are open to innovation, new solutions. They are often the initiators of change. At the same time, very high results may indicate a tendency to be reckless. **Drive** is a scale that corresponds to such terms as enthusiasm, fervour and zest. It is a kind of internal force pushing the person to take up new projects, new challenges. Optimal results obtained on this scale are important for

‘infecting’ other with the implemented ideas and solutions. People with drive are highly motivated to act and achieve good results in their work. People with very high scores may be exposed to continuous stimulation and thus to relatively fast burnout. Another area examined by the scale is **adaptability**, characterised by two factors: flexibility and resistance. People who achieve optimal results are characterised by the ability to adapt to changing conditions, but also to revise their expectations or needs. They are immune to failure and are not overwhelmed by their mistakes. When plan A does not work, they try plan B. They can accept new situations, they do not oppose them, but rather adapt to them. However, people with high scores are characterised by high lability and inability to consistently perform tasks. **Confidence** is a scale that determines the level of belief in one’s own ability to cope with various (also new) situations. A strong self-esteem makes such people believe that they have influence over what happens to them and around them. They can influence and control the solutions. They do not feel threatened by change or the possibility of making a mistake because they are convinced that they will win in any situation. Failure can only become another opportunity to learn and develop. There is a direct correlation between the level of confidence in oneself and openness to change. If people feel confident in their ability to cope with a new task, they will be more open to it. With very high results, there is a risk that a person will be conceited, give the impression of all-knowingness and lack of interest in other people’s opinions. The last scale is **tolerance for ambiguity**. The only certainty in making changes is that it creates uncertainty. Persons with an optimum level of tolerance to ambiguity are able to accept situations that are not clear-cut and where there is an element of indefiniteness. Without optimal tolerance to ambiguity, the change is not only inconvenient but often frightening. On the other hand, too much tolerance can cause problems with completing tasks and making decisions.

The survey was conducted online. The research sample was selected in the beginning. In Poland, there are 2477 municipalities that are responsible for running social assistance centres (the main workplace of social workers and family assistants). The study assumed that institutions employing 10 to 40 social workers have optimal conditions for implementing innovation among the social workers. The qualifying criteria of having a minimum of 10 social workers ensured the selection of institutions with sufficient potential to accept innovation whereby the employees are not already over-burdened with case work. The criteria of not exceeding 40 social workers helped to eliminate the centres that are big enough to create special project departments with non-field staff whose main responsibilities are implementing innovations. Due to the fact that a statutory conversion rate — stating the number of social workers per number of inhabitants — was adopted, 165 municipalities with 20,000 to 70,000 inhabitants qualified for the study. A link to the survey was sent to the chosen 165 social assistance centres across Poland with a request to make it available to social workers and family assistants.

Full answers were provided by 186 social assistance workers, including 132 social workers and 54 family assistants. There were seven men in the group. The age of the respondents was distributed as follows:

Table 1. Age of respondents

Age in years	Number of responses	Percentage of responses
20–25	6	3.23
25–30	11	5.91
30–35	33	17.74
35–40	44	23.66
40–45	38	20.43
45–50	20	10.75
50–55	17	9.14
55–60	15	8.06
60–65	2	1.08

Source: Own study.

As per the place of residence, the research group was divided in the following way:

Table 2. Place of residence of respondents

	Number of responses	Percentage of responses
village	45	24.19
city up to 20,000 inhabitants	27	14.52
city between 20,000 and 50,000 inhabitants	33	17.74
city between 51,000 and 100,000 inhabitants	47	25.27
city over 100,000 inhabitants	34	18.28

Source: Own study.

In terms of experience in working in aid institutions, the respondents answered as follows:

Table 3. Seniority of respondents in aid institutions

Seniority in aid institutions (years)	Number of responses	Percentage of responses
0.5–5	45	24
5–10	40	22
10–15	32	17
15–20	27	15
20–25	14	8
25–30	14	8
>30	14	8

Source: Own study.

