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Balancing the Dialectic in Non-Profit Leadership: Exploring the use of critical andragogy to achieve uniform service delivery in a harm reduction team, while maintaining their activist ethos.

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Balancing the Dialectic in Non-Profit Leadership:

Exploring the use of critical andragogy to achieve uniform service delivery in a harm reduction

team, while maintaining their activist ethos.

by

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AN ORGANIZATIONAL IMPROVEMENT PLAN

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Abstract

The social service sector provides services to the communities they are a part of. In an environment where resources are scarce and the needs of the community are high, the sector is in a constant struggle to *do more with less*. This is especially true within youth and harm reduction services. The social service agencies also grapple internally, as neoliberal discourses permeate the management of community services. The social service agency within this Organizational Improvement Plan (OIP) houses a program that provides harm reduction services to youth over a large geographical urban and suburban landscape. The program is experiencing a lack of uniform service delivery, as the counsellors struggle to balance service provision with measures of resistance against the neoliberal forces impacting the social service sector. The author proposes that enhancing the critical learning culture within the program will create a shared vision within the team, to allow for a balance of uniform service delivery alongside supporting the activist ethos within the program. A plan within this OIP has been developed that is founded on a critical-team leadership model created by the author. The critical-team leadership model offers a social justice lens that is emancipatory and participatory for workers and community members alike. The leadership approach guides the proposed plan through a theory of change based on Freirean principles of critical andragogy. Throughout the OIP, the dialectical nature of the problem of practice is explored through rigorous analysis of the organization using tools such as the Organizational Development for Social Change (ODSC) framework, the critical-team leadership approach, and a Freirean change model, that focus on producing change through critical andragogy within the program.

Key Words: Critical leadership, andragogy, harm reduction, non-profit organizational change, social work leadership

Executive Summary

This Organizational Improvement Plan (OIP) focuses on an Addictions Counselling Team (ACT) (anonymized) within a large community social service organization named HOPE (anonymized). This OIP explores the unstructured and diverse practices of a group of eight counsellors within the ACT team when delivering harm reduction services to the communities they serve. The activist ethos of the ACT team, as well as their different education and training backgrounds, creates the foundation for differentiated service delivery to flourish. The problem of practice (PoP) that this OIP makes recommendations towards must balance this dialectic that exists between the ACT program having uniform service delivery to maintain sustainability, while simultaneously supporting resistant workplace practices. This OIP therefore seeks to address the problem of practice of the lack of uniform harm reduction service delivery within the ACT program, and the need to balance organizational goals with the counsellor's activist ethos.

chapter 1 will introduce the critical-team leadership approach that was developed by the author. This approach to leadership is situated in the author's professional identity as a Registered Social Worker (RSW), as well as the social justice lens that permeates the HOPE agency and ACT program. The history of the problem of practice will be explored, along with a clear depiction of how the lack of uniform service delivery presents within the organization. The dialectic of the PoP will be explained and analyzed through the political, economic, social, technological, and environmental dimensions. A vision for change that is rooted in the critical, participatory spirit of the leadership lens is given to create an envisioned state for the ACT program (Collinson, 2017). Lastly, before moving to chapter 2, the author will assess and speak toward the readiness for change the ACT team possesses based largely on their trust in management and openness toward change.

Within chapter 2, the author describes how the individual and institutional leadership principles are somewhat aligned with critical-team leadership. However, the current distributed leadership approach must incorporate the principles of the critical-team leadership lens through modelling and shared values of the author with the rest of the management team, as well as the ACT team counsellors. For the OIP to truly balance the dialectic of the problem of practice, a theory of change was chosen that highlights the critical, emancipatory nature of the author's leadership lens (Collinson, 2017; Ryan, 1998). The theory of change is based on the concepts of Brazilian educational theorist Paulo Freire (1993), who described a pedagogical framework as a change model to emancipate individuals and communities from oppressive forces within society. Freire's concepts have been used in schools, organizations, community development projects, and participatory action research as an evidence-informed way to bring about change that leads to a shift in critical consciousness for the participants (Schultz, McSurley & Salguero, 2013).

Additionally, chapter 2 details a solution of strengthening the critical learning culture of the ACT program, that will lead to a shared vision among the team. A solution that accesses the deeper values and beliefs of the counsellors is needed to truly balance the dialectic of the PoP and bring about sustainable change. The openness, creativity, and participatory nature of a learning culture will inherently lead towards the envisioned future state for the organization (Schein, 2017; Senge, 2006). How the author will conduct this from a critical, ethical framework concludes this chapter. The Leadership Praxis for Social Justice framework utilizes: critical-team leadership principles, the Ontario College for Social Workers and Social Service Workers (OCSWSSW) guidelines, and the author's personal ethics, that will be integrated throughout the entire OIP (Gardiner and Tenuto, 2015).

Chapter 3 outlines a full implementation plan for the solution identified in chapter 2. The plan for change is structured within the Freirean change model as well as the critical-team leadership approach of the author. The plan is participatory in nature, and from the beginning of identifying the problem of practice, all the ACT team is included. Through the identification of short, medium, and long term goals, the author can track the progress of the plan and make adjustments as needed. The developmental evaluation framework is rooted within the critical theoretical lens of the author, while also being built into the theory of change. This ensures the practical and theoretical coherency of the entire organizational improvement plan. chapter 3 ends with future directions that could be taken after the problem has been addressed, and focuses on ensuring the sustainability of the learning culture. The author acknowledges that the dialectic of the problem of practice will always be a competing force that influences the ability of the counsellors to provide uniform service delivery (Johnstone, Lee, & Connelly, 2017).

While this Organizational Improvement Plan deals with large issues of social justice and oppression, it is meant to be a practical and useful plan to create real change. The ACT program's activist ethos is respected throughout the entire process, and this is needed for the change to be sustainable. It is hoped that the ideas and concepts utilized within this document can be integrated within other non-profit organizations that struggle to balance organizational policy and sustainability with directives centred on resistance and social justice.

Acknowledgements

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To my wife, Meghan, who was steadfast in her support for me during these past years. Supporting me, as her partner, also involves calling me out when I have not done my due diligence to balance competing responsibilities. I would not have gotten through any of this without her, nor would I have had the drive and motivation to pursue any such thing. With the birth of our son, Rowan, in the last year of the program, the process was a carnival of chaos at times. Even so, we all persevered to the end of this journey. For all the vacation days taken up for the writing process, and sunny weekends spent at the Reference Library, I promise I will make it up to you both. Thank you for always supporting me in my professional and scholarly pursuits.

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Chapter 1: Introduction and Problem

Within Canada there exists an increasing amount of pressure on social service agencies to deliver addictions and mental health treatment to marginalized populations with reduced resources (Baines, 2008; Dutton, Forest, Kneebone, & Zwicker, 2018). There is an effort for both social service organizational leaders and front-line workers to "do more with less" (Baines, 2008). In Ontario, the management of mental health, addictions, and homeless sector is dictated by neoliberal strategies that constrict the regulation and policies of services to communities. Two concrete examples of these constrictive regulations and policies are the implementation of strict time-limited services, and the use of evidence-based interventions that do not respect the community context in which they are executed (Johnstone, Lee, & Connelly, 2017).

Within a specialty area of community social services known as harm reduction, these issues are exacerbated. The Ontario government's published *Substance Use Prevention and Harm Reduction Guideline* defines harm reduction as "policies, programmes and practices that aim primarily to reduce the adverse health, social and economic consequences of the use of legal and illegal psychoactive drugs without necessarily reducing drug consumption" (MHLTC, 2018, p. 16). The harm reduction model of care is a best practice and is evidence-informed, however it also comes from strong anarchist and radical roots (Smith, 2012). The ACT counsellors engage in these resistant behaviours within the workplace and community, many of which will be discussed within this chapter and are highlighted within the PoP section of this OIP. When social service workers engage in resistant or radical practices within the workplace, they are labelled as deviant by the manager or leader. Within critical leadership the leader will attempt to support these resistant practices rather than label them as deviant. Within this chapter the

organizational context, leadership approach, problem of practice, vision for change, and change readiness are analyzed and elaborated on.

Organizational Context

The organization HOPE (anonymized) is a national health and social service charity that is comprised of individual associations throughout Canada. The vision of HOPE is that "… communities will help to foster and create resilient youth and families in all aspects of their wellbeing" (HOPE, n.d.). Embedded within the social service department of HOPE is the Addictions Counselling Team (ACT) (anonymized), as shown in Figure 1. ACT is under the umbrella programming of Outreach and Supportive Housing (OSH) (anonymized) that also has a youth shelter, youth drop-in, and a LGBTQ2S specific programming that assists youth moving toward independence. ACT is comprised of eight counsellors across three urban and suburban landscapes that helps to deliver one-on-one counselling to youth ages 14 to 21, and harm reduction/substance use education. The program has existed for nearly 20 years after receiving funding from the Network of Community Health Organizations (NCHO) (anonymized).

The ACT team is governed by the Ministry of Health and Long-term Care, which provides governance for almost all substance use and gambling programs in Ontario. The ACT team is accountable to the ministry by submitting quarterly audit reporting, finance documents, statistical reports on client visits/intakes/discharges, and even public posting of the audit score of reporting fidelity in the client database system.

History of the Organization

To understand the ACT team as an organization that functions in the broader context of the HOPE agency, a general exploration of the HOPE agency is needed. In fact, it is the activist, radical history of the HOPE agency that offers legitimacy for the PoP, as well as enabling

practical solutions for the OIP. Below, a detailed account of the HOPE agencies foundation in

social justice issues is presented, in order to better lay the foundation to argue the efficacy and

realistic nature of the PoP that will be introduced.

The very first HOPE agency began in the early 1800s as a form of protest against the

Industrial Revolution, aiming for a new way of living that promoted health and community

(HOPE website, 2018). As an impressive show of ethical and moral fortitude, the specific HOPE

association within this OIP removed themselves from the North American HOPE confederacy in

the mid-1800s due to the Confederation lacking a critical, public stance on slavery. This was

only the beginning of the social justice orientation of the HOPE agency. The agency continued to

make political declarations, lobby city hall, and offer employment and refuge to marginalized

communities in the early 1900s. The HOPE agency also offered English speaking classes when

other agencies failed to provide this service, as well as securing the first Counselling centre

approved by the city as early as the 1940's (HOPE website, 2018). In the 1950s and onward,

human rights and anti-discriminatory community groups, recognizing HOPE's social justice

agenda, lobbied and harnessed the HOPE agency to promote their social justice initiatives

(Frager & Patrias, 2012). It is fitting, then, that rigorous support for LGBTQ2S young people

experiencing homelessness and the public support for harm reduction measures in this time of

the opioid crisis sets the tone for the new wave of social advocacy and activism within the HOPE

agency, and represented through the ACT team (Government of Canada, 2018). The historical

context of the HOPE agency is rooted in an activist culture that is still evident in the agencies

service to communities and individuals. This historical context creates an environment where a

critical social justice orientation to both leadership and the understanding for the problem of

practice will be supported later in this chapter. The history also highlights the deeply embedded

values of the organization, which will later be reflected within both the PoP and leadership theories within this chapter.

Organizational Structure

The ACT program within the broader HOPE agency follows the structure of a professional bureaucracy (Mintzberg, 1993). In line with the functions of a professional bureaucracy, the ACT counsellors are given autonomy within their roles based on their professional designation and high degree of training to be able to make assessments and provide counselling to clients. As Figure 1 depicts, the ACT program is a part of the larger HOPE agency, which has three main components of health and fitness, employment, and community/outreach. Beginning with the centralized power from the board of directors and the CEO, the hierarchy flows through a Chief Operating Officer, Chief Financial Officer, and several senior management and vice-president positions. Depending on the dimensions one views the organization (for example, *theory of decisions* or *theory of power*), the resulting organizational theory may shift (Renz, 2016). For example, in the employment sector, the workers generally follow a strict model for their role responsibilities, and have more oversight from management into their outcome driven work. This situates them in a systems management, top down organizational structure. As a result, leadership from the employment department tend to view power as a centralized system, and may be viewed from Elmore's 1998 (as cited in Herman, 1994) managed systems model. Employment workers within the HOPE agency do not have the level of discretion as more specialized staff within the ACT program, who possess an expertise within their practice that their mangers do not (Herman, 1994). The HOPE organization also balances its charitable status with commercialism to provide profit for the agency (information withheld for anonymization). This balance is evidence of the corporate, neoliberal influence

acting on the charitable sector, while also demonstrating that non-profits can avoid the bureaucracy and power dynamics associated with government funding (Gras & Mendoza, 2014; Incite, 2007). Combining the marketplace with the non-profit sector allows for more financial stability to support services for the community. Wade-Berg and Dooley (2015) highlight more positives of for-profit and non-profit funding sources, citing that the partnership may eliminate the bureaucratic categorization of job profiles that are deceptively explained to be able to treat specific needs of clients and community. To have a firm understanding of the organizational structure the ACT team is situated in, these dichotomies between the non-profit and for-profit financial strategies are important to highlight. As described above, they underlay not only deeply seeded values of the HOPE organization, but also details such as job profiles of the ACT team and the ability to have a sustainable program.

For the purposes of this OIP, it is important to concentrate on the ACT team as the *organization* within the broader HOPE organization. The Youth Outreach and Housing (YOH) department (see Figure 1) deviates from the employment and health and fitness departments with respect to their strong emphasis on a more critical social justice orientation in their values and beliefs. The YOH, and ACT program within it, employs a more radical, activist framing of the stated mission and values of the broader HOPE agency. YOI staff continuously differentiate anti-oppressive practice and anti-racist frameworks from the social inclusion and diversity espoused by the organization (HOPE website, 2018). The entire agency strives to adapt a social constructionist model, though it is more evident within the YOI team (Herman, 1994). This means that management and staff have a general appreciation that the stated values and mission is co-created and acted out in a way that considers aspects such as one's social location, perceived agency, reflection, and understanding about the world around them (Herman, 1994).

Specific to the ACT program, the counsellors report to the Director of ACT. While the Director has control over the budgeting and human resource matters of the program, they also act as the clinical supervisor for the counsellors. Figure 1, seen below, is a simplified and adapted version of the current organizational structure of HOPE. This current structure demonstrates he micro and mezzo organizational hierarchy affecting the ACT program.

Board of Directors

CEO and president

Various vice-presidents and senior managers

Health and fitness

Employment and Outreach

Employment programming

Youth Outreach and Housing- General manager

Housing and Drop-in Manager

Team Lead

LGBTQ2S Shelter Manager

Director, Addictions Counselling Team

8 ACT counsellors
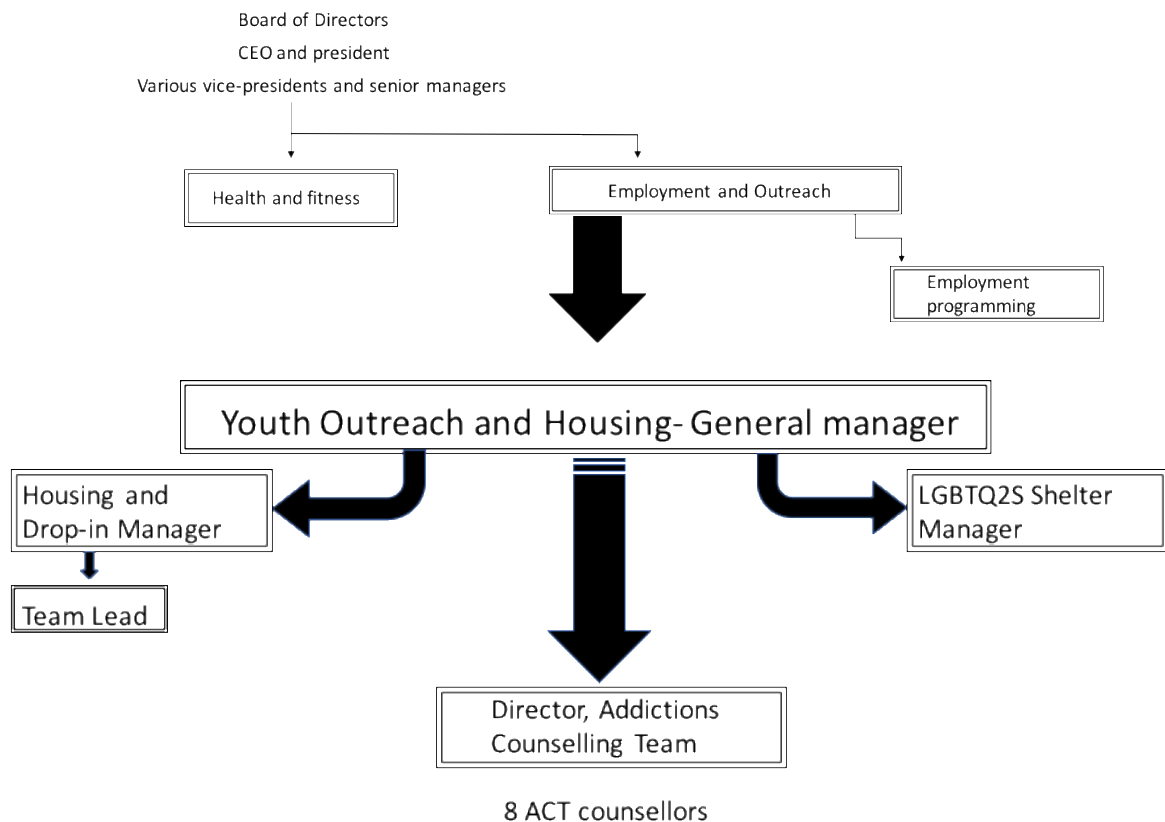
Figure 1. Organizational Chart of HOPE program. Adapted to show relevancy towards the ACT program.

Organizational goals, vision, and values

Although the ACT program does not have a published vision and mission statement, they share the broader statement of the HOPE agency. The ACT team embodies a harm reduction

philosophy that permeates the entire OSH department. Working largely alone, the ACT counsellors receive referrals from community agencies, allied health care professionals, probation officers, teachers, caregivers, and self-referrals. The ACT counsellors must balance their main mandate to provide counselling to clients living with substance use issues, as well as partaking in outreach activities, give harm reduction psychoeducational workshops, and perform standardized assessments for referral to treatment centres or other community supports. Due to the dialectical nature of this OIP to attempt to maintain uniformity in service delivery while also balancing the resistant, activist nature of the counsellor's values, a detailed outline of the roles is necessary to generate a full appreciation of the ACT team's purpose.

The counsellor's main activity within their job is to provide one-to-one counselling support for the clients that are referred to the ACT program. The goals of the program are to provide short-term counselling, with the aim of the client discharging after a maximum time of 6 months. The counselling is fully integrated into the harm reduction values and framework of practice (Roe, 2005). This necessitates that the counsellors *meet people where they are at* within their journey, and they accept that the concept of *recovery* can take on many different meanings to their clients. The harm reduction model is embedded within the recovery model of mental health and addictions (Carpenter, 2002; Jacobson & Greenley, 2001). Rather than the medical model that takes on a view of illness as chronic and debilitating, the recovery approach realizes the strength of the individual to overcome, and relies on the service user to dictate their own direction of healthcare in collaboration with the professional (Clossey, Mehnert, & Silva, 2011; Mental Health Commission of Canada, 2015). The ACT program is unique in that it supports the counsellors to meet clients in the street, in coffee shops, libraries, and other community hubs to move the relationship forward. The ACT program's official stance is that the counsellors

practice from a solution-focused, motivational interviewing model although other approaches are still utilized. The value and vision of the ACT program to work from a harm reduction philosophy is important when exploring the reasons for, and solutions to address the problem of practice.

The capacity for the ACT counsellors to deliver quality and uniformity of care is also impacted and problematized by the mixed levels of education and training background of the team. Additionally, the very fact that the counsellors work from a harm reduction approach that merits mixed service delivery for client care intrudes on the ability for uniformity of care to be ubiquitous (Logan & Marlett, 2010). This will be discussed in the analysis of the PoP further in this chapter. The very nature of the ACT counsellor's role must be deconstructed, along with the assumptions of the PoP. If a critical, deconstructive approach is not utilized, the inability of the ACT team to deliver uniform service delivery may be mistakenly viewed to not be a problem at all. These ideas of deconstruction will be more fully developed when the problem of practice is formally introduced further within this chapter.

The organizational context has been described above for both the broader HOPE agency, as well as the ACT program that is at the focus of this OIP. The critical, social justice orientation of HOPE will provide the foundation for the OIP to realistically address the issues within the PoP, that will be described later within this chapter. The structure and current leadership approaches of the Youth Outreach and Housing (YOH) department provides a healthy and stable transition to the author's leadership position and statement. The current leaders share aspects of the collaborative, relationship base practices that will be described below, as well as an explanation of the author's theoretical stance.

Leadership Position Statement and Lens Statement

The leadership theory used to enact change within this OIP will be Critical-team leadership, adapted by the author. Critical-team leadership stems from the integration of community leadership approaches in social justice literature, as well as leadership frameworks in the dominant literature in educational leadership. Below the author will briefly identify aspects of critical and team leadership separately.

Critical and team leadership comparison

The principles of critical leadership stem from an emancipatory and social justice approach to leadership (Collinson, 2017; Corson, 2000). The approach seeks to level hierarchies between individuals that may exist from power dynamics within the workplace, but also due to intersectional oppressions group members face. This is in line with the roots of critical leadership, that are inherently traced back to anarchic styles of leadership stemming from community organizing and harm reduction literature (Sutherland, Land, & Bohm, 2014). This provides a strong foundation for the author to be confident in implementing change to achieve the dialectical vision of a balance between uniform service delivery and meeting the needs of the diverse communities the ACT team serves. Critical leadership also has weaknesses that are evident within the literature, the biggest being a lack of utility and practicality in terms of having a framework for leaders to reference. This is where team leadership can offer more direction (Alvesson & Spicer, 2012).

Team leadership provides a standard for shared decision making to occur within a team. The interdisciplinary nature of the ACT counsellors makes this a potentially more difficult task for the author. By utilizing the safe holding environment for the team to function, the author will be able to support a learning environment where group decisions are made. In the next section, a

detailed look at how this will be operationalized is provided along with a visual model of critical-team leadership approach. Team leadership also necessitates that the group is a "real" team, consisting of shared values and purpose. The author will seek to utilize the critical leadership principles found in Table 1 of *flattening hierarchies*, to assist the team to be comfortable enough to voice their ideas and concerns to produce shared values.

Table 1.

Critical-team Leadership Principles. Principles selected for combined Critical-team leadership theory.

Critical Leadership	Team Leadership
Strives for social justice	Shared decision-making
Seeks to flatten hierarchies	Formal leader negotiates their involvement in the group when issues arise
Emancipatory	Leadership arises within team
Anti-oppressive, Anti-racist lens	Must be considered a "real team"
Resists neoliberal agenda	Relies on shared values

Note. Principles within each column do not directly correspond to their horizontal counterpart.

The author will integrate the principles listed in Table 1 for Critical and Team leadership when working with the ACT counsellors. For example, the author knows that the shared decision-making inherent within team leadership is influenced by a common striving for social justice and a flattening of hierarchies of the critical leadership approach. Therefore, when the author contends with the interdisciplinary nature of the ACT counsellors, he will be mindful of not favouring one profession over the other. This will be more relevant when the problem of practice is fully introduced later in the chapter, as the interdisciplinary nature of the team adds to the diversity and differentiation of service delivery. Another example of the integration of critical and team leadership principles is the reliance on shared values within the team leadership

approach, and their connection to anti-oppressive, anti-racist agendas. This leader will utilize

both principles to move change forward when seeking solutions to address the PoP. The PoP

must balance competing views of organizational sustainability with worker's interpretations of

anti-oppressive agendas. Seeking shared values of an anti-oppressive and anti-racist nature, as

listed in Table 1, will ensure that the author does not attempt to influence too strongly in favour

of managerial decisions strictly for organizational outcomes. If the critical, social justice essence

of the work of the ACT program is lost, then the author's leadership approach can be considered

a failure. The critical-team leadership principles and their connection to the problem of practice

and solutions will be gradually implemented throughout this OIP. In the section below, a

framework for the critical-team leadership approach will be illustrated in Figure 1 that will

further the "how" of the critical-team leadership approach within the context of the ACT

program.
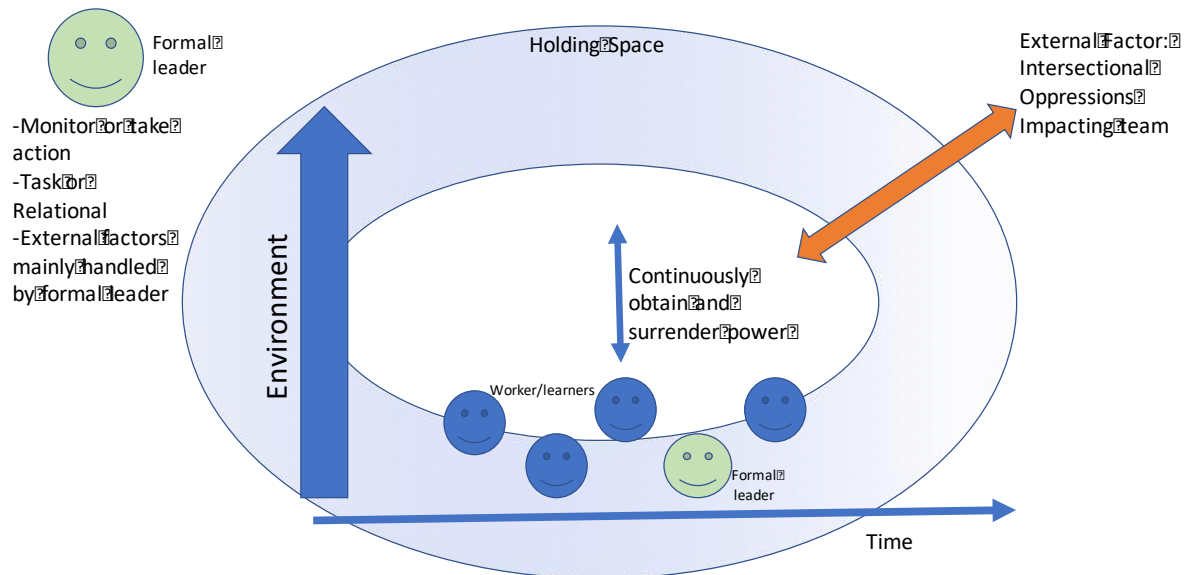
Figure 2. Critical-team Leadership framework, created by the author.

The strategies the author will use to allow the counsellors to take on leadership roles within the ACT team resembles anarchic leadership approaches taken from community organizing literature. The key to anarchic theory as it pertains to this PoP is that the leader must always legitimize their power to those within the team or community. When ACT counsellors choose to engage in leadership activities, the role and status they hold is considered temporary. As shown in Figure 1, once an ACT counsellor is no longer able to validate their reasons for holding power, they will remove themselves from the role. The author can facilitate an open environment within the team by being accessible to counsellor's needs and creating a safe holding space for open decision making to occur (Collinson, 2017; Senge, 2006). As the ACT team works their way through the change process to be described further in chapter's 2 and 3, leadership opportunities will present themselves to counsellors as environmental pressures act on the team, across time, allowing for the counsellors to use their unique skills. This is illustrated in Figure 2 depicting the vertical axis of the environmental pressures, as well as the horizontal access of the passage of time.

As a leader, the author is then enabling the counsellors to practice a type of autonomous leadership that Western (2014) pulls from the community organizing literature of the more general history of harm reduction workers. The counsellors will be able to assume leadership roles, as necessary, and as their new learning permits them, to only let go of this temporary position once they are no longer required to lead, or the group decides to take the power away. This outlines the nature of autonomous leadership in that it is: (1) Spontaneous; (2) Autonomous (3) Mutual; (4) Affective; and (5) Relies on networks (Western, 2014). Through the educational process, and the autonomous leadership in practice, the anarchic roots of such leadership also espouse, as Suissa (2010) states, that social anarchist communities "would not need to change human nature but merely to draw out moral qualities and tendencies already present, this view

escapes charges of 'character moulding' or coercion by means of education- processes which are inimical to the anarchist position" (p. 40). This permeates the Freirean framework on adult education and the building of learning communities, which does not view the learner as an empty vessel needing to be filled with knowledge from an external source, usually by those wielding authoritative power (Freire, 1993; Irwin, 2012).

The author, as the formal leader within the ACT team, is embedded in the bureaucratic structure of the agency and has the responsibility of directing the team to a shared vision and purpose. Hackman (2012) asserts that within team leadership, the groups must possess a "compelling purpose" of their formation. In the context of the problem of practice that will be introduced, the ACT counsellors must formally possess a compelling purpose towards social justice if they are to create more uniformity and within their service delivery.

A critical leadership approach aligns with the ethics and values of the author's professional designation as a registered social worker (RSW) (CASW, 2005; Collinson, 2017; Corson, 2000; DeMatthews, 2015; Holosko, 2009; King & Learmonth, 2015; Learmonth & Morrell, 2016; Pearce, Conger & Locke, 2008; Rank & Hutchison, 2000; Ryan, 1998). As a critical leader, the author will strive to identify the ACT counsellors as subjugates of power dynamics and attempt to emancipate workers and clients alike (Corson, 2000; DeMatthews, 2015). To facilitate this type of change, a critical andragogic framework will be introduced in chapter 2 to provide transformational learning within the workplace, providing a very literal sentiment to the term "educational leadership" (Freire, 1993; Wang, 2008). Functioning within the critical leader paradigm, queer theory will be utilized by the author. Through the lens of queer theory, the author's own self leadership is critically reflected on, and the heteronormative

traditions of leadership are questioned, thus affecting the entire OIP and adding to social

constructionist view of the workplace (Gedro & Mizzi, 2014).

The critical-team leadership orientation is centered on social constructionist and

relational frameworks for practice. We are inherently relational beings and organizations exist as

a network of transactional exchanges and shared experienced between people (Gergen, 2009).

Social constructionism blends into this form of critical-team leadership because it is in this

relational, liminal space that people within an organization will form their view and meaning of

leadership (Gergen, 2009; Uhl-bien, 2006). The relational, social constructionist approach to the

author's work is connected to the broader critical approach used within this OIP, as it considers

the systemic power structures that inform our thinking and actions in the workplace (Ospina &

Foldy, 2010). Freirian principles of emancipatory practice and participation of marginalized

groups center the author's broad philosophy of education leadership and grounds him within the

social service sector (Freire, 1994; Irwin, 2012). This theoretical and practical orientation

towards leadership mustn't be confused with authentic or transformational leadership that may

espouse liberal ideals of morals, courage, and even multiculturalism without addressing the

deeper power imbalances that often incite the need for change in the first place (Duignan, 2012).

This is parallel to what has been discussed above within the Organizational Context section,

when it was stated that the Youth Outreach and Housing (YOH) goes beyond the ideas of

inclusion and diversity to name anti-oppression and anti-racism in their practices. As will be

described in further sections within this chapter, this impacts the problem of practice by setting

the stage for a strong focus on balancing social justice while still addressing program

sustainability.

Centering the Self within the research. A critical reflection on the author's own personal and social location is necessary when operating through a critical lens as either a researcher or a practitioner. As a white, cisgendered, heterosexual male, the author carries privilege within the formal leadership position (Ford, 2006). This will influence how the author enters his formal hierarchical role in the ACT program. Additionally, Learmonth and Morrell (2016) warn that in an attempt to emancipate workers and their community, critical approaches can bolster the differential power structures it has sought to eradicate. For example, as scholars use terms like leader and follower to describe managers and workers, they ignore the structural forces at play in the workplace, and are therefore unable to properly address them (Learmonth & Morrell, 2016). It is through continued reflection as a leader that the author will address his bias and privilege within his role as a researcher and a leader of the ACT team. How this reflection is operationalized will now be described below.

Scholars within the helping professions, and particularly in social work, have addressed the lack of accountability found in some reflection models that do not address social justice issues (Heron, 2005; Lee & Bhuyan, 2013; Spector-Mersel, 2017). By utilizing Foucauldian concepts of power and subjectivity, the author is able to take his reflection one step further. By analyzing himself as a subject as opposed to the "self", the author allows himself to go deeper and address their own location in the power structures that surround them (Heron, 2005). It is the author's intent that as these approaches eventually become embedded in day-to-day reflexive actions, the author will be a more effective researcher and leader, both personally and professionally.

Leadership Problem of Practice Statement

An emerging challenge within the social service sector is providing marginalized communities with evidence-informed interventions with limited resources (Dutton, Forest, Kneebone, and Zwicker, 2018). The ACT team is continuously challenged in attempting to provide reliable and effective harm reduction services to the young people they serve who are seeking to make changes in their substance use. No one counsellor functions the same way to deliver their mandate of counselling and educational presentations, and at times are confused as to what is expected of them in their roles. Potential referral sources who speak to the counsellors or hear about a youth's experience in the program can gain an incorrect understanding of what the ACT program offers. Another and most important effect of the issue is that this leaves the young people the ACT program serves at risk of maintaining their negative use of substances by receiving inconsistent services. This had broad implications for their individual lives as well as their relationships to family, school, and their communities. Furthermore, the individual ACT counsellor's educational background, philosophies toward mental health and addiction, and environmental influences they work in exacerbates the inconsistency of their treatment planning. A counsellor may come from a youth criminal justice background and not feel confident in the effectiveness of their counselling interventions, leading them to instead deliver case management services to their clients. Many counsellors strongly identify as radical agents of change within the communities they work in, leading them to resist their organizational mandate to provide formal counselling, and instead provide outreach services exclusively within their communities (Baines, 2017; Smith, 2012). Additionally, counsellors may continue to work with a client for well over a year and not refer to other service providers, or will refuse to discharge the client. Though there is supervision of the counsellors at an individual and program level, it can be

challenging due to their highly independent and autonomous aspects of their job. Furthermore, if

the ACT program's service number targets from the funders are being achieved, there can be less

incentive to focus efforts on the actual quality of service delivery. As the Director of the

Addictions Counselling Team and author of this OIP, the problem of practice being undertaken

is the lack of uniform harm reduction service delivery within the ACT program, and the need to

balance organizational goals with the counsellor's activist ethos.

Current Organizational State

In the current state of the ACT program, counsellors have different education and skill

levels. There are also differing perceptions on community needs based on the diverse cityscapes

the counsellors service. A lack of clinical oversight has also led to differentiations in counselling

skills and techniques, as well as the perceived roles of counsellors. An anecdotal example of a

workplace scenario of the problem is when an ACT counsellor does not feel confident in

providing therapy to their client in a closed environment, due to either a lack of knowledge or

conviction that their counselling will be ineffective. This results in time spent performing case

management activities for the clients that are not within their job description. The counsellor

may view this case management as necessary to navigate and resist barriers enacted on the client

by oppressive structures in society. Another illustration from the field is that the counsellor's

notions of harm reduction and identifying as a radical social worker entice the counsellor to

perform outreach duties for an extended period of time, instead of referring out to an agency that

would better suit the client's needs. This is in direct conflict with the mandate to offer short term

counselling (HOPE website, 2018; ACT pamphlets, 2018). These instances demonstrate the

failure of the activist ethos to be reasonably integrated within the organizational policies at

present, and demonstrates the lack of proper clinical oversight that the program has had

throughout the years. The author will speak further within this proposal of how using a critical leadership perspective can balance the dialectic of workplace activism with uniform service delivery (Roe, 2005; Baines, 2017).

Desired Organizational State. The future organizational state would have uniform service delivery where counsellors are able to focus on their main roles of providing 1 to 1 counselling service in a safe environment to meet the needs of their clients and communities they serve. The counsellors would be able to develop their harm reduction counselling approaches with an adequate amount of autonomy, meeting the needs of the client where they are at within their lives (Boyd et al., 2017; Adamson, Jackson, & Gahagan, 2017). The ability to learn new counselling skills, challenge internalized assumptions about harm reduction and substance use counselling, and strive to focus on the individual client's goals are key aspects to this desired organizational state (Boyd et al., 2017). The solutions to achieve this desired organizational state will be introduced in chapter 2, and discussed fully in chapter 3. With an organization whose vision is to be a change agent to produce healthy young people to exist and become leaders within their communities, this offers a massive leap forward to the entire HOPE organizations future direction (HOPE website, 2018; Wright, 2007).

The problem of practice has been described above as the lack of uniform harm reduction service delivery within the ACT program, and the need to balance organizational goals with the counsellor's activist ethos. In the next section, the author will frame the problem of practice utilizing analysis tools to provide a more robust explanation of the PoP and situate it within the broader forces in the surrounding community and beyond.

Framing the Problem of Practice

To properly substantiate the PoP within HOPE, the entire HOPE organization is viewed through Davis, McAdam, Scott and Zald's (2005) view of a Social Movement Organization (SMO). As a Social Movement Organization, the ACT team is regarded as legitimate activist components within the organizational structure. This is important when viewing the PoP the author has described above. Organizational and institutional theorists have a long history within human service organization literature of describing the notion of organizations that perform the social norms of society to maintain funding and garner support, while still resisting power structures and achieving organizational goals that may be deviant to the wider society (Elsbach & Sutton, 1992; Pfeffer & Salancik, 2003; Meyer & Rowan, 1977; Scott, 1998). For the author to seek to maintain the counsellor's activist ethos may invite the opportunity for resistance against the organization. A balancing of the dialectical nature of the problem of practice will be present throughout all of the decision making and analysis throughout this OIP. A representation of the dialectic inherent within the PoP is shown below in Figure 3.

Uniform Service
Delivery

Activist Ethos

Figure 3. Dialectic of the Problem of Practice.

With these competing views in mind, Bolman and Deal's (2017) Four Frames Model will serve as the tool to analyze the PoP. The Structural, Political, Symbolic, and Human Resources frame will be used within this analysis (Bolman & Deal, 2017).

Structural

The ACT counsellors require a structural framework to exist within their professions, and the literature presented by Bolman and Deal (2017) suggest that they will function better within formal roles. This does not have to be at odds with the radical sentiments the counsellors bring to the HOPE organization. In fact, Zoller and Fairhurst (2007) would note that it is incumbent upon the author as the leader to ensure that these efforts of resistance are nurtured and supported in such a way to provide a constructive means to maintain coherency within roles and responsibilities (Davis et al., 2005). The nature of the PoP implies a strict degree of adherence to formal positions with the words "uniform service delivery", however there is room for movement within the perceived confines of uniformity. Program targets can be willfully put aside, at times, to address deeper issues at play to achieve these program outputs (Baines, 2017). How this may look in terms of the counsellors behaviours will be described in chapter 2 and 3.

Adler and Borys (1996) describe the pitfalls of this over-flexibility within the ACT program (as cited in Bolman & Deal, 2017) when they describe a machine that is "designed to leverage users' skills" (p. 51). The problem of practice is also perceived within this structural frame in the "functional" groupings the ACT counsellors are in, and "groupings around place and geography" also make uniformity difficult (Bolman & Deal, 2017, p. 53). This has led to what the author would describe, using Bolman and Deal's (2017) language, as *suboptimization* within the roles of the counsellors. By not allowing the counsellors to focus on the deeper meaning of their work in helping people recover, this *suboptimization* leads to a hyper focus on meeting program target numbers, and a failed attempt at addressing client needs and emancipating them from the societal forces at play within their lives. This shows an imbalance of the dialectic of the PoP that will need to be considered within chapters 2 and 3. Specifically, a

framework tool within chapter 2, Critical Organizational Analysis section will address these issues within the structural frame that have been outlined.

Political

Firstly, an acknowledgement must be made of the reluctance of communities and some conservative public officials to support harm reduction strategies, despite evidence that it is considered a best practice (Paul, 2010). The political frame's assumption that coalition members within the organization have "enduring differences in values, beliefs, information, interests, and perceptions of reality" could not be truer for the ACT program existing in the greater HOPE organization (Bolman & Deal, 2017, p. 194). Analyzed within this frame, the understanding and support for the ACT program and harm reduction philosophy is fragile, with the greater HOPE organization centered on health and fitness within communities (HOPE website, 2018). The funding structures and pay scales are largely the same between departments, stemming from an inability of executive leadership to differentiate between the social service sector wages, employment wages, and health and fitness sector wages (HOPE audit; HOPE website, 2018; public job posting containing salaries, 2018; personal communication). For example, a manager or director within the social service sector will make the same wage as someone within the same role in aquatics or fitness programming (HOPE website 2018; public job posting containing salaries). The incoherency of the pay scales has caused both ACT counsellors and management within Youth Outreach and Housing (YOH) to not feel like their work is diminished compared to other community service providers.

Human Resources

The human resources frame allows a critical view of the agencies emphasis on staff development, training, and empowerment (Bolman & Deal, 2017; Fenwick, 2014). The

empowerment perspective is central to the critical lens being used, and lends itself to the critical

leadership approach to be undertaken (Corson, 2000). It demonstrates the gap in service due to a

lack of development both from a professional and personal stance within the ACT program, and

a lack of communication within the team that has occurred in the past to act as a barrier to

development. The lens to analyze the problem is centered on the Critical Human Resource

Development (CHRD) literature (Fenwick, 2014). This view extends beyond the humanistic

assumptions Bolman and Deal's (2017) human resources frame was intended for, and pushes the

leader to consider socio-economic influences and power structures that oppress the workers

within the organization (Gold & Bratton, 2014). From this perspective, the problem can be

understood as workers resisting the managerial forces at play that are attempting to influence

them to adhere to policies and procedures that might cause harm to their clients. They also might

view their own counselling work in a negative way as attempting to hyper-individualize their

lens to help their client cope better with an oppressive society (O'Neill, 2017). While these

thoughts are worthwhile for the counsellors to reflect on, they have not currently manifest in a

rational and beneficial manner within the ACT team. Therefore, they contribute to the problem

of practice of a lack of uniform service delivery, and their activist ethos is not properly integrated

to provide program sustainability.

Another way to view through a critical human resource frame is to acknowledge the

diversity that exists within our ACT counselling team and the identities that exist within the

organization. As a leader, this offers reflexivity within leadership practice to analyze how the

author's whiteness, cisgendered, and heterosexual orientation may take up significant space for

other voices to be heard (Lugg & Tooms, 2010). The lack of coherence within the counselling

program, lack of communication, and unclear roles and responsibilities may be viewed as the

ACT counsellors performing deliberate acts of resistance to take care of the community, thereby

ignoring the hierarchical policies and rules governing the organization (Barnoff, 2017). Again,

this is viewed by the author as an unacceptable integration of the activist ethos to the ACT

program, and is a contributor to the problem of practice.

Symbolic

An analysis utilizing the symbolic frame allows the problem to be viewed from the

intimate relationships that counsellors have towards both the roles of their jobs and to their own

clients (Bolman & Deal, 2017). These relational connections can be a strength, but also a glaring

weakness if they are not done through mutual support, critical reflection, and supervision from

the author (Sewell, 2018). Myths and stories of triumph over *the system* within social service

sectors are inspiring, but also may lead to unclear goals for service delivery (Bolman & Deal,

2017). These stories and myths of what it means within the agency to do radical, deconstructive

work through several different frameworks (i.e., feminist, anti-oppressive, anti-racist, and harm

reduction) flow deeply throughout the program. Assumptions within the symbolic frame such as

"what is most important is not what happens but what it means", or "events and actions have

multiple interpretations as people experience life differently" are at risk of being taken out of

context within the PoP (Bolman & Deal, 2017, p. 253; Corson, 2000). This is true for both the

author as the leader of the ACT program, as well as the ACT counsellors. The radical leader

might be motivated to dismiss the organizational and program policies as merely bureaucracy

getting in the way of counsellors doing their true work. This is something that occurs within the

non-profit sector and a reason why some non-profits fail to be sustainable enterprises

(Dematthews, 2015). This is an example of the fallacy of social justice leadership that lacks

direction and discipline (Dematthews, 2015). The symbolic frame analysis of the PoP uncovers

the deeper desires of counsellors, within a safe space of the office setting to use deconstructive, post-modern therapies to address their client's needs. These therapies include those such as narrative therapy that seeks to ignite a critical consciousness raising within the clients (Baines, 2007). The symbolic frame highlights the deep connection the counsellors have towards their work, both personally and professionally. This can be leveraged in the same way that it is currently adding to the problem when the theory of change is introduced. In balancing the dialectic of the problem of practice (see Figure 3), the counsellors connection to their clients that is currently benefitting their activist ethos may also assist the author to address concerns regarding uniform service delivery. This will be discussed in detail within chapter 2 and 3.