Results

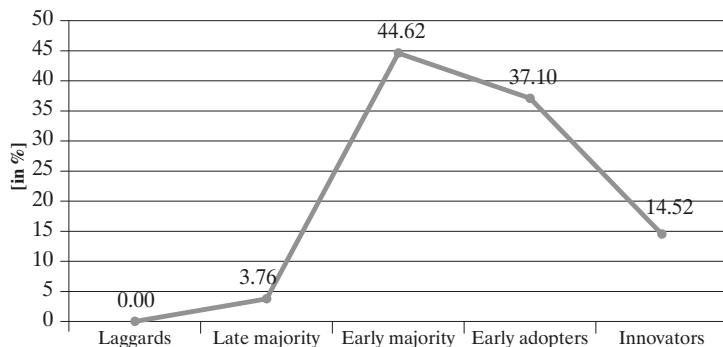
In the questionnaire on attitude towards innovations, the respondents obtained the following results, as shown in the table below:

Table 4. Respondents' attitudes to innovations

	Category	Number of responses	Percentage of respondents
1	Laggards	0	0.00
2	Late majority	7	3.76
3	Early majority	83	44.62
4	Early adopters	69	37.10
5	Innovators	27	14.52

Source: Own study.

Rogers (Rogers, 2003) pointed to the normal distribution of attitudes towards innovations in an average work team. As far as social assistance workers are concerned, the result has demonstrated a significant shift to the right, towards the attitudes of great openness to innovations. This is shown in the figure below:



Graph 1. Respondents' attitudes to innovations

Source: Own study.

If we assume that the attitudes that are significantly closed to the implementation of innovations are laggards and the late majority, we can say that in their own opinion, 96% of respondents see themselves as open to change, ready for innovations. It is worth noting that in this group, 52% (more than half of the respondents) see themselves as innovators and early adopters—groups that do not need to be urged and persuaded to adopt new solutions in social assistance. The results of this study show unequivocally that social assistance workers see themselves as people who are

largely open to both the creation and implementation of innovations in the field of social work.

The readiness to change questionnaire made it possible to examine the openness for change not so much as self-assessment of employees but by means of a standardised measurement tool. In the study, respondents could obtain the optimal result on a particular subscale, as well as score below optimal and above the optimum. For a proper implementation of innovations, the best result is optimal. The respondents obtained the following results:

Table 5. Results of the readiness to change questionnaire (in %)

Subscale	Score below optimal	Optimal score	Score above optimal
Resourcefulness	45.55	43.46	10.99
Drive	64.92	27.75	7.33
Confidence	62.83	32.98	4.19
Optimism	50.79	41.36	7.85
Adventurousness	85.34	11.52	3.14
Adaptability	67.02	28.80	4.19
Tolerance for ambiguity	96.86	2.62	0.52

Source: Own study.

The categories where the largest group of employees scored below optimal are: tolerance for ambiguity (97%), adventurousness (85%) and adaptability (67%). The data show that the respondents have a low tolerance for ambiguity. Nearly all the respondents achieved sub-optimal results. This means that the social assistance workers surveyed are not able to accept situations that are uncertain, not fully defined. If we assume that each change generates situations that are new and generally not fully defined, we can conclude that employees do not have a basic level of acceptance towards the new situations. Innovations will be a source of uncertainty for them and they are not capable of accepting this situation. By reversing the perspective, employees will expect very clear rules for both work and client behaviour. Familiar solutions will be preferred and change will not be expected.

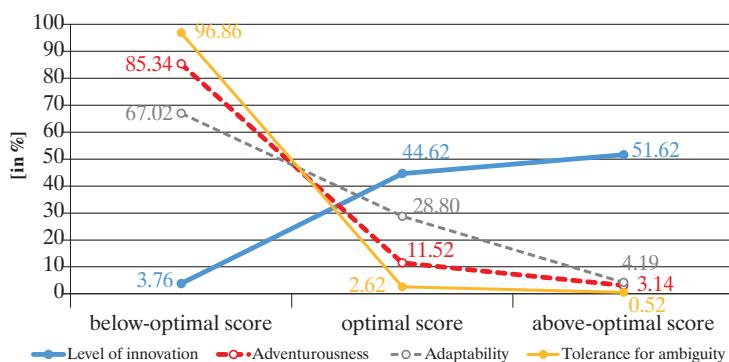
The results obtained during the study are relatively similar to those in other studies. In a survey of 97 social workers conducted in 2017 in the Lubelskie Voivodeship, M. Czechowska-Bieluga (Czechowska-Bieluga, 2018, 2019) indicated that in the tolerance for ambiguity subscale the workers scored: 95.15% below optimal, 4.85% optimal, and none was above optimal. The result was similar with regard to the adventurousness subscale: 88.35% of the respondents were below the optimal score. In the adaptability subscale 82.52% of social workers scored lower than the optimal result. In another study (Kłos & Leśniewska, 2018) conducted in 2018 on a sample of 80 social workers from the

Zachodniopomorskie Voivodeship, 80% of respondents scored below optimal in terms of tolerance for ambiguity, adventurousness, and adaptability. A reference to other studies indicates that the results obtained are generally consistent and it can be said that the Polish social assistance worker is characterised by low tolerance for ambiguity, adaptability and often avoids taking risky actions.