Bolman and Deal's (2017) four frames model provides a powerful tool to substantiate the problem of practice, and discover the influences contributing to the dialectical nature of the problem. To further understand the robustness of the issue, further investigation is required. In the section below, the author will utilize the PESTE analysis to better describe the history of the problem, the external and internal forces acting on the problem, and the statistics and data that influence the problem.

Political, Economic, Social, Technological, and Environmental (PESTE) Analysis

The PoP can be analyzed through a PESTE analysis to better identify external and internal factors that impact the organization (Cawsey, Deszca, & Ingols, 2016; Mullerbeck, 2015). PESTE outlines Political, Economic, Social, Technological, and Environmental factors impacting the organization. As a social worker and critical leader, the author views this analysis through a lens that attempts to deconstruct the external and internal social injustice that contribute to the PoP (Bogotch & Shields, 2013). Table 2 below provides a brief summary of the

political, economic, social, technological, and environmental analysis that will be discussed in the sections below.

Table 2

PESTE Analysis of the Problem of Practice

Political	Economic	Social	Technological	Environmental
Municipal and provincial government> Public opinion Funded by government ministry Opioid Crisis- SIS- political alignment. Anarchist past calls for re-politicizing harm reduction work	Ontario Lottery and Gaming Commission – filtered through government, ensures stability Acknowledging corporate responsibility can entice counsellors to adhere to guidelines of uniform service delivery	Stigmatization of drug users Differing concepts of rehabilitation, treatment, and pathology based on counsellors professional identities.	Youth cell phone usage gives access to sale of substances ACT counsellors can communicate with youth on work cell. This assists in appointments having increased attendance, and decrease in no-shows. Online referral centre- ACT programs service delivery listed to public-creates issues	Different communities counsellors service have diverse issues. Suburbs vs City. Youth may be driven by their parents to office appointments in more middle-class suburban neighbourhoods, thereby increasing the chance at responsible and uniform service delivery.

Note. Analysis completed by author with anecdotal and publicly available sources.

Political

The ACT program is closely tied with the pendulum swing of both provincial and municipal politics. The engagement of provincial and municipal entities to reduce the harm associated with addictions and social issues of marginalized populations is evident, though public opinion is mixed (Bernstein & Bennet, 2013). In 2017, the public health board (anonymized) that the ACT program exists in, urged the government to declare a state of emergency for the opioid crisis that has emerged on a national scale (City website, anonymized, n.d.). The province denied the request, though set up an Opioid Emergency Task Force to assist community health and social agencies to best support the crisis, along with additional funding of over 222 million dollars (Ministry of Health and Long-Term Care, 2017). The city also has

instituted supervised injection/consumption sites (SIS) for substance users to have a hygienic

environment to inject substances under the supervision of trained staff (City Website,

anonymized, n.d.). Acknowledging this within the political analysis is important because it

marks the point in 2017 where public perception, community awareness/education, and

bureaucratic structures were aligned to successfully initiate this change within policy on public

health and harm reduction measures (Paul, 2010). This parallels the climate in Vancouver when

the city first received their first Supervised Injection Site (SIS) (Paul, 2010). These influences

described above of public perception and community awareness, presently assist all harm

reduction workers in supporting and networking within the community.

This political environment sets the stage to explain how political forces unite radical

actors within the social service agencies practicing harm reduction. Some scholars and

practitioners even call for a more forceful and rapid re-politicizing of the anarchist, grassroots

past of harm reduction (Smith, 2012). Controversial as it might be, harm reduction exists as a

legitimate strategy under the Ontario Government's Ministry of Health and Long-Term Care

(MHLTC) as well as the scientific research community (Adamson, Jackson, & Gahagan, 2017;

MHLTC website). This governmental support is necessary when viewing the problem of practice

toward the lack of uniform service delivery, as it offers a balanced view of the problem and the

complexity of attempting to focus on the 1 to 1 counselling services. Since harm reduction has

proven to be inundated in politics and given that almost 50% of the revenue in the HOPE agency

is to run programs on behalf of the government, this political analysis is essential when

discussing the lack of uniform service delivery within the ACT team (HOPE Annual General

Report, 2017 [anonymized]; Moore & Fraser, 2006). The above political analysis also provides a

further conceptualization of the dialectical nature of the problem and the necessity to balance that

uniform service delivery with the counsellors activist ethos that continues to be exposed when the PoP is analyzed.

Economic

The funding for the ACT program, as previously mentioned, is provided through government funding. The money is filtered through the government starting with the institution known as the Ontario Gaming Strategy (Sadinsky, 2005). While a new strategy to support addiction and mental health delivery was initiated in 1996, an updated plan in 2005 allowed a full 36 million dollars in its 2% funding formula to be allocated to treatment, prevention, and research of gambling and substance use (Sadinsky, 2005). Due to the strategy being initiated in 1996, with buy-in and commitment from both the Ministry of Health and Long-term Care and Ministry of Economic Development, Job Creation and Trade (current titles used), it is unreasonable to consider that the programming will be cut due to changes in government. Additionally, the Ontario Lottery and Gaming Commission, in their modernization plan, appears to be ready in future forecasting to provide base-funding initiatives for all substance use and gambling programming as directed by the government (Office of the Auditor General of Ontario, 2014).

From a critical lens, this economic analysis continues to explore the dialectical nature of this PoP to balance uniform service delivery, while allowing for an activist culture to continue in a sustainable way (Baines, 2007; Smith, 2012). The economic analysis highlights that the gambling sector engages in corporate social responsibility by providing funding to the ACT program, and other addiction and gambling programs within the community. This adds to the complexity of the PoP, as the author can use this information to move the ACT team further along the dialectic toward uniformity in service delivery and adhering to the guidelines and

targets set forth by the Network of Community Health Organizations (NCHO) (Hancock, Schellinck, & Schrans, 2008). This touches on the central issue that McCarthy and Zald (1977) presented 40 years ago when they emphasized social movements within a r*esource mobilization* approach, allowing a shared space for bureaucracy in social movement organizations without yielding to their ideological commitments (Davis et al., 2005).

Social

It can be argued that the social analysis of the PoP greatly overlaps the political and economic domains. Through a critical leadership lens, the author believes the overlap occurs due to things like health and social inequities, racism, mental health, and addictions are maintained by neo-liberal agendas in government and the social spheres (Baines, 2017; Gee & Ford, 2011; James et al., 2010). The city has provided similar statements to the public from the Diversity and Human Rights department as well as a medical officer for the province (City website, anonymized). Therefore, the barriers the ACT clients face exacerbated due to the added stigmatization that exists for substance users, and it appears that this is acknowledged in multiple levels of society and government (Livingston, 2012).

The ACT counsellor's professional identities (Registered Social Worker, Registered Psychotherapist, counsellor, Child and Youth Care Practitioner, Psychological Associate) creates a rich environment for different concepts of rehabilitation, treatment, pathology of illness and social justice issues, as well as knowledge of counselling delivery (Arthur & Russel-Mayhew, 2010; Lemieux-Charles & McGuire, 2006). Though there are many benefits associated with interprofessional practice, Arthur and Russel-Mayhew (2010) have described the challenges of appreciation of other roles and the ability to build skills to integrate service delivery. This was highlighted in the section above as one of the contributing factors to the problem of practice.

The social analysis provides more clarity that surrounds the PoP's dialectic between uniform service delivery and an activist practice framework. The dialectic is further stretched when the educational backgrounds of the ACT counsellors are analyzed, as well as the nature of harm reduction work (Roe, 2005).

Technological

Technology certainly plays a role in the client's lives, and so therefore it becomes relevant when addressing the problem of practice. In line with the research literature, the clients are increasingly using their cell phones and social media to obtain their substances of choice (McEwen, 2011). Ironically, the same medium is also responsible for harm reduction efforts to encourage safer substance use, prevention, mental health, and public health campaigns to assist youth (Boydell et al., 2013; Skinner, Biscope, Poland & Goldberg, 2003). The youth can connect with the ACT counsellors through their cellphones, and counsellors have higher rates of attendance with sessions when their clients have cell phones. The ACT counsellors are also able to communicate with the youth on text message to make, cancel, or ask questions in reference to their appointments and treatment. This is increasingly becoming the norm in social service agencies serving youth (Boydell et al., 2013).

Technology also plays a role when directing youth to services with the assistance of government websites. Within ConnexOntario (2018), a central access and referral source, potential service-users can call and be given detailed information about what treatment or information they are looking for in relation to mental health, substance use, and problem gambling. The ConnexOntario workers, through email or phone, can then direct a potential client to the ACT program if it is the best fit (ConnexOntario, 2018). Through the technology domain,

there is again a clear relationship to the importance of having uniform service delivery that the public expects, and that the referral sources have been educated on.

Environmental

As stated previously, for the ACT program to have uniform service delivery, the program must maintain coherency within the different communities the ACT counsellors serve. The counselors service areas range from suburbs outside of the cities, to downtown in the heart of the metropolis. As was alluded to in the example given at the beginning of this OIP, some counsellors may focus on the justice system to receive referrals, and have developed close relationships with the courts. As a result, their entire referral source comes from mandated clients without any outreach presentations being complete. Other counsellors reside in an area where the youth have a stable enough home environment so that parents can bring their youth for counselling at our ACT program offices to deliver treatment. At the same time, in the heart of the city the counsellors are working with youth that are homeless or at-risk of homelessness, living in HOPE's emergency shelter or accessing other supports within the city. This offers another layer to understand the lack of uniform service delivery as an effect of the environment the counsellors are in.

Within the example provided above, the author can argue that the ACT team is meeting the expectations of a harm reduction model (Jenkins, Slemon, & Haines-Saah, 2017). Each counsellor can be perceived as tending to the community needs and adapting their practice to achieve success in their client's lives and be responsive to the youth's own context (Jenkins, Slemon, & Haines-Saah, 2017; Logan & Marlatt, 2010). However, this does not support the sustainable efforts necessary within a social movement organization (SMO), and does not balance the dialectic of the problem of practice (Davis et al., 2005).

This section has sought to further substantiate the problem of practice by analyzing it through Bolman and Deal's (2017) four frames model, as well as the PESTE method of analysis. Through the critical lens of the author, the deconstruction of the internal and external forces that contribute to the dialectical nature of the problem have been explored. This will provide a foundation for exploring strategies for change in chapter 2. The analysis also acts as a catalyst for further questions developing from the PoP that will be explored below.

Guiding Questions Emerging From PoP

There are several lines of inquiry that are uncovered within the complex nature of the PoP described in the analysis above. The underlying structures and processes that can be explored within the PoP stem from: harm reduction theory and professional history; social work professional literature; non-profit vs. for profit organizational change; radical social work and leadership practices in organizations; neoliberal discourses infiltrating social services; and the connection between social movement theory, community organizing literature and the heteronormative leadership/organizational change literature. Lines of inquiry that are rooted in the main problem of practice are therefore expected to be diverse and multifaceted. They are the following:

Are social workers able to recognize their radical practices when they diverge from their role? How does the multidisciplinary team of the ACT counsellors effect their group cohesion and learning? Where can critical leaders draw theoretical lines between social movement theory, community organizing literature, and organization theory to better guide their practice? How do the multiple intersectionalities of the ACT counsellors, and the community members they serve, impact their work?

Though the scope of this OIP does not set out to address these broader questions

pertaining to the PoP, they do guide the analysis of the issues and future solutions to be discussed

in chapter 2. These guiding questions are also considered when the author is describing the

vision for change, found in the section below. Throughout the exploration of the author's vision

for change, the guiding questions will be kept in mind to acknowledge the complexity of the

envisioned future state.

Leadership-Focused Vision for Change

The vision for the ACT team's change is paramount to the efforts success. As is noted in

the literature, a vision for change brings clarity and, if done right, ignites a participatory spirit

within the members of the organization (Cawsey et al., 2016). A vision for change will be

developed by the ACT team. The vision indicates the desired future state, and indicates the gap

of the current state to the future state of the ACT program (Cawsey et al., 2016). The vision for

change will seek to appeal to: (1) Higher order purpose of the team, (2) Shared values of the

team (Cawsey et al., 2016).

The literature concerning vision within the non-profit sector has been shown to be

different from that of for-profit visions for change (Dees, 1998; Larwood et al., 1995; Ruvio,

Rosenblatt, & Hertz-Lazarowitz, 2010). The non-profit vision in social entrepreneurship, for

example, is based around assisting the community where they are situated and promoting social

goals, and less on business goals for profit (Dees, 1998). Within this problem of practice, there

are opportunities for correlation between business and non-profit visions to guide this OIP. The

dialectic of the PoP parallels both the business and non-profit visions. For the future state of the

ACT program, there must be a focus on following policy, outcomes, and maintaining targets for

the funders, while also balancing community needs and social justice issues within service

delivery. Additionally, as mentioned in the first section of this chapter, the broader HOPE

agency works from a combined model of for-profit and non-profit funding models. To guide this

combined vision of change, it must be inspirational and realistic, and so the author will strive to

incorporate the realities of for-profit and non-profit perceptions within the change vision

(Larwood & Associates, 1995; Ruvio et al., 2010). Cawsey and colleagues (2016)

recommendations that the author will draw from are that change visions be "exciting and

inspiring", and "implementable and tangible" (p. 121). This will ensure buy-in from the ACT

team

The ACT team's responsibilities have been listed within this chapter, they are: 1 on 1

counselling, harm reduction educational presentations, and harm reduction outreach that includes

needle distribution and access to drug testing kits. They also participate on internal and external

committees to advocate for our young people and resist oppressive structures of society that

contribute to a reduction in healthy people and communities. This is part of the mission of the

entire HOPE agency. To situate the vision for change, the author will articulate a broader and

more values-based description of the current state of the ACT program. The ACT team is

involved in advocating for and supporting harm reduction services within their communities. In

utilizing anti-oppressive, anti-racist, and trauma informed frameworks, the counsellors address

the individual and broader community to diagnose and treat both health and social ills. As

described at the beginning of this chapter, due to the variety of education, training, and personal

background of the counsellors, there is a diversity of ways they attend to the community. As

such, it creates an imbalance towards service delivery and effects the ability of the program to

deliver uniform service delivery. However, engaging in workplace resistance for the sake of

hoping to support radical social transformation is futile, and creates a utopian idea of the non-

profit organization. The author will not succumb to those principles, as that would misrepresent the critical-team leadership approach and critical social justice lens that was introduced in this chapter. This is also true at the individual client level, where the quest to perform social work outside the bounds of the program structure can have devastating consequences for the quality of care of our communities.

The future state of the ACT team to be able to adequately deliver uniform service delivery while maintaining their activist ethos offers positive outcomes for all stakeholders. The clients, entire community, funders, management and of course the ACT counsellors themselves will maintain a stronger relationship to the mission and mandate of the program. The ACT team is comprised of counsellors who have their own histories, hopes and dreams for their profession. The stories and myths about the profession of the child and youth worker, harm reduction worker or social worker have been inscribed on them both personally and professionally. The desire to want to see their clients succeed can be used to influence their drive to come together in order to learn and grow from one another to better themselves. This future state and the author's leadership change vision is depicted below in Figure 4. This change vision follows Cole, Harris, and Bernerth's (2006) contention that the individual is the first appropriate unit of analysis in order to create a change vision. Due to the ACT team being such a small organization within the larger HOPE organizational structure, and with a learning culture being intertwined within it, broader executive level change visions are not helpful. This will be discussed more fully in chapter 2 when the model for change is introduced. .
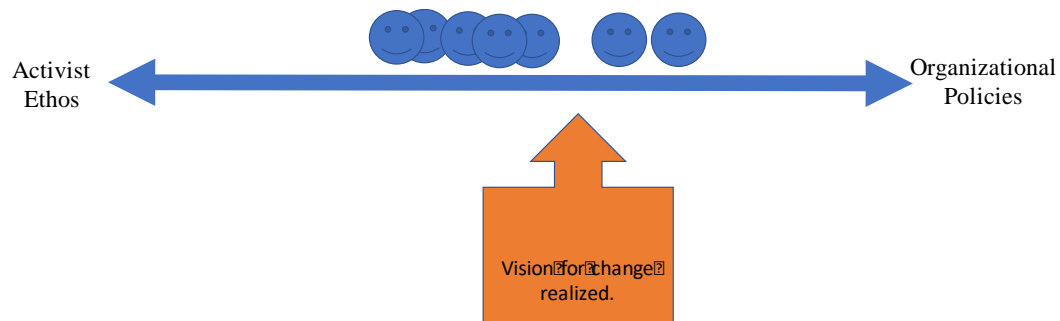
Figure 4. Vision for change and envisioned future state. Shown along the dialectic of the problem of practice.

Extreme caution must be used within this change vision, as it may implicate the problem associated with uniform service delivery in a negative way. Baines (2010) reminds the critical leader that if the ACT team's vision for change is mistakenly rooted in a neoliberal agenda of constricted resources then it is possible an evidence-based, pathologizing treatment outcome of uniform service may become a barrier to the community the ACT program serves. It is the participation of the community within the vision, and becoming the drivers of change, that will achieve sustainability and motivation to bring the organization to its future state (Baines, 2010; Cawsey et al., 2016). Because the leadership philosophy, as discussed earlier, takes into account Collinson's (2014) dialectical approach to critical management and critical leadership as opposed to focusing on their dichotomies, the author assumes this style of critical-team leadership will permeate the change vision and lessen the chances of it succumbing to a neoliberal agenda.

The culture of learning already present within the ACT program will be built upon to support this vision. The safe and effective use of self within any counselling profession incites a need for lifelong learning, self-reflection, and changes in practice dependent on the client's needs. The counsellors also participate in an intensive trauma training at one of the leading training institutions within Ontario upon being hired to the ACT program, to try and ensure safe

and effective client interventions. They attempt to maintain this learning and continued

reflexiveness in their practice through clinical and group supervision.

It is hoped that the vision for change is rooted in the existing organizational culture and

the values are aligned as: an organization, the individual counsellor's professional identities, as

well as their personal quest to provide increased successful outcomes for their clients (Galbraith,

2014; Cawsey et al., 2016). In chapter 3, there will be a detailed account of how the author will

initiate a bottom-up vision for change within the Freirean change model that will be first

introduced in chapter 2. Due to the participatory nature for the creation of the change vision, it

must indeed be integrated fully within the change process outlined in chapter 3. With this in

mind, the author will now explore the readiness of the ACT program to be able to engage with a

vision for such change to occur. An analysis of the ACT teams readiness for change is explored

below.

Organizational Change Readiness

For the organizational change readiness to be adequately analyzed, an exploration of the

individual counsellor's readiness, as well as the entire ACT program, will be examined. The

author will first explore how the counsellor's connection to change readiness in their work with

clients can transfer to the ability for the author to assess change readiness in the ACT program.

Within this section, the author will then utilize a pro/con chart, readiness-for-change

questionnaire, and Lewin's force field analysis to describe the readiness for change as well as

identify internal and external factors that will influence the change.

The ACT counsellor's roles are inundated in the assessment and management of change

for their clients. The care and solution-focused nature the counsellors take in relation to their

clients is similar to the literature on organizational resistance to change. Resistance to change is

not necessarily viewed in a purely negative way. For example, Ford, Ford, and Amelio (2008) call for a shifting of the concept of resistance from change-agent centric, to a lens where resistance sparks an opportunity for communication and change to occur within individuals as well as relationships. Resistance, then, is an opportunity for inner reflection mostly on the part of the change leader (Ford, Ford, & Amelio, 2008). For the author, the critical-team leadership framework allows this reframing of resistance to change within the ACT program. The problem of practice also provides an understanding for the author of the ACT counsellor's readiness for change to be based on multiple factors occurring along the dialectic found in Figure 4 above. For instance, if a counsellor is reluctant to change their practices in favour of more uniform service delivery, the author can recognize that it may be due to a deeply imbedded activist ethos within the counsellor. In the initial reflection by the author as the leader of the program, the counsellor can be viewed from a strengths-based perspective as motivated and passionate, who requires more guidance and learning to understand the need for change.

Understanding these multiple perspectives towards change can be better understood through a pro/con chart. A pro/con chart can also be utilized to ignite the need for change within the ACT team. Table 4 below depicts the pro's and con's of achieving the vision of effective, client-centered, uniform service delivery while balancing an activist ethos. Binaries are not entirely beneficial for discourse, and so the author will focus on the positive outcomes with the act counsellors to allow the team to focus their helpful attitudes and behaviours for the best change to occur (Taxman, Henderson, Young, & Farrell, 2014).

Table 3

Pro-Con Chart concerning the ACT team's Vision for Change.

Pro	Con
Higher level of clinical care for clients	Anxiety provoking in learning new knowledge (Schein, 2002).
Possibility of greater social change within the communities by increasing overall well-being.	Risks professionalizing the relationship to the client, straying away from a harm reduction approach.
Greater self confidence in counsellors to deliver successful outcomes to clients	Possibility of failure and resistance to change could result in lowered confidence.
Greater awareness and coherency of program services for broader community. May result in more referrals.	In some communities, our intended shift in service delivery could result in lack of trust and acceptance as prior services are halted (such as case management).
Greater cohesion and comradery within team	Different developmental abilities as counsellors could leave people feelings excluded if not adequately attended to.

Note. Chart is specific to the counsellors within the ACT program.

In order for the vision to be realized in the pro chart above in Table 3, Cawsey and colleagues (2016) suggest that readiness to execute and participate in the change vision is increased when the mangers and leaders show commitment through their actions. As a critical-team leader, the author must also rely on the management within the Youth Outreach and Housing department (see Figure 1), to truly bring about sustainable change. The readiness-for-change questionnaire in Table 4 below will assist to assess this and many other dimensions in the ACT team's readiness for change. The General Manager of the YOH department must balance the needs of the fiscally conservative funders, lack of resources, and the ideological incongruence of the employment department with anti-oppressive, anti-racist and inclusive practices. If they are unable to resist these external forces, they risk the consequence shown in the Con column in Table 3 of: *Risks professionalizing the relationship to the client, straying away from a harm reduction approach*. The leader's and manager's own activist ethos can be

witnessed when they attend rallies, engage in community LGBTQ2S events, and politically speak out in the public sphere regarding social justice issues. Leadership also supports the *co-conspirator* mentality of the ACT counsellors, and other youth workers at the agency, to participate on committee's or working groups that could potentially be implicated in resistance and even illegal activities. An example of such committee activity is assistance in the establishment of an illegal 'pop-up' safe injection shelter within the city. This behaviour from the upper management team will help to support the readiness for change within the ACT program, and can also be witnessed from the positive scores below in Table 4.

Table 4

Readiness-for-Change Questionnaire.

Readiness Dimensions	Readiness Score
Previous Change Experiences	
1. Has the organization had generally positive experiences with change?	1
2. Has the organization had recent failure experiences with change?	0
3. What is the mood of the organization: upbeat and positive?	1
4. What is the mood of the organization: negative and cynical?	0
5. Does the organization appear to be resting on its laurels?	0
Executive Support	
6. Are senior managers directly involved in sponsoring the change?	2
7. Is there a clear picture of the future?	1
8. Is executive success dependent on the change occurring?	0

9. Has management ever demonstrated a lack of support?	0
Credible Leadership and Change Champions	
10. Are senior leaders in the organization trusted?	1
11. Are senior leaders able to credibly show others how to achieve their collective goals?	1
12. Is the organization able to attract and retain capable and respected change champions?	0
13. Are middle managers able to effectively link senior managers with the rest of the organization?	1
14. Are senior leaders likely to view the proposed change as generally appropriate for the organization?	2
15. Will the proposed change be viewed as needed by the senior leaders?	0
Openness to Change	
16. Does the organization have scanning mechanisms to monitor the environment?	1
17. Is there a culture of scanning and paying attention to those scans?	1
18. Does the organization have the ability to focus on root causes and recognize interdependence both inside and outside the organization's boundaries?	1
19. Does "turf" protection exist in the organization?	-1
20. Are the senior managers hidebound or locked into the use of past strategies, approaches, and solutions?	0
21. Are employees able to constructively voice their concerns or support?	1
22. Is conflict dealt with openly, with a focus on resolution?	1
23. Is conflict suppressed and smoothed over?	0
24. Does the organization have a culture that is innovative and encourages innovative activities?	0
25. Does the organization have communication channels that work effectively in all directions?	1
26. Will the proposed change be viewed as generally appropriate for the organization by those not in senior leadership roles?	0
27. Will the proposed change be viewed as needed by those not in senior leadership roles?	0
Readiness Dimensions	

28. Do those who will be affected believe they have the energy needed to undertake the change?	2
29. Do those who will be affected believe there will be access to sufficient resources to support the change?	2
Rewards for Change	
30. Does the reward system value innovation and change?	0
31. Does the reward system focus exclusively on short-term results?	0
32. Are people censured for attempting change and failing?	0
Measures for Change and Accountability	
33. Are there good measures available for assessing the need for change and tracking progress?	1
34. Does the organization attend to the data that it collects?	1
35. Does the organization measure and evaluate customer satisfaction?	0
36. Is the organization able to carefully steward resources and successfully meet predetermined deadlines?	1
Total Score	22

Note. Scores of above 10 indicate a healthy readiness for change. Adapted from Cawsey and

colleagues (2016)

The author notes that a score of 22 is a very healthy score indicating a reasonably high

readiness for change within the ACT program (Cawsey et al., 2016). A more thorough

explanation of the results will be given in the chapter 2 section entitled Critical Organizational

Analysis (What to Change?). The obvious strengths in the readiness for change in the

questionnaire results can be seen within: Previous Change Experiences, Credible Leadership and

Change Champions, and Measures for Change and Accountability. The author notes that the

absence of a measure and evaluation of customer satisfaction within the ACT program is both a

theoretical and practice-based issue based on the critical-team leadership approach. The con

column of Table 3 indicates: *In some communities, our intended shift in service delivery could result in lack of trust and acceptance as prior services are halted (such as case management).* It is clear that evaluation of the client community who accesses the services of the ACT program will need to be developed and implemented within chapter 2 and 3, as well as other correlations resulting from this change readiness section as it is explored further within this OIP.

The external and internal forces acting upon the vision for change can described further using Lewin's force field analysis. In his original work, Lewin's (1947) field analysis was a concept used as a sociologist and social scientist within group dynamics, and it has since made its way into community and institutional life and decision making. In the analysis below, some of the internal and external forces acting for and against this change effort are listed in Figure 5 below.
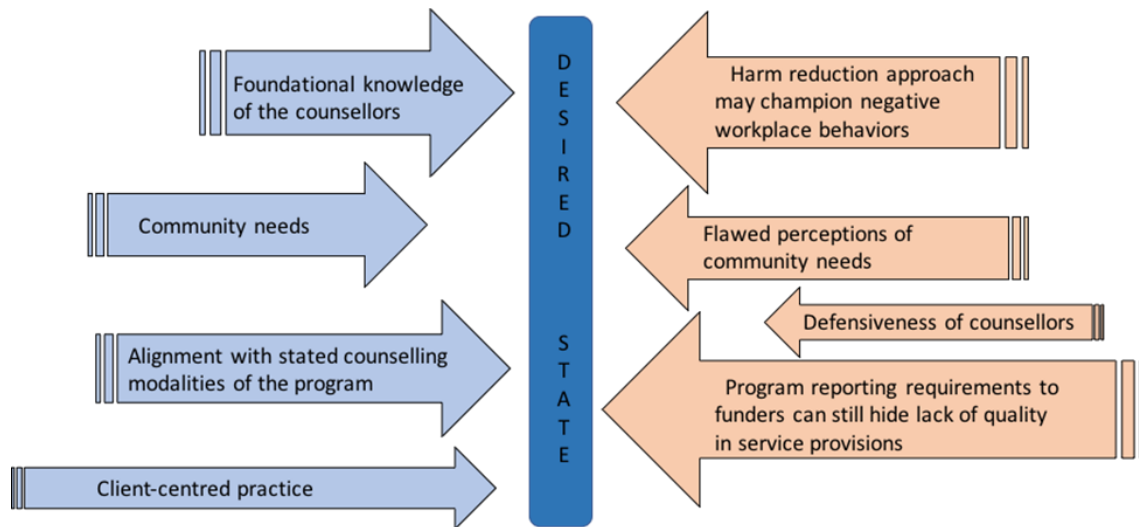
Figure 5. Force Field Analysis of Internal and External Forces Acting on ACT program. Adapted from Cawsey and colleagues (2016)

A positive drive to reinforce the change initiative comes from many stakeholders of both the community, program policies, and the internal feelings and motivations of the ACT team.

The needs of the community, as shown within Figure 5, can also be an obstruction to change.

The counsellors, through a devotion to their harm reduction approach and activist workplace

culture, may use perceived community needs as a reason to maintain the status quo. This

analysis and formulation is not possible without the use of a critical lens that permeates this

document and eventual decision-making, and the resulting dialectic that occurs. Even though the

critical leader is tasked to resists organizational policies and norms, there must be a balance in

order to ensure the sustainability of the organization and group.

As this section outlines, the ACT program, along with the individual counsellors, have a

high degree of a readiness for change. The combination of internal and external factors that have

been outlined by the pro/con chart, readiness-for-change questionnaire, and force field analysis

have also identified drivers of the intended change. Through a critical lens, change is seen by the

author as a continuous and fluid process, therefore the readiness and willingness to change must

be constantly assessed (Weiner, 2009). The results of the tools used within this section will be

more fully investigated and integrated within the change process in chapters 2 and 3.

Conclusion

chapter 1 has outlined the current state of the organization and offers a robust description

of the problem of practice, as well as the leadership theory and vision for change to address the

PoP. The author was forthright in naming the HOPE and ACT organization as a social movement

organization, and frames it as a learning organization. The dialectical nature of the PoP that has

been introduced will continue to not only influence the rest of the OIP, but also serve as a

continuous understanding as to why the PoP is present. As this chapter has alluded to, the author

must also balance competing visions of success and growth within the broader non-profit sector

within this OIP. Specific to the PoP, if the author strays too far along the dialectic to the radical

paradigm, they risk the deterioration of evidence-informed client care and program sustainability. Alternatively, if the author attempts a highly structured, mainstream solution within the OIP, they risk the strangulation of the program and the further oppression of both workers and the communities they serve. chapter 2 and 3 will seek to balance these views while building on the foundations of critical theory and the learning organization to seek change.

Chapter 2: Planning and Development

Within the first section of chapter 2, the author will explain how critical-team leadership will advance change in relation to the problem of practice (PoP). The problem of practice being undertaken by the author is the lack of uniform service delivery within the ACT program, and the need to balance organizational goals with the counsellor's activist ethos. While chapter 1 provided an outline of critical-team leadership, this section will seek to explore the question of: how can critical-team leadership improve the lack of uniform service delivery for the ACT program, while maintaining their activist ethos?

Leadership Approach(es) to Change

In the current leadership practice of the HOPE agency and Youth Outreach and Housing (YOH) department, leadership resembles distributed leadership because leaders are still ruling based on their formal authoritative title within the ACT program and YOH department (Lumby, 2013). Instead of allowing the space for team members to take on leadership roles, Lumby (2013) asserts that distributed leadership maintains the uneven power structures within groups and organizations. In order for this PoP to be addressed in a realistic way, the current author must work to change the current leadership practice. Within this section, the author will explore how they will shift the organization to a critical-team leadership approach that will allow more simultaneous collaboration and autonomy of the counsellors.

To address the PoP and promote change, the critical-team leadership approach will allow the ACT counsellors to share their voice within the team. As the counsellors begin to share more deeply, their internal values and beliefs will come to the surface of the team, and enable them to view the influences that their current practices have on the organization (Schein, 2017). Using critical-team leadership as outlined in chapter 1, the author will change his current leadership

approach to create a more intentional and safe holding space for the ACT counsellor's views to be heard to support the change vision (Rogers, 1995; Zaccaro, Rittman, & Marks, 2001). As Schein (2017) and Senge (2006) support, when the counsellors have the ability to be vulnerable enough to speak within the group and voice their concerns, they will be better equipped to learn and grow as a team, thus adding to the preferred organizational state. How this will be operationalized will be outlined in the next section titled "Framework for leading the change process (How to Change?)". The preferred organizational state is centered on an appreciation that the ACT team can accommodate and balance their responsibilities within their roles as regulated by the HOPE organization, while simultaneously providing authentic service to the community from an activist lens. This speaks to the dialectic of the problem of practice outlined in chapter 1. As will be further explored within this section, it is the deconstruction of the problem of practice that the critical-team leadership approach to change is so adept at.

As mentioned, it is combination of the team leadership and critical leadership approaches within the model that allows for this activist lens to be deconstructed within the organization. Critical-team leadership allows the space for reflection of the individual's relationship to systemic inequities in society to support this activist lens (Collinson, 2005). Therefore, the author's new leadership approach will propel change by allowing the counsellors values and beliefs to come to the surface to initiate discussion, and thus lessen the chances they will resist the change process. The current leadership principles do not reflect the critical-team leadership principles outlined in chapter 1, Table 2. Through modeling the principles of *shared-decision making*, *flattening hierarchies*, and striving to be *emancipatory*, this author will shift the current management team to adopt these behaviours. Because the management team is so well trusted and respected within the Youth Outreach and Housing (YOH) department, and at least attempts

to be equitable within their practices, this should amount to a successful change based on the author's professional experience within the environment.

As discussed in chapter 1, Hackman (2012) asserts that within team leadership, the groups must possess a "compelling purpose" for their formation which will provide enabling conditions for the team to be effective as they move through the change process (Hackman, 2012, p. 49). The author will explain further how the critical-team leadership model will create this *compelling purpose* for the ACT team within the below section.

Application

Before providing the example of how this author will create a compelling purpose, a description of the decision-making framework is required. Within the critical-team leadership model, this adapted version of Hill's (2016) decision-making framework for team leadership is the most managerial, top down behaviour that exists within the author's leadership approach. It asserts that the leadership approach is based in the reality of the organizational context. The ACT program is within a bureaucratic organizational structure as outlined in chapter 1, Figure 1. Therefore, although not all decisions will be deliberated on by the team, Hill (2016) offers this author an ethical means on how to respond to challenges as the team moves toward the envisioned future state. The author will now explore how this will be done to provide a compelling purpose for the team.

Utilizing the model outlined in Figure 6, the *compelling purpose* of the team must correspond to the problem of practice and new vision. The author must gently direct the team to balance the dialectical nature of their work. This will gradually unfold throughout the process outlined below and depicted in Figure 6. Due to the stated importance of developing this

compelling purpose, the author has made their first choice to *take action* within the team, shown

in Figure 6 and circled in green.
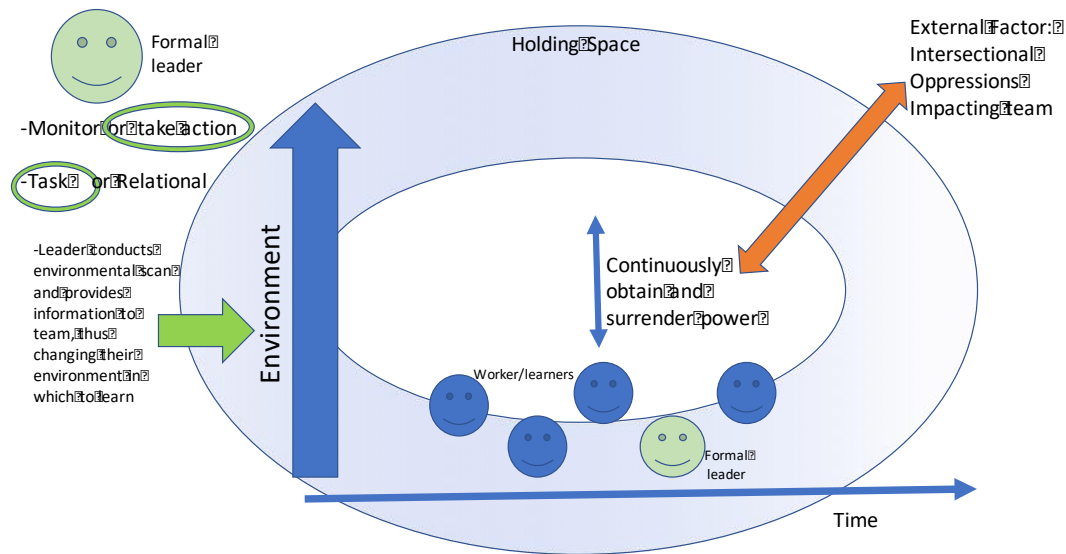
Figure 6. Implementation of Critical-team Leadership Theory through Decision-making Framework.

Next, as is evident in Figure 6, the author has framed the need to develop a compelling

purpose as a *task problem*. In the next step to move change forward, the author will focus on *goal*

focusing, and *strengthening for results* (Hill, 2016, p. 378). When this author intervenes to affect

change within the team for this problem, the critical-team leadership approach encourages the

leader to intervene externally to the team. As explained in chapter 1, intervening externally to the

team was done so the leader could honour the autonomy of the team, and maintain a critical stance

toward structural barriers that necessitate actions that impact external forces acting on the team

(Jayavant, 2016). For example, as shown in Figure 6, the author can gather external information

to bring to the team, such as an environmental scan of resources, to assist them to focus on *goal*

focusing and *strengthening for results* (Hill, 2016). This is different than the current leadership

practices that would seek to intervene internally, attempting to change the behaviours of the team

that would not allow for the emergent, open environment towards change that is required within the future state of the ACT program. A simple example of the counsellor's possible interactions is outlined below.

Scenario of critical-team leadership operationalized, from the perspective of the team. The ACT counsellors meet as a team to dialogue and explore their reactions and knowledge surrounding the problem of practice. The theory of change that will be described further in this chapter provides a detailed framework for how this exploration occurs. Additionally, the counsellors do not yet feel like a "real team" (Hill, 2016) because they are requiring a *compelling purpose* (p. 369). Lacking this may not only corrupt their efforts of change, but would have a negative impact on exploring the dialectic of the problem of practice that is: improving the lack of uniform service delivery while still maintaining an activist ethos of the counsellors. The counsellors are providing a diverse array of services within the program, and for the past month they have been engaged in case management activities. The ACT program is not funded to provide case management activities to clients. The leader, after working through the decision-making framework that was described above, decides to intervene externally by doing an environmental scan of services. The counsellors can openly engage and dialogue in the safe holding space that the critical-team leadership model creates (Rogers, 1995; Schein, 2017). By openly engaging and dialoguing they can develop an awareness that other service providers are better equipped at handling the client's needs (Sivasubramaniam et al., 2002). Strategies to deal with resistance to these team dynamics are supported within the theory of change, and detailed within the chapter 3 change process. This cycle continues as the counsellors are able to identify that they are indeed grappling with how to apply their services effectively to support their social justice and advocacy for their clients, while maintaining relevant service delivery. In this way, resistance to the change

is actually necessary for the counsellors to fully experience and identify with the problem of practice. As suggested within the critical-team leadership framework, the author and the counsellors must grapple with the values and assumptions they hold within their roles that exacerbates the problem of practice. It is for this reason that the theory of change, chosen solution, and change plan that will be outlined further in this OIP is participatory in nature, and embraces the struggles associated with the change in a safe holding space.

The above section details *how* the critical-team leadership framework is used to direct the counsellors to develop a *compelling purpose* to support the consciousness raising of the team necessary to move the organization to the envisioned future state. The author will utilize the critical-team leadership framework to bring about change to current leadership practices, and welcome them into the shared learning experience of the ACT program. As mentioned above, the trust and shared values the current management team has established with staff will assist with this. The critical- team leadership framework has shown it can move change forward and address issues in a unique way, thereby bringing about the envisioned future state as described in chapter 1.

Anti-oppressive Practice Moving Change Forward. Within critical-team leadership the multiple oppressions and intersectionalities of both the counsellors and the clients are considered, as they indirectly impact the PoP and the future vision of the ACT team (Rodriguez, Holvino, Fletcher, & Nkomo, 2016; Lumby, 2013; Pilling, 2012). When racism and devaluing of people's humanity occurs in the workplace it creates a tremendous negative environment on performance and culture, not to mention the suffering of individuals (Rodriguez, Holvino, Fletcher, & Nkomo, 2016). Confronting oppression and intersectionality of the entire HOPE agency are currently viewed, according to Schein (2017), as *artifacts* and *espoused values* within the HOPE agency that

both leaders and staff act on. These *artifacts* and *espoused values* are represented by such things as Diversity and Inclusion Committees, Indigenous Working Groups, and even presenting at conferences regarding social justice issues. Through a critical lens, they do not truly represent an anti-oppressive, anti-racist stance that is required to support the vision and future state of the ACT team. For the counsellors and for the author who work through a critical lens, this inclusivity and diversity the HOPE agency espouses are liberal ideals that maintain the status quo and allow power relations to continue. Despite the author's critiques, the critical-leadership framework will not seek to change this because it does not affect the PoP or vision in any meaningful way. Additionally, it is outside the scope of the author to do so, and the author acknowledges that the HOPE agency can still be considered a progressive, unifying force for social justice within the communities they serve.

The ACT counsellors and YOH staff are unique from the rest of the HOPE agency as their espoused values are so pervasive within the ACT team and entire YOH department that they have become what Schein (2017) has referred to as *basic assumptions and beliefs*. To address oppression and to make sure the goal of uniform service delivery does not impede on the emancipation of workers and communities, the intimacy of the ACT team's roles and relationships must be considered by the author. When using critical-team leadership to address the PoP, this author uncovered that the ACT team and their leadership responsibilities present in 5 different relational ways, they are: (1) The counsellors relationship to their clients; (2) The counsellors relationship to their communities; (3) The counsellors relationship to their internal self and their experience of oppression; (4) The counsellors relationship to their current director who acts as their clinical supervisor; (5) The counsellors relationship to each other. Therefore, if the author as a white, heterosexual, cisgendered male makes decisions that impede on the

counsellor's relationships in any of the above contexts, the author may unintentionally be encroaching on their ability to deliver high quality service to their clients. Though this may appear to be a theoretical idea, this is an important part of the preferred future state of the ACT team. The author may also inadvertently add to the internalized oppression the counsellors face by making decisions that could affect the team psychologically and their service to the communities (Stone, Stone, & Dipboye, 1992). Additionally, the counsellors may see themselves in the communities they serve, and so the decisions they are making to create the undesired outcome of differentiated service delivery could be coming from an extremely personal space. This marks an explicit connection to Schein's (2017) assertion that the underlying assumptions of individuals will guide their behaviours, even unconsciously, within organizations.

As a critical-team leader, the author cannot accept this differentiation of practice at the heart of the PoP, but they *can* show understanding and compassion for their decisions to do so. Shifting from the current leadership approach that lacks this critical lens, along with the stronger holding space of the critical-team model will allow this author to provide this. The reliance on the principles of *shared values* found in chapter 1, Table 1, along with the necessity to influence the underlying assumptions of the counsellors can drive change forward toward the envisioned future state. This also aligns most closely with numbers 3 and 4 of the relational aspects of leadership responsibility described above. They are: (3) The counsellor's relationship to their internal self and their experience of oppression, and (4) The counsellor's relationship to their current director who acts as their clinical supervisor. These multiple relationships will be indirectly integrated into decision-making and behaviours within chapter 3 in the plan for change.

In order to elicit change, the leadership approach described above is not sufficient in and of itself. A map is needed for this author to chart the path towards change. The critical-team leadership approach will now be paired with the change model introduced in the section below. The principles described above and the movement away from the current leadership approach to a new, highly social justice oriented leadership approach will be reflected within the critical theory of change outlined below.

Framework for Leading the Change Process (How to change?)