It is worth pointing out that although in the study most of the results are below optimal, on two scales, more respondents obtain optimal results. These are creativity (44%) and optimism (41%). The study shows that workers have great potential to generate new ideas using both existing resources and completely innovative ones. Thus, it can be said that the aid system has the capital, resource that allows it to generate new solutions, while the question remains open as to how much new ideas can be realistically implemented in the functioning system. The second subscale — optimism — shows that many workers look to the future with hope. And although they see problems and obstacles, they are able to identify emerging chances and opportunities for developing their activities and changing them for the better.

Referring to the previously quoted research (Czechowska-Bieluga, 2018), it is worth pointing out that on the scale of resourcefulness, 34.95% of social workers achieved an optimal result and on the scale of optimism that number was 20.39%. On the other hand, in the study of Kłos and Leśniewska (Kłos & Leśniewska, 2018), 80% of the respondents achieved the optimal result in terms of resourcefulness and only 5% in terms of optimism. However, it should be stressed that the study did not indicate in any of the subscales the occurrence of above-optimal results, which may raise some doubts in relation to the presented results.

A preliminary analysis of the results shows the difference between the self-assessment of workers' attitudes towards innovations and the results obtained in the readiness to change questionnaire. It is worthwhile to try to juxtapose these two results here. The graph below presents four categories of the scores obtained in the study: employee self-esteem (level of innovation), tolerance for ambiguity, adventurousness and adaptability.



Graph 2. Comparison of declarations and actual attitudes towards innovations

Source: Own study.

A simple analysis clearly shows that there is a difference in the distribution of data. Both graphs do not conform to the normal distribution and both have a significant skew. The self-assessment graph has a negative skew and the data measured by the openness questionnaire has a positive skew. This distribution of data makes it possible to find a significant difference in the level of declared self-assessment of one's attitude towards innovations and real openness to change.

The above-mentioned difference between the self-assessment and the results obtained by the questionnaire measurement has serious implications in the process of implementing innovations in the area of social assistance.

Discussion: implementation success factors

The literature indicates various factors that contribute to a more effective adoption of innovations. It should be stated that the implementation of innovative solutions in the social area is generally more difficult than in other areas. This is primarily due to the method of adoption which is based on the activities of individuals and organisations in a very complex social context. Social life is an intricate, multi-faceted and dynamically changing reality (Fixsen et al., 2009). There are many factors that determine the effectiveness of implementation and although this article is not a systematic review of them, it is worth pointing out some examples. The first reason for thinking about change is to identify inefficiencies, the need to develop existing practices. If employees, or an institution, start thinking about innovations, the first step is to acknowledge the need for change (Rønning & Knutagård, 2015). This is a difficult stage because it requires negating the current mode of operation and indicating that it is not effective enough, so that it can be replaced by other solutions. This process may create resistance, conflicts on the part of the staff (Claiborne et al., 2013). It can be particularly strong when innovation is introduced by an external agency and employees feel assessed by it and this assessment is not positive. The literature also indicates more detailed conditions for effective adoption of innovations, e.g. the size of the organisation, institution (Damanzpour, 1991), presence in a network of similar and innovation-accepting institutions (Aarons et al., 2011), partnerships with knowledge-supplying research centres (Leykum et al., 2009). Most authors agree that the human factor is crucial in the implementation of new solutions (Necel, 2016). It is worth pointing out here some differences between two types of employees: managers and employees working directly with clients (in our study social workers and family assistants). Although managers often try to make changes, they must be aware of the processes that have been defined as the Street Level Bureaucracy theory (Lipsky, 2010). In the light of this theory, front-line employees often pursue their own policies, including on adoption or resistance to innovations. The success of innovations largely depends on employees' attitudes towards change (Penc, 2000).