To proceed with the changes necessary to address the PoP, a model is needed to provide a framework and map the change process (Cawsey et al., 2016). Different change models could invariably be used to attempt the change process within the ACT team, although they would be met with differing results. For example, one might view Duck's model focusing on individual emotions, though it is blasphemous from a critical lens to consider the views of the counsellors as emotional, and therefore placing blame on the any intersectional oppressions the workers might be exposed to (Cawsey et al., 2016). Within critical theory literature, this would be considered an attempt to control and change people's responses to an imbalance of power. Kotter's step model and Cawey and colleague's (2016) Change Path Model, though worthy, work well in larger organizational context and may not address the needs of the somewhat insulated ACT program from the rest of the organization. The author will note that within the analysis in chapter 1, external and larger organizational factors are not excluded, though much change can be affected within the confines of the program of the 8 counsellors. Another model, Gentile's Giving Voice to Values (GVV) may appear on a surface level to fit within the context of this PoP, allowing counsellors the ability to push back on values that go against their better judgements and morals (Arce & Gentile 2015; Cawsey et al., 2016). However, the author felt the

prescriptive nature of this approach, coupled with its focused on the individual, did not meet the needs of this team. What is more, by not going deep enough into the critical considerations of one's values, the GVV model is at risk of strengthening radical human service professionals by giving them a reason and a framework to resist organizational norms to a greater degree.

For this OIP, it was important to choose a change model that heavily reflected the theoretical aims of the author as a critical, educational leader for social justice. It is also important that it had practical utility and has been tested in a wide variety of organizational and action-research settings. Therefore, the change model that will be used is a Freirean model of change that is adapted from Paulo Freire's (1993) life's work on critical education and community organizing. Freire's (1993) ideas of social justice and emancipation reflects the specific context of the HOPE agency as a Social Movement Organization (SMO) and the ACT program working within a harm reduction philosophy. Freire's concepts have been used to propel change forward in public school classrooms to ignite changes in both the institution and the surrounding community (Schultz, McSurley & Salguero, 2013). His concepts have also been used successfully to promote individual change that has provided a catalyst for structural changes to occur within an organization's greater community (Nygreen, Kwon, & Sanchez, 2006). Within social services, the application of Freire's work has varied from shifting the behaviours of domestic violence abusers, charting public health reform, and even supporting social service organizations to create enough consciousness raising to incite radical political engagement within agencies (Bess, Prilleltensky, Perkins, & Collins, 2009; Nelson et al., 2010; Perkins et al., 2007). These examples of Freire's concepts put into practice address a dialectic that exists in non-profit organizational change. This dialectic can be understood as the necessity of agencies to be immersed in a neoliberal system of healthcare, while still resisting oppressive

forces and addressing systemic inequities (Johnstone, Lee, & Connelly, 2017). No matter what

solutions are pursued to address the PoP, the very nature of the Freirean change model will

ensure the social justice aims of the leadership's change efforts are present. Although Freire's

(1993) initiatives are normally used to support transformational change, the aim of the ACT team

will be to prepare for incremental changes, although the individual counsellor or stakeholder

perspective may be that the result has produced radical change (Cawsey et al., 2016). This is

supported by Hume and Hume's (2008) stance that non-profit organizations have more positive

results when they go through a more slow and careful process of incremental changes. Below, a

detailed descript of the Freirean change model is provided, along with a visual model found in

Figure 7.

Freirean Change Model

In Figure 7, the author's depiction of the change model consisting of Freirean concepts of

Exploring through Dialogue, Codification, Identification of Generative Themes,

Conscientization, and Praxis. The influences of other change models will be integrated into the

explanations below.

Dialoguing. Within the first circle in Figure 7, the author will see that "identifying the

need for change" is important to begin the change process (Cawsey et al., 2016). From a Freirean

perspective, the author believes that within the first phase of organizational change, robust

communication between workers and analysis of the external and internal factors influencing the

oppression of the organization/workers/community is needed (Cawsey et al., 2016; Freire, 1993).

Depending on the solution that will be chosen within this OIP, the processes of those

communication pathways will be different. Therefore, the details of how this communication will

be done will be explained in the solution section, and detailed in chapter 3.

Cawsey et al., (2016) discusses diagnosing the organizational issues to understand the

need for change within the *awakening* stage of their Change Path Model. As shown in Figure 7,

The Freirean phase of *dialoguing* includes this act of diagnosing through dialogue. No matter
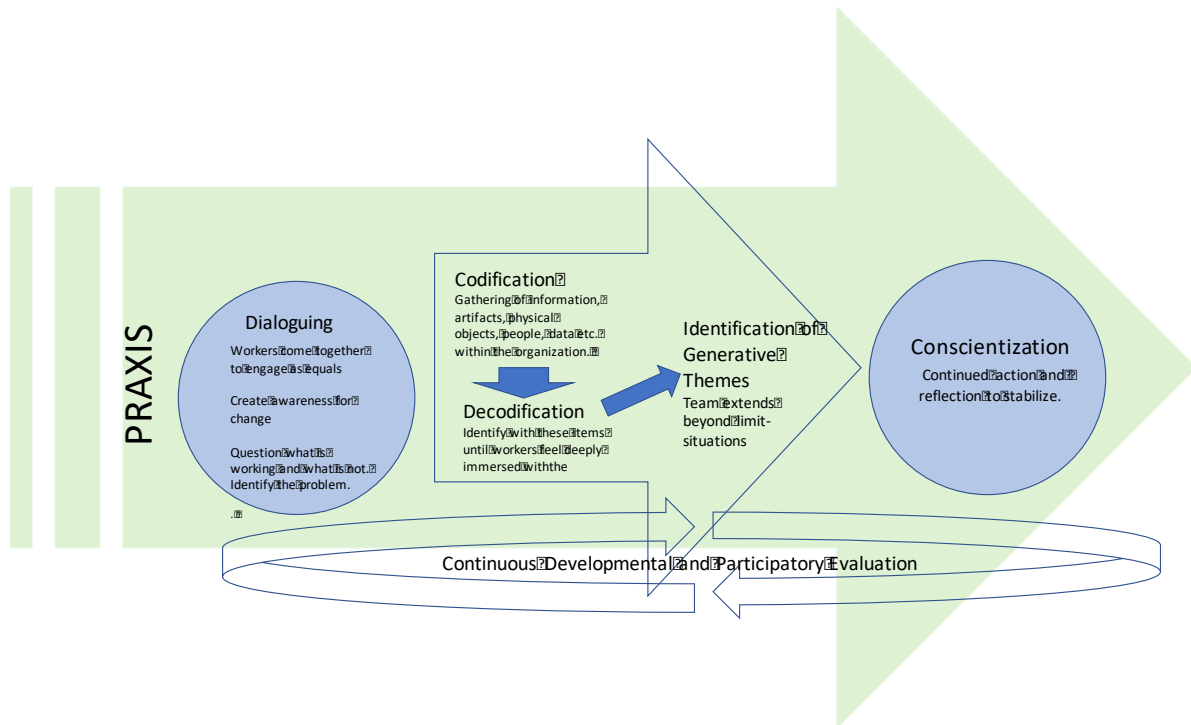
Figure 7. Freirean change model. Depicting phases of organizational change used within the

ACT program.

the result of the diagnosis, it will be linked to intersectional oppressions and the greater societal

structures, which will be discussed below.

Combining the critical-leadership lens with the dialoguing phase rendered in Figure 7,

supports these issues of oppression and equity within the ACT program. This means that when

the ACT counsellors are collectively engaging in dialogue with each other regarding the lack of

uniform service delivery, the very act of dialoguing within this model "presupposes equality

amongst participants" (Freire Institute, para. 5, 2019). As previously mentioned, the solutions

will dictate how this dialoguing will be carried out. There will be both formal and informal

means set up as dialoguing is meant to be an emergent process. This will be discussed in detail within the change plan in chapter 3, after a solution has been chosen. There must be mutual respect and care between the employees in this *exploring through dialogue* phase of change (Sernak, 2006).

As mentioned, this beginning stage of problem identification and dialoguing also considers the oppression and emancipation of the counsellors and the communities they serve. By allowing the counsellors to become participants of analyzing the program through a critical lens, they are empowering themselves to create real change for themselves in their roles to improve service to their clients. In terms of fitting into the organizational need of uniform service delivery, the author will allow for competing views within the beginning process ensures that the counsellors can integrate and maintain their activist ethos, instead of feeling forced into the change process. As Cawsey et al., (2016) reminds the author, it is important to garner support from the beginning to avoid the change initiative being forced upon the workers. How this support will be garnered will be discussed fully within the change implementation plan, and heavily reliant on the participatory spirit of identifying that problem of practice with the team.

Codification. The phase of change begins with codification, as is represented in Figure 7. Counsellors will still be encouraged to continue their dialogue together, as discussed above. This will encourage honest interaction among the counsellors throughout the process, and will assist further phases of the change framework. The Freirean concept of *codification* is used by community and educational leaders, and researchers engaged within the change process. Firstly, the counsellors and leader gather information on the environment and the people influencing the problem. The author has many options within the Freirean model of how this information will be gathered, and is dependent on the solution that will be chosen further within this chapter. For

example, this is not dissimilar to Cawsey and colleagues (2016) mobilization stage, where tools such as a gap analysis can assist in gathering enough information to assist in convincing others that change is needed and identify a preferred future state. Through critical-team leadership and a Freirean framework, the process goes deeper however. The information that is gathered within the codification phase parallels what Schein (2010) refers to as the "artifacts" and "espoused beliefs and values" within the organization (p. 18). Therefore, a deeper level of learning and reflection is rooted within the very framework of this change model.

Decodification. After *codification*, a *decodification* occurs within the team. *Decodification* as portrayed in Figure 7, is the act of the leader and the team taking the information they receive about the problem, and working together to identify themselves both personally and professionally with specific aspects of the situation. In this way, the counsellors within the ACT team are able to centre themselves within the problem of *the lack of uniform service delivery*. The counsellors, as employees of the ACT program and HOPE agency, can initiate a highly critical, intensely personal analysis of how they relate to the problem of practice (Rule, 2011). This additional step is not covered in other change models, but is a hallmark of using a critical lens, most notably in Freirean thought (Mayo, 1993; Rule, 2011). Decodification supports individual employees to engage with their own internal thoughts and behaviours. This is extended to critically consider how they will act to change or work with systemic influences that shape the problem of practice (Freire, 1993; Rule 2011). These influences assist the counsellors in uncovering *what* needs to change, and can be used with more structured tools like the force field analysis and types of gap analysis that will be detailed in further sections.

Identification of Generative Themes. For the change process to continue past the *decodification* phase, the groups shift to the phase of *Identification of Generative Themes*, as

outlined in Figure 7. Before providing a description of how the generative themes integrate within the context of this particular PoP, an explanation of how the themes relate to Freire's idea of the *epoch* will be briefly described. The theoretical understanding of the change model is necessary to properly operationalize it within the ACT program.

   Epochs. Freire asserted that an "epoch is characterized by a complex set of ideas, concepts, hopes, doubts, values, and challenges in dialectical interaction with their opposites, striving towards plenitude" (Freire, 1993, p. 97). When an individual or group experiences these ideas in physical reality, paired with the limits that impede their capacity to live as a full human being, these all create the themes of that epoch (Freire, 1993). The ACT team, after *decodification* occurs, will be engaging in this development of themes to gain new knowledge and empower their colleagues who will assist in the change process (Cawsey et al., 2016; Freire, 1993). The generative themes that the counsellors discover both internal and external to the organization are thought to be contained in what Freire (1993) terms "limit-situations" (p. 90).

   Limit-situations. Limit-situations, as is outlined in Figure 7, imply an action component that the counsellors make throughout the change process, whether they are conscious of it or not. The action component of the limit-situation is present based on the assumption that people engaged within organizations are either hindered or helped by the generative themes within the limit-situations. As Freire (1993) would warn within the ACT team those that are served by the current limit-situation will feel threatened by any change that seeks to chart a different course and engage in new actions for an organization. Other authors parallel this warning regarding threat and anxiety towards change, though not through the critical lens Freire offers (Cawsey et al., 2016; Senge, 2006; Thomas & Hardy, 2011). The author, as the formal leader within the ACT team must acknowledge that there may be counsellors within the team that benefit more

greatly from the current practice of differentiated service delivery, even if it impacts the

community they serve in a negative way.

Example for the identification of generative theme phase. The application of the *generative*

themes and its inclusion of *epochs* and *limit-situations* to the ACT team is obvious when

considered in the context of the problem of practice. To use an example from the force field

analysis in chapter 1, it was discovered that the managers, counsellors, and funders all benefit

from the counsellor's differentiated service delivery because they are still meeting suitable target

numbers for the program. No matter if the counsellors are engaging in case management

activities, or meeting briefly at coffee shops without providing formal counselling, the counsellor

is still recording this client engagement within the program counts to management and funders.

In this neoliberal social service system, this type of behaviour and fixation on outcomes is

celebrated, and so the differentiation of services that have led to the problem of practice can be

maintained (Johnstone, Lee, & Connelly, 2017). It is through using generative themes that this

can be revealed to the counsellors and, in more subtle ways, to their clients. It is important for

the team to also understand that the generative themes are not static, and they are always in a

process of changing themselves in relation to the counsellors and their environment, and the

social structures that surround them. This will be discussed in careful detail in chapter 3 during

the Change Implementation Plan.

The next phase the counsellors enter is the Concientization phase. This will see the

partial culmination of all 4 phases of the Freirean change model as is delineated in Figure 7,

though Praxis will be discussed lastly on how it impacts the entire change process.

Concientization. As alluded to above, it would be a misnomer to identify *concientization*

as the final stage of the change model, though it is shown visually in Figure 7 in this way for

practical reasons. Within the Freirean model of change, the outcome is simply part of the

process and continually evaluated in this incremental, continuous change process.

Conscientatization is the ability to develop critical consciousness about the social reality of one's

situation (Freire, 1993; Jemal, 2017). It describes one's capacity to engage in rigorous reflection

that produces actions within individuals and groups, and discovers systemic oppressions that

impact people's freedom (Jemal, 2017). Through a critical organizational lens, the myths and

narratives that led to the problem in the first place are replaced with a new narrative that

therefore leads to new actions within one's life (Freire, 1993; Jemal, 2017; Nygreen, Kwon, &

Sanchez, 2006). By the author allowing for the continuous process of reflection and action in the

holding space of the critical-team leadership framework (see Figure 6), the stage of

conscientization should see the fulfilment of many successful outcomes. One of these outcomes

includes the counsellor's ability to have provided real and tangible actions to maintain a suitable

level of uniform service delivery, while maintaining their activist ethos. As Jenlick (2017) states,

"individuals contextualize personal difficulties in their larger social, cultural, and historical

settings and provoke change when recognizing their own knowledge" (p. 6). The impact that

conscientization has on the change leader within this context is invaluable. If the changes are

indeed successful and uniform service delivery is achieved, the leader can be assured that the

very nature of moving through *conscientization* means that the ACT counsellors have their

activist ethos intact.

  Praxis. As is evident within Figure 6, *praxis* must exist throughout the entire change

process within the ACT program as it serves as a continued reflection and action, as well as a

continuing form of developmental evaluation (Reynolds, 2018). More will be discussed that is

specific to evaluative methods in chapter 3. Freire (1993) believed that within words, there exists

two dimensions: reflection and action. Balancing these two dimensions of reflection and action is important to ensure the initiated change is producing the proper improvements (Freire, 1993). Although within organizations, leaders and workers may sometimes value one over the other, when one is ignored Freire believed the other suffered. For example, at the stage of *exploring through dialogue*, there is an expectation of the author that action can still be undertaken by the counsellors. Included within praxis is double and single loop learning that are engaged with throughout the process of change (Agryris, 1977; Argyris & Schon, 1997; Jaaron & Backhouse, 2017). This allows the counsellors to make adjustments at the behavioural level, and also at a higher level of learning in order to reach the optimum level of development and change within this Freirean model (Jaaron & Backhouse, 2017). The counsellors will know what and how to make these changes based, in part, on the developmental evaluation strategies to be outlined in chapter 3 within the Change Implementation Plan. Through the acknowledgement and implementation of praxis within the counsellor's work, they will continue to produce incremental changes throughout the change process.

The Freirean change model was chosen for its effectiveness at weaving together the social justice theoretical orientation of the leadership theory, and the problem of practice within this OIP. The phases depicted in this section, and shown in Figure 6, will be closely linked to the solution and Change Implementation Plan. Specific to this change theory, if the phases are described in too much detail, this author risks identifying solutions to the PoP by transitioning to the actions of the counsellors and himself as a leader. Within the rest of the OIP, the Freirean change model will be explicitly referenced and connected to further show the change process is operationalized. When the Freirean change model is utilized, the author and ACT team must be aware that they are choosing the correct things to change within the program. Therefore, a

critical organizational analysis will be completed in the below section that will add more clarity

for the author of what needs to change to solve the problem of practice.

<div align="center">**Critical Organizational Analysis (What to change?)**</div>

Cawsey and colleagues (2016) reminds the leader that change is much more complicated

than simply providing a framework in which to follow. For the Freirean change model to

adequately guide the change process, a diagnosis and analysis of the needed changes is

necessary. Within the ACT team, there needs to be a clear decision on *what* will change. This

author will describe the needed changes from the organizational analysis and change readiness

findings discussed in chapter 1, highlighted by research within the non-profit sector. In the

second stage of analysis, the Organizational Development for Social Change (ODSC) framework

will be used to diagnose and analyze the needed changes, and will be integrated within the

Freirean change.

Description of Needed Changes

The decision of *what* to change within the ACT program introduces the leader to the

significant complexity of the dialectic between meeting organizational policies and program

goals as well as aligning with the activist ethos of the counsellors and ACT program. This author

is truly striving for social justice within a critical-team leadership approach, making the tool

chosen for this organizational analysis extremely important from a critical theoretical lens. An

error in choice could mean being drawn in by the structured, neoliberal agenda some social

service agencies encounter that leads to lower quality care for clients (Johnstone, Lee, &

Connelly, 2017).

The ACT program has shown that it is in an incredibly strong position to change based on

the Change Readiness Questionnaire discussed in chapter 1. Minor areas for concern appear to

be located within the domain of upper management. In the analysis of Credible Leaders and Change Champions category, there is strong support for *change initiatives*, *communication among different levels of management*, and above all, *trust toward senior leadership*. The two lower scored areas are the *attraction and retention of capable and respected change champions*, as well as *the proposed change not being viewed as needed by senior leadership*. The PESTE and force field analysis offers some perspective of these findings. Firstly, the senior leadership have easily defined reasons for the proposed change not being needed. Within the force field analysis, shown in chapter 1, Figure 5, it is evident that the outcome data the funders look for within the program are still being met to a suitable degree (Cawsey et al., 2016). As was discussed throughout chapter 1 and 2, the raw numbers of client visits are hiding the fact that the program does not deliver uniform, quality service. Even so, the senior leaders are incredibly authentic, trustworthy, and have a strong leaning towards social justice and anti-oppressive practice. They also offer a large amount of autonomy to managers of other programs such as the ACT team. This means that they will still agree and be able to *understand* the need for change. Additionally, the professional bureaucracy the ACT program is nested in means that the author has respected, authoritative knowledge and autonomy over the practice of counselling, treatment and all clinical work the ACT counsellors engage in (Mintzberg, 1993). Regardless, management's perceptions of the need for change will serve the team in the future, and as Cawesy and colleagues (2016) explains, this lag in senior management approval is typical within change efforts and is sometimes the last of the *what* that needs to change.

The Change Readiness Index also shows that *openness* for the ACT program to change is low from the counsellors. The ACT team, as discussed, has a long history of maintaining the status quo of the program which has continued the lack of uniform service delivery. The large

amount of autonomy the counsellors possess within their counselling and outreach presentation roles, as well as the immense geographic service area of the program, means that there has been little oversight by management. This also contributes to the counsellors not communicating regularly with one another, and therefore they are not divulging their service delivery practices to the group. Since the geographic area of the program cannot change, this would suggest that greater communication between the counsellors should change. This could theoretically impact a change in the openness of counsellor's desire to change.

It is not only communication and openness that must change within the team. The PESTE analysis indicates that the counsellors diverse array of education and training backgrounds is both a pro and a con with respect to the problem of practice. It has allowed for creativity in counselling approaches, presentations, and diverse ideas for marketing the program and gaining different avenues of referral streams. Unfortunately, it also means a diversity of confidence and skill within clinical treatment and trauma-informed care. This contributes to the counsellors not having an openness to change due to intimidation and anxiety of focusing on their 1 to 1 counselling roles.

The change readiness findings, organizational analysis and PESTE analysis have shown that clinical oversight, building of counsellor's communication, learning needs and confidence of the counsellors, and the openness to change are all aspects of what needs to change. Additional statements of what needs to change will be left for the more detailed analysis and diagnosis using the ODSC framework. The framework has the ability to simultaneously uncover what needs to be changed and provide a deeper analysis that allows for integration of theory.

Organizational Development for Social Change (ODSC) Analysis and Diagnosis

Cawsey and colleagues (2016) highlights several different models for analyzing needed changes within an organization, including Nadler and Tushman's Congruence Model and Quinn's Competing Values Model. Both models highlight the complexities that exist within organizations, and attend to the external factors impacting organizations that are often overlooked by change leaders (Cawsey et al., 2016).

Concerning the ACT program, these models to not adequately address the deeper social justice factors that are impacting the organization and the problem of practice. It is plausible that one may adapt these models through a critical-team leadership approach to address societal power structures and anti-oppressive discourses, however the author has sought a critical analysis drawn directly from the literature of non-profit organizations and social movement research. The tool that will be used is the Organizational Development for Social Change (ODSC) framework developed by organizational consultants with a background in community organizing at the Movement Strategy Centre (Sinclair & Russ, 2006). This analysis tool was specifically designed to bring together: 1. organizational development considerations that are more mature in the business sector, and 2. the critical lens of community organizing and community leadership practices (Shoham et al., 2006). This reflects the dialectic of the problem of practice to strengthen uniform service delivery while still maintaining the counsellor's activist ethos.

The components of the ODSC framework can be found in Figure 8, they are: Spirit/Sustainable Practice (SP), Community Organizing (CO), Organizational Development (OD), and Power Analysis (PO). All 4 dimensions are related to one another, and allow the leader of an organization to focus their efforts on analyzing what needs to change, as well as

what is working well. For myself as a critical leader within the ACT program, the ODSC

framework provides assurance to all stakeholders that the deeper values of the organization are

being honoured throughout the process. As shown in Figure 8, the quadrants also help the leader

and the entire team to identify tensions that exist between values/assumptions/beliefs, the

Freirean theory of change, and the practices of the counsellors, within each dimension. The

ODSC analysis framework is suitable to serve as both an identifier of the changes that are

needed, as well as a diagnostic tool to be combined with the Freirean model.
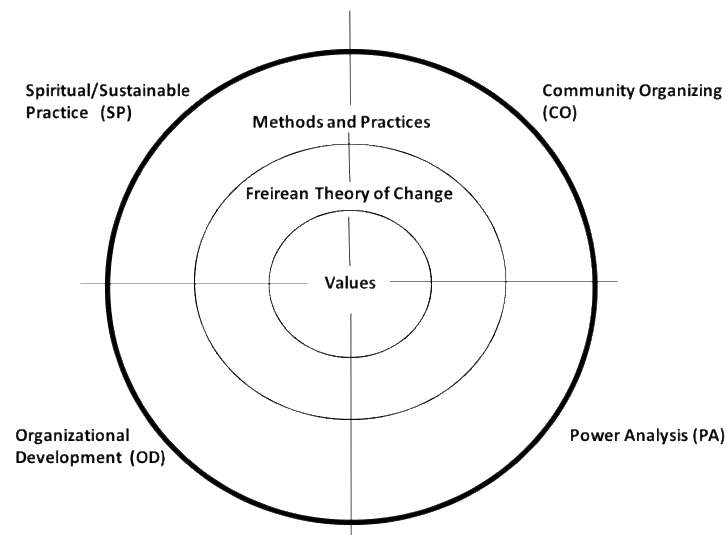
Figure 8. Organizational Development for Social Change (ODSC) framework for Analysis.

Adapted from Sinclair and Russ (2006).

Organizational Development and Community Organizing Factors. Within the field

analysis it is evident that the foundational knowledge of the harm reduction approach has the

capacity to champion resistance against the program's mandate to deliver uniform service

delivery. Within the *political* category of the PESTE analysis there is a parallel idea that the

anarchist past of harm reduction workers incites calls to re-politicize harm reduction work

(Smith, 2012). This leads to an even stronger activist ethos within the counsellors that could

immobilize change measures that attempts to control and direct their service delivery (Baines,

2007). This will be further analyzed through the ODSC framework below to ensure the correct

focus of what to change.
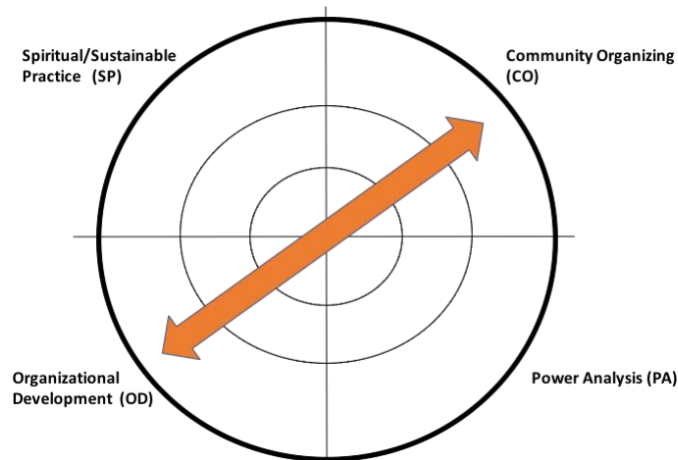
Figure 9. ODSC framework. Analysis of through organizational development and

community organizing dimensions.

As is evident within Figure 9 above, the counsellors within the ACT program are

struggling with their orientation between Community Organizing (CO) and Organizational

Development (OD). The ACT counsellors truly want to do good work for their community, and

have a desire to support the organization that allows them to do perform social service work. As

a critical leader, the author is also grappling with this dialectic, as it is embedded in the critical-

team leadership approach to actively resist forces that restrict social justice (Baines, 2007; Zoller

& Fairhurst, 2007). As per the *dialoguing* phase of the Freirean change model, outlined in Figure

7, this analysis of the discrepancy toward CO and OD will be analyzed by the counsellors

themselves. This democratization of knowledge and building community within the organization

has an obvious connection to the Community Organizing dimension, and is inherently tied to the

critical-team leadership approach of mobilizing for social justice (Freire, 1993; Zoller & Fairhurst).

Within this analysis, as Sinclair and Russ (2006) have suggested to other organizations, Power Analysis (PA) can be included to assist directing the discoveries of the OD dimension of what needs to change. The differing education backgrounds of the counsellors (psychotherapist, social worker, child and youth worker, non-registered counsellor) create power dynamics within the team (Moore, 1999; Robinson & Cottrell, 2005). As a critical leader using the Freirean model indicated in Figure 7, the author can focus on the communication and dialoguing of the counsellors within the team, as equal partners and whose voices contribute to a pathway forward. In this way, the focus of what needs to change is moved from resistance against policies, towards change efforts that are centered on growing the communication within the team to allow for incremental changes in the *dialoguing* stage, and beyond. This type of focus is carried through as the author discusses other combinations of factors influencing the ACT program from the ODSC framework.

Spiritual/Sustainable Practice (SP), Community Organizing (CO), and Organizational Development (OD) Factors. Within the PESTE analysis found in chapter 1, Table 2, the author is aware that within the *social* category, the stigmatization of people who use drugs increases the ACT counsellors desire to speak out politically about issues related to equitable services to assist this population (Lloyd, 2013). At the same time, there is increased need for the program to exist and maintain exemplary service delivery to assist the community in need. The *political* category of the PESTE also contributes to this topic of analysis, as there is uncertainty of how a shifting government will respond to the public pressures of stigmatization of users. As was discussed in chapter 1, at the time of this writing the Opioid Crisis is plaguing Canada, and the Ontario

Conservative government have maintained a form of the supervised injection sites (SIS) the

Liberal government previously implemented. This suggests that there is an alignment of public

policy, politics and public perception the ACT team can draw from (Paul, 2010). Once more, in

using the ODSC framework, the author can have a better understanding of what to change, and

integrate this into Figure 10 below.

As Figure 10 illustrates, the above information can be analyzed within the Sustainable

Practice (SP) and Community Organizing (CO) dimensions, while later incorporating the

dimension of Organizational Development (OD) to better articulate needed changes.
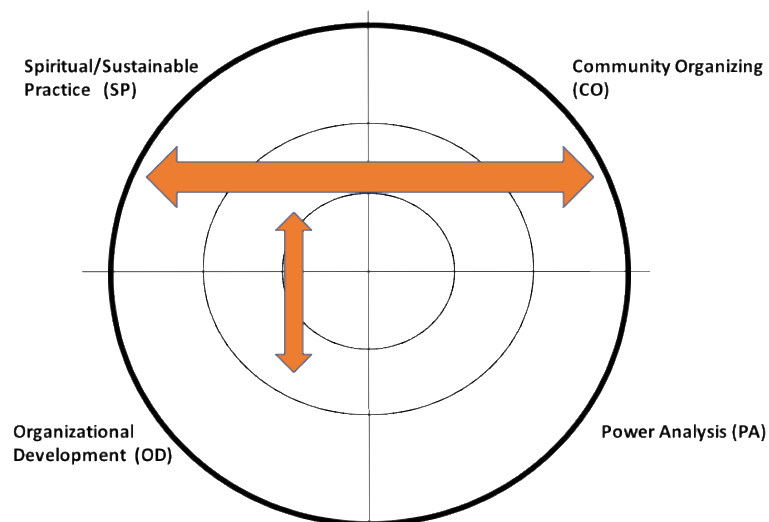
Figure 10. ODSC framework. Sustainable practice, community organizing, and

organizational development analysis.

The counsellors are demonstrating Sustainable Practice (SP) in the above example as

they struggle with their inner emotions and traumas in implementing their work (Sinclair &

Russ, 2006). Seeing the destructive path of addictions, and from a system that restricts the

ability of the clients they serve to fully recover, impacts the well-being of a youth counsellor

(Hopwood, Schutte, & Loi, 2018). As a critical-team leader, in uncovering and analyzing the

need for change in this scenario, I empathize and respect the counsellor's *intention* to deliver

quality service to their clients (Parding & Abrahamsson, 2010). The author respects this as a

critical leader even if the counsellors do not fully realize that their actions are hindering the

ability to provide a higher quality, more uniform service delivery that integrates with the larger

social service system. The Change Implementation Plan within chapter 3 will demonstrate how

the ACT counsellors will make these discoveries, specifically within the dialoguing and

codification phases of the Freirean change model.

The Community Organizing (CO) dimension is closely connected to these political,

activist behaviours and values within the workplace, as the workers try to mobilize efforts to do

whatever they can to offer services to their clients in need. Within the Freirean change model, the

connection to the latter point could not be stronger. Freire (1993) warned that if the two

components of *praxis*, which are reflection and action, are not balanced then errors within the

process of change occur. The counsellors are purely within the *action* component when they

provide a mixture of service delivery. There is little reflection, and their motives are driven by

emotion rather than a deep reflection of what is best for themselves, as professionals, and to the

organization more broadly. Finally, they are not reflecting on the true service they are giving to

the clients. In this scenario, what needs to change is the counsellor's values and priorities.

Implementing the Organizational Development (OD) dimension assists the author, as the

critical change leader, to further analyze this needed change in values and priorities. Through this

analysis, the author is prepared for the counsellors to maintain resistance to change unless the

values and priorities of the team and program are shifted. If the analysis was left at the SP and

CO level, the author may not know exactly what needs to change, or even if change was

possible. The author may unknowingly create a holding space for the emotions of the counsellors

and their activist ethos to flourish and grow the problem of practice. The purpose of the ODSC framework is to properly balance these views in non-profits that are sometimes too radical for organizations to function (Sinclair & Russ, 2006). Through the OD lens, it is uncovered that the values and priorities of the team is what needs to change. It allows the author as the leader to: honour the activist ethos of the team through SP; engage in a carefully planned and sustainable effort of working as a collective within the harm reduction community through CO; and to finally put boundaries on the activist ethos of the ACT counsellors.

This section has analyzed what needs to change for the ACT program to achieve its envisioned future state. The Organizational Development for Social Change (ODSC) framework has been integrated with the Freirean change model and critical-team leadership approach to provide a balanced view, rooted in social justice, of how to address the problem of practice. To fully give respect to these findings, and to provide action to make change, the correct solution to the problem must be identified. Three possible solutions will be provided below, with one to be chosen so the author can implement a plan in chapter 3.

Possible Solutions to Address PoP (What to do?)

As mentioned above, this section will provide three potential solutions to address the lack of uniform service delivery within the ACT program, while maintaining the activist ethos of the counsellors. Each of the solutions will attempt to balance the dialectic of the problem of practice, and provide a healthy workplace for the counsellors and clients alike. One solution will be chosen by the author to be investigated further and move toward the Change Implementation Plan in chapter 3.

Solution 1: Maintain the Status Quo

One possible solution to the problem of practice of improving the lack of uniform service delivery while maintaining the activist ethos, is to maintain the status quo. The status quo for the ACT program would be continued differentiation of service delivery in multiple responsibilities of the counsellor's roles. These roles are counselling, outreach presentations, and assessments for referral purposes.

Benefits. There is evidence to suggest that maintaining the status quo is a suitable choice. It can be considered a suitable choice because it is aligned with the anarchic, activist roots of the harm reduction philosophy that the ACT counsellors follow (Smith, 2012). As was stated multiple times within chapter 1 and 2, the counsellor's aim to deliver mental health and addiction supports that go against their role responsibilities and organizational policies can be viewed as heroic and resistant to some audiences (Baines, 2007; Smith, 2012). Even within the social work literature this is considered a respected practice for those that lean more to the radical side of social justice work (Baines, 2007). As was discussed throughout this paper thus far, the author as leader of the ACT program and the senior management team theoretically could continue to support these efforts. This is because the outcome data given to the stakeholders would remain relatively unchanged.

There would also be no need for new formal learning to occur, which would reduce the teams feeling of anxiety (Schein, 2017). This may allow them to continue their roles, while new experiences can be reflected on individually and within group supervision sessions that hopefully still leads to positive changes within their practice. Double loop and single loop learning could potentially still occur (Argyris, 1977; Argyris & Schon, 1997).

Resources needed. Maintaining the status quo within the ACT program will require no additional resources.

Consequences. The leader or team would not feel the need to address any of the findings from the organizational analysis tools. Without a critical-team leadership framework or Freirean change model to guide the entire team, the problem is unable to be discussed adequately. The counsellors would continue to provide vastly differentiated service such as providing case management to clients in the community based on their own personal and political agendas. The quality of counselling would remain low for many of our community members who access our services. Counsellors would essentially continue to perform street outreach and shortened counselling sessions in coffee shops or in the street where clients are not in a safe, trauma-informed environment. Another consequence is that the referral agencies will continue to provide faulty information to the public who are seeking treatment and mental health supports. The centralized referral and information service through ConnexOntario has staff trained to direct individuals to the correct supports based on the information provided by the agency. If the ACT team is not providing uniform service delivery, the public is not able to receive the services they require and deserve.

The counsellors would continue to assert that going against their role responsibilities means enacting social justice within their job. The problem of practice would still exist when the status quo is maintained.

Solution 2: Implementing a New Policy of In-house Counselling Only

As a reminder the author, the ACT program provides outreach presentations, assessments for referrals to treatment centres, and their main role of 1 to 1 counselling. Currently, the counsellors have the freedom and full support of management, including the author, to provide

counselling outside of the office space. Counselling within the community is being overused by the counsellors however, who understand that the mandate is to bring the clients back to a safe counselling space. This is both the program's policy and responsible clinical practice in counselling and psychotherapy. Solution 2 attempts to solve the problem of practice by implementing a strict policy that the ACT program provide in-house counselling and assessment exclusively within our designated counselling spaces.

To adapt this solution to fit within the harm reduction philosophy of the program, there must be some flexibility to meet the clients where they are at in their journey to recover (Toumbourou et al., 2007). This flexibility would be given to the intake assessment for new clients, which is what the program currently allows for. The counsellors would continue to be able to actively go into the community and other social service agencies to engage with the client at the moment they have decided that they are ready to make a change. In adapting the intake portion of service delivery, the ACT program is able to draw clear lines within their policy and have no confusion over counsellor's responsibilities.

Resource Needs. There would be no added fiscal requirements of the ACT program to implement this solution. There would be a cost-savings of transportation coverage for mileage and city transit reimbursement that the counsellors would no longer require. The program also has funding allocations that allow counsellors to provide clients with transit fare and so the client's will be at less of a disservice to attend appointments. The program would see a reduction in travel mileage for the counsellors who are only traveling for intakes, and not counselling sessions. Since the travel reimbursement is exponentially higher than providing transit fare to those clients that need it, there would be significant cost savings. This solution would also require that senior management be supportive of the policy.

Benefits and Consequences. The benefit to strictly allowing only in-house counselling is that it directly lays out what is expected of the counsellors with no confusion. Individuals will be able to receive counselling, and other social service supports would fill service delivery gaps the counsellors were previously providing. Within this solution, the external factors are outside the control of the author. Counsellors will have to increase their efforts of environmental scans and providing proper referrals for their clients. An additional benefit is the clarity the counsellors are bound to experience within their roles, though not everyone is guaranteed to feel this way.

There are of course negative consequences that can result from this solution. The solution does not address deeper challenges and factors associated with the PoP. When the counsellor's activist ethos is ignored by leadership they will not feel respected, both personally and professionally. The top-down approach of implementing this solution could be tempered with an authentic, caring attitude on the part of the management team. However, as much as leadership can attempt to maintain a safe holding space for the team, the day-to-day implications for the counsellors remain the same. The ACT program also risks a dramatic reduction in client visits and therefore reduced outcome numbers to ensure the ACT program's sustainability.

The solution does not fully solve the dialectical nature of the problem of practice. Embedded deep into the value of the team is a sense of activism and resistance. If this is not carefully brought to the surface to address the problem, it will continue to exist within the team.

Solution 3: Strengthen the culture of critical learning, leading to a shared vision within the team.

This is the chosen solution of the author to address the problem of practice. By strengthening the learning culture of the ACT team, the author increases the chance that the counsellors will be motivated toward changing their practice. Researchers have found that when

learners see that others will benefit from what they are learning, they have an increase in

motivation (Bransford, Brown, & Cocking, 2000). Through learning, the promotion of a shared

value can lead the counsellors to appreciate the value of uniform service delivery (Senge, 1990).

As is evident within this OIP the lack of uniform service delivery is linked deeply to the activist

ethos of the counsellors, the ACT program, and the entire HOPE agency. Therefore, the learning

culture and creation of a shared vision must be integrated to allow for explicit knowledge to be

communicated, or the change leader risks many blind spots in its implementation and

maintenance. As Brown, Finch, and MacGregor (2012) note, when tacit and explicit knowledge

is shared between employees, it will create a shared vision among staff.

It is imperative that the holding space the critical-team leadership approach uses can help

to create the environment so this tacit knowledge can be shared to ensure that there are no hidden

agendas while the solution is underway. The counsellors have a very tangible desire to maintain

their radical stance to their work. Connected to this idea, this author must heed Willower and

Licata's (1997) caution that the leader must accurately assess the realities of the situation and the

true values of the participants in the organization. Doing this will assist to create the shared

learning environments, and shared vision and values for the program. The difficulty of

attempting this with an activist team that has such strong tendencies to subvert societal and

organizational norms must not be trivialized. Additionally, the strong support in the literature for

social service organizations to adopt these values of resistance may confuse the author as a

critical leader, who is attempting to balance competing views (Elsbach & Sutton, 1992; Smith,

2012).

The principles of a critical-team leadership approach and Freirean change model supports

the creation of a critical learning culture and shared vision that gives equal opportunities to

integrate the knowledge of the clients and community the program serves (Perkins et al., 2007).

The counsellors will be able to engage in critical learning that honours their orientation towards a

radical approach to social service work. Before embarking on this solution, the critical leader

must consider that differentiated service delivery may be unintentionally promoted by a critical

learning culture, and therefore exacerbate the problem. This will be ameliorated through

continued *praxis* in the teams work through the Freirean change model. Additionally, the

reflection and interpretation of data so integral to the learning culture, as well as the *generative*

themes phase of change, will help to contain this possibility of further resistance against program

policies (Senge, 2006). It is through participatory, open learning and creating a shared value that

the counsellors will be able to take charge of their service delivery (Brown, Finch, &

MacGregor, 2012).

Changing an organizational culture is a difficult and delicate task, as the leader deals with

the very connective forces that hold the organization together (Schein, 2010). Through the

development of a learning culture, Derrick-Mills et al., (2014) have shown that organizations

will shift to implementing data to generate improvement that will last for extended periods of

time. This continuous, iterative process of learning through reflecting on data will allow the

counsellors to challenge their current practices and values (Argyris & Schon, 1997; Fook, 2016).

This will allow for thoughts, behaviours, and feelings to be brought into the open, to be analyzed

by a supportive group of individuals (Fook, 2016). This is a different approach than Solution 2,

where there exists, what Winkler and Fyffe (2016) describe, a "compliance culture" in non-

profits that minimizes the role of continuous reflection from the workers to achieve growth. The

ACT team will instead be embracing a learning culture that "moves beyond compliance by

encouraging non-profits to develop self-correcting mechanisms and internal practices that use

data to examine failures and weaknesses to make programmatic and operational changes"

(Winkler and Fyffe, 2016, para. 7). Below is an examination of how this solution will be

operationalized through building professional learning communities (PLC's).

Brown, Finch and MacGregor (2012) found that the implementation of professional

learning communities (PLC's) in small groups and small organizations increases the

development of a collaborative learning culture. This is important as the ACT program is a very

contained team that is made up of only 8 counsellors and one manager. Of interest to the non-

profit field is the discovery that alternative schools regularly score the highest in collaborative

culture, shared leadership, and shared vision and values compared to other school environments

(Brown, Finch, & MacGregor, 2012). These findings are appreciated within small social service

agencies where the draw to engage in this type of work is engrained in the motives of the

individual worker to achieve equity, social justice, and altruistic motivations (Stevens et al.,

2017). The author, being a past teacher and now registered social worker, also strongly identifies

with teachers as agents of social change. As a leader, the author willingly incorporates this

helpful educational research into the ACT program.

Resources Needed

Time. Because the learning culture and generation of a shared value will attempt to

address deeply seeded beliefs about not only the counsellor's roles but their orientation of

themselves toward society, this solution will take time. As Winkler and Fyfee (2016) note, it may

take years to effectively change an organizations culture. The ACT program however, already

has elements of an organizational learning culture. This is evident in the title of the solution that

the learning culture will not be *created* but instead *strengthened*. A learning culture within an

organization is defined by the author as one that espouses "proactivity" towards learning and

problem solving, a "commitment to truth through inquiry and dialogue" as well as a "positive orientation towards the future" (Schein, 2017, p. 347). More detail of the existing learning culture will be divulged in the implementation plan in chapter 3. As such, a timeline of one year will serve to evaluate the effectiveness of the process. This timeline is also specific to the ACT program and their objectives. The counsellors are required to work with clients for short-term sessions, normally 3 months in length. This one year timeline will theoretically allow the counsellors to cycle through four rounds of new client intakes as they experience successes and set-backs at shifting their practice, thoughts, and behaviours within their roles through praxis in their work.

Human. The counsellors themselves are quite literally the human resource investment to create this culture of critical learning to be detailed in chapter 3. As was alluded to in the initial description of the solution, the fact that this is a small group of 8 counsellors will contribute to the success of a strong collaborative culture and ability to create a shared vision and values (Brown, Finch, & MacGregor, 2012). The intersectionality of the counsellor's identities are also taken into account within both the Freirean change model and a critical-team leadership approach. The intimate connections the counsellors have with their communities, clients, and each other are important strengths as well as concerns for the author to acknowledge. There will be a diversity of values because of the counsellor's experience of oppression based on dimensions such as race, gender identity, mental health or history of substance misuse (Alleyne, 2004). The distinction must be carefully drawn by the critical leader that these will not be considered as *resistance* to change efforts. Principles of anti-oppressive, anti-racist, and trauma informed practice will help to keep this balanced perspective (Collinson, 2005).