The difference between declared and actual attitudes towards the implementation of innovations will have implications for the adoption process.

First of all, it is necessary to notice this difference. Often, in the process of preparation and implementation of new solutions, various types of consultations are conducted to assess the degree of employees' readiness to adopt these new solutions. In principle, this is the correct action, in line with the methodology for implementing innovations. However, the study has shown that it may not be sufficient. Employees declare their readiness to accept change, but their openness to change as measured by their tolerance for ambiguity, adventurousness and adaptability is very low. One can imagine a situation when people responsible for implementing a solution convinced of a high level of acceptance of their actions experience incomprehensible resistance from people declaring their openness to change. Such behaviour of employees seems to result more from unawareness than from deliberate action. In social psychology, assessing oneself in a better way than is actually the case is defined as a cognitive distortion, in this case called illusory superiority (Hoorens, 1993). In turn, cognitive dissonance (conflicting information) experienced by those introducing innovations can lead to discouragement (passivity) or behaviour pushing an innovation by force. In both cases, it will be difficult to achieve the desired effectiveness of actions.

It should be noted that a large part of the surveyed employees is characterised by a high level of creativity and optimism. These are features that are conducive to innovation. Thus, one may risk a statement that the social assistance system has the potential to create new solutions, innovative programmes and policies. Employees, therefore, have sufficient potential to become experts of change (Necel, 2016). The problem occurs in the transition from an idea to its adoption, i.e. in the process of implementing a solution. This trend is also visible more broadly in social policy in Poland. Within the framework of programmes financed from EU funds, many interesting solutions were developed, tested in innovative projects. These are often solutions that solve important social problems in a modern way and contribute to reducing the costs of the aid system. The main problem, however, is their insularity and the fact that they are not introduced into the whole system as universally applicable (Kaczmarek, 2005). Therefore, we are faced with a situation where good, modern and effective solutions remain on paper only because they are not implemented. In summary, there is sufficient potential to create solutions while the potential to undertake effective implementation is lacking. This is a waste of the creative potential that is deposited in the social assistance system.

Discussion: measures to ensure effective innovations implementation

The results obtained suggest that it is necessary to change the way in which innovations in the sphere of social assistance are implemented. In the solutions to date, the emphasis was on the act of creating a new solution. It was assumed that it was enough to present it and the system would adopt and apply it. This is a *train and hope* approach (Akin, 2016), assuming that in order to implement a solution, it is enough to conduct appropriate training. To justify this approach, it can be said that even collecting opinions at preliminary

stages did not prevent resistance later on. The key to success seems to lie not so much in the stage of creating an innovation as in that of preparing its implementation. At the level of preparation, it is necessary to identify the real resources and barriers in the areas in which the institution operates as well as those characterising individual employees (both the management and front-line staff). It is important to obtain not only opinions, which, as the study has shown, can be misleading, but above all hard data. Relevant data can be obtained with the help of evidence-based public policy-making procedures using standardised measurement tools (cf. Przeperski, 2019). The adoption of social innovations can be an ideal place to start cooperation between practitioners and scientific communities leading to effective implementation (Supplee & Metz, 2015). When determining the potential of employees, it is important to consider the mechanisms, often unconscious, that shape attitudes towards innovations. It is worth mentioning illusory superiority shown earlier, but also the mechanisms related to the decision-making process (Taylor, 2017). In a situation of decision-making under conditions of uncertainty, the choices will head more in the direction of risk aversion than the possible benefit in the form of a new, better solution (Tversky & Kahneman, 1974). It seems that there is a certain conviction in social assistance that a social worker must be infallible due to the importance of the decisions taken. Employees prove that they are good enough, professional enough to make the right decisions (cf. Gibson, 2014). If attempts are to be made to implement innovations, the employee must be granted a right to error. It should be borne in mind that the implementation of innovations involves taking risks, facing the unknown and arriving at not entirely predictable results. Therefore, without the conviction that an employee has the right (social, from superiors, colleagues, clients) to make a mistake when implementing a new solution, any innovation will be consciously or subconsciously blocked (O'Reilly & Caldwell, 1985). Finally, it is worth mentioning the need to undertake more extensive education in the field of innovative orientation than before (Necel, 2016). Future social workers and family assistants should take classes not only on the provision of professional services to specific groups of clients (Przeperski, 2020), but also on developing their knowledge and skills related to the implementation of social innovations.

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