Technological and Information Needs. The ability to invest in and have access to technology for learning is important to ensure sustainability for the organization (Hatry et al., 2005; Winkler & Fyfee, 2016). The ACT program has already invested money in technology for the staff. Although the decision to do this was not centred around creating a learning culture, the existing tools will certainly support it. The counsellors all have their own individual laptops and cell phones with data plans. This was a previous investment of approximately $14,000 dollars by the program. The laptops and cell phones are able to function as direct resources to learning new material and access to information that could assist in the continuous learning of the group. The counsellors also have their own personal, portable projectors to assist them in their harm reduction presentations within the community. This is invaluable for the integration of technology to support presentations and share information with the group. Such details may be considered small, but will assist in the development of a learning culture (Hatry et al., 2005).

The counsellors have access to a secure database where client information is stored. This includes assessment, case notes, referrals, and all information collected at intake including: diagnosis, substance usage, substance choice, community connections, age, gender, and geographical location, to name a few. Reports can be generated by the author to compile the data and understand certain aspects of the population we serve. For example, a report can be generated on the substance use of males ages 16 to 24 that have had an intake within the ACT program. If a specific counsellor's caseload was needing clarity, a report can be generated showing client names, date of intake, number of counselling sessions, and length of stay within the program until the point of discharge. This can be extremely useful when speaking about the lack of uniform service delivery and presenting counsellors with this information in a clear way. For example, within the scenario highlighted in chapter 1, a counsellor may continue providing

service to a client for over 6 months due to their desire to assist them and strong perception that no other supports are available. Alternatively, a counsellor may intake an individual into the program while they are in the prison system, and as a result not visit them for over 3 months at times. At this 3-month mark without contact, the database automatically *red-flags* the counsellor, and this will result in a reduced audit score that is sent to the funders. The ODSC framework used to analyze "what" to change can be useful to the author in this scenario, as the necessity of Organizational Design (OD) can balance the Spiritual/Sustainable Practice (SP) the counsellors might be basing their decisions on. OD can also assist in tempering the Power Analysis (PA) in the situation if the counsellors feel like the client is being oppressed by other systems in society. As is evident, the use of technology and information has a vast array of promises to support the learning culture and support a new vision for the team.

The author will now move on to describe a Plan Do Study Act (PDSA) model cycle to demonstrate how the changes could be strategized and designed.

Plan Do Study Act (PDSA)

Very popular within the healthcare field, the Plan Do Study Act (PDSA) model cycle allows leaders to experiment with change initiatives by producing small experiments to test their efficacy (Donnelly & Kirk, 2015). It allows organizations to assess the change initiative before it is implemented to its full scale. The author will consider: (1) What is trying to be accomplished as a critical leader? (2) How will the author know that the change is an improvement? and (3) What change can the author and team make that will result in improvement?

The PDSA cycle model is shown in Figure 11*,* and a very brief description of each cycle is given below. For the purposes of this section, more detail will be used within the change

implementation plan in chapter 3. This section is meant to introduce how the cycle's may look

when operationalized.

ACT

-Anticipated changes resulting from the PDSA cycle are:
-Increased direction and pressure to show the necessity of uniform service delivery will require improved environmental scans and possible new strategies on the "need for change".
-Highlighting success stories of counsellors that may be more confident in their clinical work. Brainstorm on how they can take up leadership roles naturally and abiding by the critical-team leadership approach.

PLAN

Who?
-8 ACT counsellors and 1 Manager
What?
-Creation of Professional Learning Communities
Where?
-ACT program, multiple locations dependent on geographic areas.
When?
-Communities will meet once every 2 weeks.
-Informal communication will be encouraged, including meeting over online environments to share new learning or reflections.
-One group supervision will substitute for the PLC in order to not overburden the counsellors.

STUDY

Analysis of data using: 1. chart paper from dialoguing over what new learnings have occurred. 2. Detailed meeting minutes to be reflected on in multiple PLC's. 3. Documenting any frustrations by counsellors.

Further variations of the PDSA cycle:
Counsellors will want to engage the clients through survey or dialoguing to analyze impact.
Analyze quantitative and qualitative data from the online database to see if any changes have resulted such as: reduced time that counsellors are on caseload (goal of 3 months max.); casenotes information should depict formal counselling, assessment, or intake session.

-In later stages of the PDSA cycle, there should be evidence of group learning that a balance is being created pertaining to the PoP, and the vision is moving towards an acceptance of uniform service delivery. Counsellors will have the information and data to be able to confirm or resolve fears, anxieties or frustrations.

DO

-Proposed change will be carried out of implementing professional learning communities
-Within the first month, after two cycles of the PLC's, assessment will begin within the dialoguing phase of the change model.
-The leader will be actively listening for counsellors concerns stemming from an orientation towards activism within their roles.
- In later cycles, the data generated from the online internal database will be used to judge quantitatively if uniform service delivery is developing.

Figure 11. Plan Do Study Act (PDSA) model cycle. Demonstrates cycles the ACT team will

experiment with when implementing and planning for change.

Plan. To strengthen critical learning culture and create a shared vision and values in

order to improve the lack of uniform service delivery. The critical learning culture is

hypothesized to both promote and direct the counsellor's activist ethos contributing to the

problem. Figure 11 describes the *who*, *what*, *where* and *when* of the plan.

Do. The proposed change will be operationalized as the implementation professional

learning communities (PLC's). The structure of the PLC works well with the Freirean model

(Figure 7) as it encourages critical reflection of self and others as the counsellors move into the

decoding phase (Freire, 1993). Anxiety and possible frustration from the counsellors will be

expected as they make connections between uniform service delivery and needed changes within their practice (Senge, 2006). The author will be actively listening for counsellor's concerns stemming from an orientation towards activism within their roles. Information and evidence will be distributed to counsellors, as needed, for interrogation and reflection. Examples of the information that will be distributed may include a list of agencies who engage in case management, to attempt to have the counsellors learn that those services are not required of them. In doing so, the team moves into the *codification* and *de-codification* of the Freirean change model as they gather information on the environment and people influencing the problem. In later cycles, internal data will begin to be recorded through the internal database for later use in the *study* phase.

  Study. Within the *study* phase, the author must answer the following questions: "Was the outcome close to what you predicted? Did it work out as planned? What were the lessons learned?" (Donnelly & Kirk, 2015, p. 280). Based on a critical-team leadership approach and a Freirean model for change, the author and the team will collaboratively review the data from the PLC sessions. The remainder of the *study* components can be found within Figure 11.

  Act. The *act* phase is extremely important to establish what has changed, adopting the changes, and to make sure the "solutions you have realized remain effective" (Donnelly & Kirk, 2015, p. 281). The act phase can be found in the top left corner of Figure 11. In the first cycle, the increase of external data to show the necessity for change may produce more communication and dialogue from the counsellors. In further cycles, the author will be actively looking for successes of individual counsellors and supporting them to take on leadership roles to model and teach other counsellors about their successes. It is the communication and group learning of the team that will result in the sustainability of the current and future changes (Hackman, 2012).

The PDSA model cycle will be discussed in detail in chapter 3. For these plans to produce lasting change, the author believes that the decisions and actions must result from a rigorous ethical framework on behalf of the leadership. Within the critical-team leadership approach, the author has the responsibility to garner the same level of ethical practice from the ACT counsellors. In the next section, leadership ethics is discussed fully, before moving on to the implementation, evaluation, and communication plan in chapter 3.

Leadership Ethics and Organizational Change Issues

As Northouse (2012) states, "one cannot be a leader without being aware of and concerned about one's own values" (p. 349). There are numerous ethical considerations that impact this problem and the change process. Although there are large amounts of literature describing and testing different ethical leadership models for such things as employee satisfaction, job retention, and job performance, little has been researched on how leadership affects organizational change (Sharif & Scandura, 2013). Sharif and Scandura (2013) posit that ethics are important to the change process because: (1) The stress placed on the leader during the change may result in a "compromise of moral principles", thus the employees calling into question the leader's ethics, and (2) Leaders who are ethical may instil a sense of credibility among their employees, thus increasing positive work behaviours (p. 185). The author will add to these ideas by suggesting that in the social service sector's ethics, especially concerning harm reduction, take on increased importance. It is not an exaggeration to assert that ethical failures of leaders and human service sector workers alike can have life and death consequences for the clients that organization serves.

For this OIP, an integration of ethical frameworks from three different sources have been selected to suite this change process. The ethical frameworks were also chosen because they

hold meaning to the author form a critical-team leadership approach. The ethical frameworks draw from the Ontario College of Social Work and Social Service Workers (OCSWSSW) Statement of Ethics, and Gardiner and Tenuto's (2015) conceptualization of leadership ethics and decision-making.   Throughout this section this author will demonstrate how all these approaches are used to balance and challenge the entire ACT team to move change forward.

The OCSWSSW statement of ethics lists 11 items to follow for social workers in front-line, research, or leadership roles. The 3 ethical statements that will be anticipated to be used most in praxis are:

- A social worker or social service worker shall maintain the best interest of the client as the primary professional obligation;

- A social worker or social service worker shall carry out her or his professional duties and obligations with integrity and objectivity;

- A social worker or social service worker shall advocate change in the best interest of the client, and for the overall benefit of society, the environment and the global community

(OCSWSSW, 2019)

These ethical standards are specifically chosen to highlight the dialectical nature of the problem of practice, and the careful balancing the author must do to support the team throughout the process. There is a mixture of professionals within the ACT team, however they all adhere to the ethics and values of the social work profession as they strive for social justice principles within their work. More will be discussed on this further within the section.

Organizational Ethics

Within the for-profit industry, the connection to ethics and non-profit organizations may appear unproblematic. Agencies like HOPE are considered social movement organizations

(SMO), born out of the desire to assist marginalized populations. The reality is that there are issues within the ethical managing of non-profits and ensuring that they are accountable to the public (Lawry, 1995). Some cite the environment non-profit agencies exist in as the issue, with limited resources and lack of qualified professionals that incite gross ethical misconduct with finances and service delivery (Bhandari, 2010). Since the ACT program is responsible and theoretically accountable to the public, there is the strong necessity to produce quality care and meet program targets. Within the change process, the author will no doubt feel pressured into allowing past behaviours of the team to surface if it improves the program numbers. The author will have to engage in critical self-reflection that is inherent within the leadership framework in order to not allow the stresses and anxieties of day-to-day pressures to inform decision-making (Collinson, 2005).

A more detailed ethical framework is needed to address ethical issues within the ACT team below.

Ethical Leadership Praxis for Social Justice

Gardiner and Tenuto's (2015) ethical framework is a useful source for this author as it allows for praxis within his ethical leadership. As a leader dealing with the complexities of human trauma and recovery, it is imperative that the author have strong ethical frameworks for larger decisions throughout the day, and also for ones that may appear trivial at the time. An adapted version of the Ethical Leadership Praxis for Social Justice is shown on the next page. The ethical framework necessitates that personal, professional, and chosen leadership theories are considered in decision-making.

During the *dialoguing, coding, and decoding* phase of the change process, the counsellors may become frustrated at each other as diverse perspectives surface. The problem of

practice is layered with personal and professional beliefs that are important to the counsellors. As

was discussed previously, through critical-team leadership and dialoguing, the counsellors may

become conscious of their own hidden values and assumptions (Schein, 2010; Freire, 1993). In

this circumstance the author, as leader, would follow the framework in Figure 12 to assist in the

decision-making process. Firstly, an acknowledgement of the holding space that critical-team
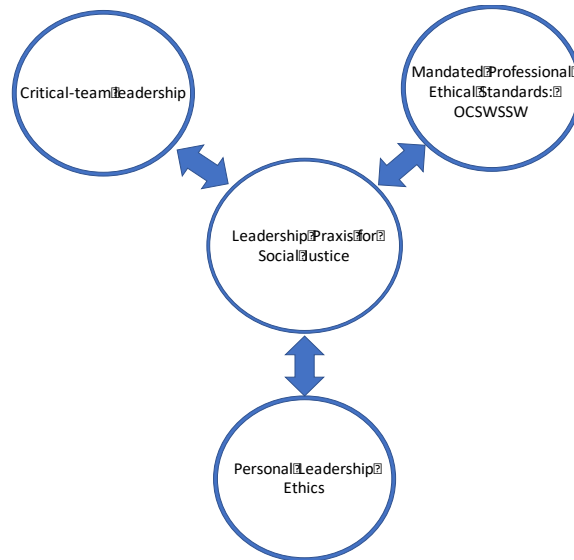
Figure 12. Leadership Praxis for Social Justice framework. Adapted from Gardiner and Tenuto

(2015)

leadership creates should help to ensure that the inherent dignity of the individuals on the team

are kept intact (Collinson, 2005). Additionally, the "justice climate" that results from critical

leadership applied to small group learning ensures that order is maintained even in times of

passionate debate or disagreement (Walumbwa, Hartnell & Misati, 2017, p. 20). Personally, it is

important that the author always respect individuals and seek to provide a safe, trauma informed

environment for them to learn and grow. Additionally, the author looks to the OCSWSSW to

ensure that he and the counsellors perform *professional duties and obligations with integrity and*

objectivity. This professional ethic will be able to provide focus for the change initiatives by

directly addressing the dialectic of the problem of practice. The necessity to follow one's professional duties and obligations means that there is an ethical duty to support uniform service delivery, as required in their roles.

Through the entire change process, the author and team will be pulled in multiple directions, engaged in ethical decisions that either support or oppose the problem of practice. Many times, the author will need to trust the critical-team leadership framework to allow the counsellors to make their own ethical decisions. For instance, Walumbwa, Hartnell & Misati (2017) discovered that "peer-related fairness" impacted group learning behaviour positively, though supervisor fairness did not (p. 20). Knowing this information, and following the specific critical-team leadership decision-making map outlined in Figure 6, the author would be prepared to choose to *monitor the situation* to allow the team to engage and problem solve on their own. Within the *identification of generative themes* phase, the team would receive the benefits of this ethical decision. Due to peer-related fairness improving group learning behaviour, the change process will advance more efficiently.

Within the chapter 3 change implementation plan, the usage of the author's ethical framework will be integrated throughout. By acknowledging the required professionally mandated ethics, personal ethics, and critical-team leadership the author can ensure the appropriate scrutinizing of ethical decisions to achieve social justice. Much like the Freirean change model, the ethical framework outlined here has social justice engrained within it, and therefore assures meaningful engagement with the problem of practice. The ethical framework will continue to guide the author throughout the change process, and beyond.

Conclusion

Chapter 2 has outlined how the critical-team leadership framework will move change forward. By offering scenarios of how the author will make decisions and interact with the team, the leadership framework becomes operationalized. The Freirean change model has been integrated throughout the entire chapter 2, and emphasized within the Critical Organizational Analysis section. It is the deeply rooted foundation in a critical, social justice lens that ties together the leadership framework, change model, analysis and ethics of this section. With Solution 3 chosen to move change forward within the ACT program, the next and final chapter of this OIP will outline the Change Implementation Plan from beginning to end. Through critical andragogy within the ACT program, the author will outline how the solution to *strengthen the culture of critical learning, leading to a shared vision and values within the team*, can solve the problem of practice.

Chapter 3: Implementation, Evaluation, and Communication

Within this Organizational Improvement Plan (OIP), chapter 1 focused on introducing the critical-team leadership approach and how it impacts the problem of practice (PoP), as well as framing the PoP through a critical, social justice lens. A vision for change led into chapter 2 where the Freirean Change Model was described, along with a chosen solution. The solution that was chosen was Solution #3, which is to strengthen the critical learning culture to lead to a shared vision for the ACT team. The focus is on the ACT counsellors being able to come to a critical understanding of their role to assist multiple stakeholders and achieve sustainability in their practice, while holding true to their activist values. chapter 3 will examine the implementation, monitoring, evaluation, and communication of this plan. It will outline in detail the strategies and implications of the change process. This chapter will highlight the importance of balancing the ACT counsellor's activist ethos throughout the change process, and describe a critical-team leadership strategy to do so. Additionally, it will emphasize the importance of critical, adult learning within the workplace and the utility of andragogy to produce change, specifically within small teams in the non-profit sector. This chapter will detail, respectively, the management of the change implementation, monitoring and evaluation, as well as the plan to communicate the need for change and the change process.

Change Implementation Plan

To begin, the goals and priorities of the change process will be used to summarize the strategy for the proposed change. The overall strategy for change is integrated within the Freirean change model, as it will provide a collaborative atmosphere to grow and learn through structured and unstructured learning opportunities that will be described further in this chapter (Freire, 1993; Senge, 2006). By the counsellors being critically reflective toward their learning, a

conscientization will emerge to incite changes in the counsellor's practice to strengthen uniform

service delivery (Freire, 1993; Perkins et al., 2007; Walker, Cooke, Henderson, & Creedy, 2013).

The Organizational Design for Social Change (ODSC) framework that was used in chapter 2 for

the organizational analysis will be drawn upon to develop these ideas (Sinclair & Russ, 2006).

Strategy for change

The direction of the change initiative is highlighted through the achievement of various

goals within the change implementation plan. The goals are as follows: (1) Increase

collaboration and communication among counsellors, (2) Formalize internal training, (3)

Establish professional learning communities (PLC's), (4) Establish on-going participatory and

developmental evaluation for continued growth. These goals will be discussed in detail later in

this chapter, including how they will be achieved within the change implementation plan.

By reviewing the goals of the change, the priorities of the change are made clear. The

priorities are as follows: (1) to move the group into a more cohesive unit that has a collaborative

learning culture, (2) maintain sustainability of the ACT program, which at times may mean

controlling resistance of the staff in a supportive, solution-focused direction that is in line with

the critical-team leadership approach. These priorities and goals have been explored more

broadly in chapters 1 and 2 when this author has discussed: (1) the environment needed for

change to be made; (2) the priority of the Freirean change model to promote critical learning in

the workplace; and (3) the organizational analysis using the Organizational Design for Social

Change (ODSC) framework.

The ODSC analysis in chapter 2 demonstrated that the ACT program must focus on

organizational design (OD) to maintain balance within the team, between organizational

resistance and following organizational policies. This balance is inherent within the problem of

practice discussed throughout. Within the ODSC framework, the organizational design (OD)

approach in non-profit organizations "can help groups align their vision, values, structure, and

purpose, and enact democratic principles of power sharing" (Sinclair & Russ, 2006, p. 5). The

critical focus on OD within the strategy for change is important as it creates a tangible emphasis

on achieving goals, and controlling the more extreme social justice views of both leadership and

counsellors. This will ameliorate the risk of having multiple change visions that are separate

from the reality of the organization and workplace. When the ACT program and change strategy

are viewed within the broader structure of the Youth Outreach and Housing (YOH) department

and HOPE agency, as outlined in chapter 1, the author argues that it integrates in an

unproblematic way with the existing organizational strategy and structure. The HOPE agency

exists to support and advocate for healthy communities, while seeking inclusivity and diversity

for all. The strategy for the change, as well as the goals and priorities, are linked to both the

external and internal aims of the entire organization. For example, as discussed in chapter 1 and

2, the HOPE agency spends a great deal of time on internal committees such as the Pride

committee, Anti-Oppression committee, and an Inclusivity and Diversity working group. Within

the YOH department, this takes on a more critical orientation to organizational strategy that

implements an anti-racist, anti-oppressive, and trauma-informed environment into their service

delivery and staff training. It is therefore clear that the change strategy fits within not only the

existing organizational strategy, but also the current organizational chart as depicted in chapter 1,

Figure1.

        The change strategy is focused on the small group of counsellors within the ACT

program, who can freely navigate through the change process with existing leadership and

structures in place. The Organizational Development (OD) approach within the ODSC

framework alludes to this, stating, "ultimately, OD honors both the inherent worth of each individual and the power of collective process to achieve its highest aspirations" (Sinclair & Russ, 2006, p. 5).   This author can therefore utilize the existing structure and organizational chart of the program (see Figure 1) to create change within the team.

The above section outlined the strategy for change through a summary of the goals and priorities of the planned change. Below, a more detailed explanation as to how these goals will be realized is provided. As the above section alluded to, the author and those involved in the change process can be assured that change can be accomplished within the current, overall organizational strategy and structure. This will be now be detailed in the section below, as a plan for managing the transition is outlined.

Managing the transition

Successfully leading change within any organization depends on a variety of factors including stakeholders, leadership approach, and how one manages unexpected deviations from the plan (Bolman & Deal, 2017; Cawsey et al., 2016). This section will articulate the solution and outline the plan for managing the complex characteristics that change can bring. The solution to be implemented centres on building the critical learning culture of the ACT program to create a shared vision for the team. This solution is anticipated to solve the problem of practice to strengthen the lack of uniform service delivery within the ACT program, while maintaining the counsellor's activist ethos. However, within this change plan, it is expected that counsellors and their clients will have negative reactions to either an increase in uniform service delivery, or in feeling overwhelmed within the learning environment (DeRuiter et al., 2017; Senge, 2006). The process of change within organizations is not linear, especially when the change is geared towards changing or strengthening culture (Senge, 2006). This author recognizes that deviating

from the intended change plan is a natural phenomenon to be expected (Cawsey et al., 2016). In

order to be aware of any stakeholder reactions that may drive unplanned changes within the

transition, developmental evaluation will be used throughout. In chapter 2, developmental

evaluation was described as a key component within the Freirean Change Model.

Developmental evaluation occurs throughout the entire transition, and focuses on

evaluation as an emergent, creative process that drives change (Patton, 2016). Reactions will be

tracked immediately, beginning at the *dialoguing* stage of the change process in the Freirean

model of change. This form of developmental evaluation uses employee's narratives and

relationships which is important in the change process to maintain an open and collaborative

atmosphere (Greene, 2001). It is also very useful for the learning culture that is developing, as a

collaborative, open culture is one that promotes and leads to a learning culture (Stoll et al.,

2006). By having access as a leader to real-time feedback, the author can generate learning

within the team by asking evaluative questions to the group, and actively reflecting together on

data being gathered (Patton, 1994; Patton, McKegg, & Wehipeihana, 2015). This emergent

process can help direct the counsellors through their own internal complexity and orientation

toward the change. As they adjust their orientations, they may emerge spontaneously as

champions of the change initiative, and therefore *champions of learning* based on the andragogic

nature of this change process (Unwin & Fuller, 2003). This reflects the critical-leadership

framework outlined in chapter 1, Figure 2 where the leaders emerge autonomously from the

group, through time and influenced by environmental pressures that provides a catalyst for

workers to utilized their skillset and new learning. The next section will speak more about how

this author will identify and utilize these individuals to engage others.

Champions of change. Finding change champions is key in moving change forward (Cawsey et al., 2016). Within the critical-team leadership approach, Freirean change model, and implementing the chosen solution, the author came to realize that identifying change champions takes on an even more important role. The *learning champions* will be supported by the author by utilizing the holding environment in the critical-team approach, allowing the counsellors to take on leadership roles (Unwin & Fuller, 2003). It is the safe holding environment and openness of the counsellors that will build the team's confidence to take risks and move change forward (Unwin & Fuller, 2003). As discussed in chapter 1 and 2, the critical-team leadership approach supports counsellors to engage in leadership when they feel the environment suits their skillset and readiness. This author can accentuate the effectiveness of the counsellors autonomously choosing and identifying their strengths within individual supervision, as well as informal communication. The benefit of the existing clinical supervision within this author's role is that he can utilize it to have solution-focused conversations about the counsellor's role in the change process (Thomas, 2013). Their strengths can be identified, as well as formulation of a plan to engage with the group to increase their own learning.

These champions may provide presentations for counsellors, perform research, or directly quell fears or anxieties regarding new learning (Senge, 2006). The implementation of Professional Learning Communities (PLC's) will promote multiple counsellors to take on leadership roles as the collaborative group culture evolves (Stoll et al., 2006). The details of PLC's will be discussed further within this chapter. Of course, there may be resistance to this act of counsellors freely choosing leadership roles (De Ruiter et al., 2017). One adjustment the author can make as a critical-team leader is to strive to increase behaviours that allow for a critical, social justice orientation to be witnessed through his communication and behaviour, thus

strengthening the counsellors view of the formal leader as being an *in-group representative* (Koivisto, Lipponen & Platow, 2013). This has been shown to moderate the feelings of threat and resistance during change (Koivisto, Lipponen & Platow, 2013). Throughout the entire implementation, the learning champions will help to propel the change forward, and this author must be diligent in maintaining equity within the team and not allow one or two counsellors with increased skillset to take-over the entire process (Koivisto, Lipponen & Platow, 2013). This will be important to maintain the collaborative culture that is so important in strengthening the learning environment (Stoll et al., 2006).

The full implementation of the change plan is shown below in Table 5, and demonstrates the implementation strategy to achieve the goals that were listed at the beginning of this chapter. Table 5 illustrates, in a simple format, the resources necessary to carry out the change, as well as identifying the short, medium, and long term goals in order to build momentum. As is evident in the first goal to *increase collaboration and communication among counsellors—between different office locations*, there are short term wins that can be highlighted to maintain the momentum of the learning culture (Cawsey et al., 2016). Easy achievements can be accomplished such as creating a "What'sApp" group on the counsellor's work cell phones, and optimizing the existing OneNote folders that the team has access to in real-time. This will allow the team to be able to explore the benefits of the planned change in a way that is incremental and non-intimidating. The importance of these small acts should not be diminished however, as it allows the counsellors to collaborate formally and informally with each other to establish relationships and share ideas over a wide urban geographical area. The learning culture will therefore already begin to be strengthened in this way, as the counsellors work their way through the Freirean change model (see Figure 7).

Table 5

Change Implementation Plan for Solution #3: Strengthen critical learning culture to lead to a shared vision for the ACT team.

Solution for Change: Strengthening the learning culture to lead to a shared vision for the ACT team. Strategy for Change: Increase collaboration and focus on how learning can be operationalized within the program. The effort is not merely on training or professional development, but centres on how the counsellor's orientation of their internal self is manifested within their counselling roles.					
Goals/Priorities	**Implementation Process**	**Implementation Issues/Limitations**	**Supports/Resources**	**Stakeholders/ Personnel**	**Timeline**
Increase collaboration and communication among counsellors— between different office locations.	Utilize worker's cell phones to increase communication over large geographical regions to share information. Optimize OneNote folder where counsellors can adapt and change resources together. Create "What's App" group for counsellors to share tacit and explicit knowledge through social networking.	Workers may have difficulty utilizing this technological tool effectively, even though information communication is encouraged. Some counsellors may not feel comfortable communicating over phone or text. OneNote folder is already active, though needs to be properly maintained and updated regularly. Counsellors may not be comfortable with new technology. More difficult to get point across. Increased attention to confidentiality required.	Cell phones already provided and included within budget. Extensive data plans enabled. Laptops all set-up with OneNote and counsellors have access.	Counsellors. IT support always present at head office location.	1 week to implement. Entire informal communication, once established, is continuous throughout change process of 1 year.

Formalize internal training.	Reserve the first 20 minutes of clinical group supervision for presentations, sharing of new activities, role-plays and resource sharing by the counsellors. Create rotating list so counsellors know when they will be delivering their training to the group.	Will require a disruption in the group supervision flow that counsellors are accustomed to. Group supervision sessions will need to be done together as a full time requiring more extensive travel to one office location.	Boardroom available at two site locations. Other office space available if needed (free of charge) Projectors, computers, lap tops available (already purchased, no extra financial planning needed) Public Library Internet	Counsellors Director of ACT	Monthly group supervisions for 6 months to accommodate PLC. After 6 months it will change to regular bi-weekly group supervision. (approximately 18 per year)
	Schedule lunch-and-learns. Counsellors will provide knowledge building to employees outside of the ACT program, pertaining to counsellor expertise (ie. harm reduction, trauma informed environment, anti-oppressive practice)	Counsellors may need additional support to develop confidence for presenting, and overcoming learning anxiety. Counsellors would need to generate a desire for other group workers to learn. Potential for management of other programs to not value the learning.	Management support for sessions to be scheduled in youth drop-in shelter where ACT team is housed. Youth worker commitment.	Counsellors Youth Workers at Shelter	1 lunch and learn per quarter. Total of 4 per fiscal year.
Establish professional learning communities (PLC's)	Reserve time for counsellors to come together to engage in their PLC. Time will be provided using one of the bi-weekly group supervision slots. Establish priorities and goals for the PLC that is focused on enhancing in-house counselling and assessment practice.	Counsellors will take time to address norms and establish communication within the PLC. Supervision sessions will be made up using a shorter 1 to 1 format. Sites will have to rotate. Possible in-group/out-group may form if leadership and counsellors are not vigilant in prioritizing these in their schedules and planning. May lead to certain counsellors	Boardroom and office space available. Support for prioritizing time commitment with leadership will be given. Flip charts, lap tops, markers, projector, whiteboard all accessible.	Director of ACT program Counsellors Clients	Monthly for first 6 months of change process.

		always meeting at a location closest to them.			
_____	_____	_____	_____	_____	_____
Establish on-going participatory and developmental evaluation for continued growth.	Counsellors engage in continuous dialogue and record any feelings of resistance as well as change behaviours. Counsellors are given regular surveys regarding practice behaviours and feelings towards their changing practice. Engage in reflection on the findings as a group.	Time involved in gathering data and critically reflecting will need to be reserved—possible to do this within PLC or group supervision. There is expected to be negative associations if evaluation shows any undesirable outcomes for the program. Patience, preparation, and managing reactions will be important for the change leader.	Leadership will participate in dialoguing with counsellors to gather data and asking questions as per developmental evaluation frameworks. Survey's will be used for counsellor's evaluation, as well as program strengths based on client feedback. Narratives of successes and roadblocks recorded and reflected on.	Director of ACT program Counsellors Clients	Developmental evaluation will be a continuous process, though data is expected to be collected monthly. Last week of every month will be reserved for data gathering activities. Evaluation of this nature occurs throughout all goals of the implementation process (PLC's, formalized internal training)

The Change Implementation Plan in Table 5, above, will be alluded to within the rest of this chapter. The author will continue to monitor the progress of the plan, and continue to adapt to the emergent process of change. As Table 5 indicates, developmental evaluation is built within both the Change Implementation Plan, as well as the Freirean change model depicted in Figure 7. A further and more detailed exploration of the monitoring and evaluation of change is necessary to ensure the success of the change process.

Change Process Monitoring and Evaluation

The following section will outline the measures used to track the change process. The author will explore this through the Plan Do Study Act cycle (PDSA) highlighted in chapter 2 (Donnelly & Kirk, 2015). The *Leadership Approach(es) to Change* section in chapter 2 will also be utilized by the author to build a fuller argument for how the monitoring and evaluation will assist to move change forward. Short, medium, and long term goals will be implied from Table 5 to explain the progression of the evaluation within this OIP.

The benefit of situating the change plan within the PDSA model in chapter 2 is that it assumes that change is non-linear and the previously planned implementation will need to be refined (Moen & Norman, 2010). The monitoring and evaluation of the change process begins both prior to, and at the beginning of, the change effort. Within the Freirean change model, as described within chapter 2 and this current chapter, developmental evaluation is included throughout the entirety of the change implementation. Therefore, this author will integrate the PDSA cycle model, Freirean change model, Implementation plan as shown in Table 6, and leadership approaches to change throughout this section to further highlight the monitoring and evaluation.

Two types of focus for tracking change

The author must delineate the tracking of change that focuses on: (1) Specific aspects of the problem of practice, and (2) specific to the chosen solution and goals within the change implementation plan. This is also important to elaborate on when communicating the need for change, though that will be addressed further within this chapter. This change process is highly emergent and ambiguous for the author and the counsellors, and so the monitoring and evaluation needs to be grounded in both qualitative and quantitative methods (Cawsey et al., 2016: Patton, McKegg, & Wehipeihana, 2015). If the author focuses solely on monitoring aspects of the solution and it's intended goals of a shift in the learning culture and homogeneity within the vision for the program, he will not have a full awareness if the problem of practice is being addressed. Because there is both low and high ambiguity within the change process, the literature recommends that the measures must be a mixture of being "precise and explicit", as well as "focusing more on vision and milestones, learn[ing] as you go" (Cawsey et al., 2016, p. 348). For instance, a counsellor may learn new skills stemming from the PLC's, and pass along this knowledge to their teammates within group supervision. This is no doubt evidence of a learning culture and the achievement of goals as outlined in Table 1 that may eventually lead to the resolution of the problem of practice, though how can the author be certain? The author must not be so confident in their change implementation plan that they wait until the end to evaluate the technical aspects of the problem of practice with quantitative methodology. To rectify this, Table 6 outlines a simplified outline of the monitoring and evaluation in relation to the goals, the problem of practice, and its location within the Freirean change model. The details of the PDSA cycle can be found in chapter 2 and so is not explained within Table 2 to avoid repetition.

Table 6

Monitoring and Evaluation Plan: Connected to PDSA and Freirean Change Model

	Monitoring and evaluation of goals that lead toward solution (strengthening learning culture and shared vision)	**Monitoring and evaluation of progress specific to problem of practice (uniform service delivery)**	**Freirean Change Model**
Plan	Asses readiness towards learning by staff surveys. Can be done prior to forming PLC's.	Establish baseline data by running database reports on client's time within program, number of referrals, and amount of counselling sessions per counsellor.	Dialoguing Codification
Do	Informal communication and observation of counsellors to assess for any resistance. Recording communication efforts via technology (cell phones, dropbox), within the team.	Continue to monitor baseline data. No changes expected in at least first month.	Dialoguing Identification of generative themes Conscientization
Study	Intentional dialogue and recording new learning that has occurred. Explore through PLC's with the group. Connect through creative means such as chart paper and	Connect new learning directly to addressing uniform service delivery. Monitor reactions and perceptions.	May occur throughout, as the continuous *praxis phase* is integrated with the "study" cycle.

	collaborative activities. Individual supervision sessions allow for resistance or anxieties to be explored and validated.		
Act	Developmental evaluation as an emergent, creative process will shift the direction of the change implementation.	If uniform service delivery is not showing quantitative evidence of being gradually achieved, the group must analyze if too much emphasis is placed on activist ethos. Continued focus on OD as per the ODSC framework is required.	Occurs throughout entire model.

Note: PDSA and monitoring will continuously be adapted. Table should be perceived as fluid.

The monitoring and evaluation as connected with the PDSA cycle and Freirean change model, as represented in Table 6, should be interpreted as a guide in an ever-changing, emergent change process. The group may experience successes early on, and have periods of inadequate progression towards any goals. Likewise, the PDSA cycle is intended to occur multiple times throughout the change process, and so the "Plan" monitoring as shown in the table, and connected with the *Dialoguing* stage, could take on another form and occur within the *Codification* stage months later. The author must be prepared to balance competing views and a changing environment to flow through the change implementation. Only a flexible monitoring process will allow for this to occur (Patton, 1994).

To balance these competing views, critical-team leadership is needed within the monitoring and evaluation. The author must be aware of the impacts that the change could have on the team. Principles outlined in chapter 1, Figure 2, and within chapter 2, such as: striving to

be emancipatory for the workers, focusing on shared values, and having praxis in one's work, will be meaningful to the monitoring of the change (Holosko, 2009; Learmonth & Morrell, 2016). The emancipation of workers within the critical-team leadership approach needs the author within this context to focus on things like critical-race theory to reflect on unintended consequences or resistance to the change (Corson, 2000; Lee & Bhuyan, 2013). The group supervision or PLC's may be described as a microcosm of what is happening in the greater society, which could have a negative effect on racialized and marginalized staff members (Lee, & Bhuyan, 2013). For instance, an ACT counsellor may identify themselves from a racialized community and support anti-racism in the agency and beyond. The counsellor may become defensive and identify uniform service delivery as a means of stopping important service delivery to the clients of their own community. This might spur their critical perception of neoliberalism within the social service sector, and leave them resistant to developing the learning culture and shared vision inherent within the solution (Johnstone, Lee, & Connelly, 2017).

Although the counsellors themselves will be identifying the problem at the beginning of the change process, these struggles described above are still to be expected. Critical-team leadership is unique from other approaches as it captures the intersectionality of the workers involved in the change, and interrogates all resistance to the change effort through this lens (Corson, 2000; Jayavant, 2016; Pilling, 2012). This acute monitoring will alert the author that no matter how far along in the change process the team is, they must go back to their ODSC framework to analyze the problem (see Figure 8). In the instance that was just described regarding the racialized counsellor, the Power Analysis (PO) and Community Organizing (CO) aspects of the change must be revisited for everyone to feel comfortable. Clearly the counsellor is struggling with the organizational design (OD) focus of the change, and perhaps in the next

PLC meeting the author may gently focus the team back along the dialect towards the activist

nature of the program (see Figure 3, chapter 1). In this way, the author shows that they are

representative of the team, and share the same values. Such give-and-take may slow the change

process, and even jeopardize progress made previously, though within the critical-team

leadership approach such issues must not be ignored in a socially just workplace (Pilling, 2012).

Therefore, the author must not be too rigid in their perception of the data gained from

monitoring. It must be a slow, reflective process, aided by the developmental, emergent nature of

the change process.

The monitoring and evaluation for change is incredibly important to identify what is

working, and where resistance may lie. However, without a clear plan of communicating these

findings to the team, the author risks sending mixed signals that could impede the change process

(Cawsey et al., 2016). In the next section, the communication plan for the entire change process

will be shared, beginning with furthering the description on how to communicate the need for

change as outlined in chapter 1.

Plan to Communicate the Need for Change and the Change Process

When a leader communicates the need for change, they are in a sense attempting to elicit

the deep desire for an altered, more positive future state within their workers. The

communication beyond the need for change must also be done openly and transparently to ensure

trust among all stakeholders (Bolman & Deal, 2017; Cawsey et al., 2016). This section

 will first explore the details of the plan to communicate the change, and then delve deeper into

the channels and strategies used for communication, identifying how these will shift depending

on the stakeholders involved.

The communication plan is harnessed by critical-team leadership through a constant assessment of how the information is distributed to the team, and how the team can work with and conceptualize the data collaboratively. This relates back to the leadership approach outlined in chapter 2, as influenced by Hill's (2016) decision making model. The author will normally use the gathering and communication of data in this leadership approach to intervene *externally* (see Figure 6, chapter 2). Although at times, especially within group supervision, the critical-team leader will engage internally, directly with the team. This principle of shared decision-making will be utilized for the communication of the change to be handled in a reflective, robust manner that involves the entire ACT team (Pearce, Conger, & Locke, 2008). When conflicts arise, the focus on shared values, the strive towards social justice, and a constant assessment of what makes the team a *real team* will be brought to the surface (Northouse, 2016). The concept of a *real team* was discussed in chapter 1 and is an important guiding principles of the author's critical-team leadership approach.

The impact of the critical-team leadership approach has been assessed and the effect it has on the communication strategies of the change plan. The social justice critical nature of the approach must be explained to provide a foundation for the decisions made throughout the communication process. Below, the plan to build the awareness for change is outlined, and a robust plan for communication is presented.

Building Awareness of the Need for Change

This author has choice in the matter of how he will exert his influence to incite the need for change in the ACT program. However, merely having a choice does not mean that all tactics used will be equally effective. In chapter 2, as discussed in Solution #3, both push and pull tactics will be used to develop the need for change. There are many ways that a leader can

conceptualize influencing strategies to communicate the need for change, and a meta-analytic

review by Lee and colleagues (2018), cited 11 from the literature. Most of these 11 tactics

identified what Falbe and Yukl (1992) noticed over 20 years ago as *pull* factors that have an

inspirational appeal for the workers (Cawsey et al., 2016). For the purposes of this OIP, the

influencing tactics can be simplified into *push* and *pull* factors. While push strategies relate to

inspirational appeal, push factors attempt to influence the need for change through more

ambitious persuasion that could result in workers' becoming defensive and resistant to change

(Cawsey et al., 2016; Lee et al., 2018). As Table 7 shows, there is a mixture of both push and

pull factors this leader will utilize for communicating change. Although there will be a

combination of both utilized, the author will rely more heavily on the pull factors.

Table 7.

Push and Pull Factors. Used to Communicate the Need for Change.

Push	Pull
Program Sustainability Public's expectations Accountability to funders and the public	Opioid Crisis Need for equitable youth services Better client care Further growth and development

Note. Table depicts outline of push and pull factors

The quest for better service delivery impacts the clients and community the ACT

program serves. At the time this OIP is being created, the opioid crisis and access to harm

reduction services in Ontario is of grave importance, with death rates over 1,000 for Ontario

alone in 2018 (Public Health Ontario, 2019). The necessity to provide youth with equitable

treatment is in line with the mandate of the agency and the harm reduction philosophy of the

ACT counsellors (Roe, 2005). In terms of the push factors, the counsellors still have a sense of

pride and duty towards the organization, and understand the macro forces at play in terms of the

social service sector. In this way, some counsellors may experience the push factor as a pull

factor and vise-verse. To be sure, the ACT counsellors have communicated that they struggle just

as much with the dialectic of the problem within this OIP as the author does.

The struggle of balancing the dialectic of following program objectives and maintaining

an activist ethos in ones' work, influences the communication strategy of the plan. Different

stakeholders must be carefully considered in each phase of the communication. Within the

critical-team leadership approach, the participatory involvement of the client community is

important. As a critical, ethical framework will be utilized to support the entire change process, it

is particularly relevant when deciding who will be included in the need for change (Gardiner &

Tenuto, 2015). By including the clients through survey's using appreciative inquiry, the results

can be utilized as a pull factor to assist in the need for change (Johnson & Leavitt, 2001). There

will be less resistance if both the critical ethical considerations are followed, as well as respect

for the counsellor's activist mentality (De Ridder, 2004). Thus, even within communicating the

need for change, the dialectic of the PoP is balanced. The phases of the communication plan, as

outlined by Cawsey and colleagues (2016) are outlined below in Table 8, and the *need for*

change is shown in the first two columns.

Table 8

Overview of Developing the Need for Change

Pre-Change Phase	Developing the Need for Change	Midstream Change Phase	Confirming the Change Phase
-Management will be spoken to directly face to face in order to sell the idea of change. The change mandate is directly in line with manager's and organizations beliefs and assumptions. -Management is highly supportive of staff and	-Use of push-pull factors (Cawsey et al., 2016) -Group analysis of the problem to empower the team -Ethical considerations: involve clients through survey's of what they need. -Environmental scans to reduce anxiety.	Focus on face to face interaction that emphasizes openness and enhanced communication. Various other mediums will also be intently relied on continuously using technology, within the team. Survey's will track people's engagement,	Continuous celebration of changes both in terms in reference to the problem of practice, as well as the goals within the solution. Includes both quantitative and qualitative data confirming success.

gives autonomy to middle managers and supervisors.	-Supervisory justice -Influencing Strategies: Education & Communication; Participation and Involvement	excitement or ambivalence. Compile and share quantitative data regarding program statistics from internal database.	

Note. The table depicts the phases for communicating change. Adapted from Cawsey and colleagues (2016)

To provide context to Table 8, Column 1, the author will outline the key strategies that will be used to communicate the need for change. First, counsellors will come together with the author 2 to 3 times in the boardroom, utilizing group supervision time in order to interrogate the problem of practice. The purpose of this interrogation is to utilize a "bottom-up" creation of the problem in order to elicit the highest amount of agreement and compliance within the counsellors (Cawsey et al., 2016, p. 122). This will be done using Freirean principles as shown within the change model for this OIP. As described in chapter 2, the uniqueness of both the Freirean change model and the critical-team leadership approach is that they are inherently emancipatory in their design, and therefore aid in the communication with both their structure and substance (Freire, 1993; Jenlink, 2017).

In reference to Table 8, at the beginning of the change model the *dialoguing* phase "presupposes equality amongst participants" (Freire Institute, 2019, p. 5), and therefore will aid in *supervisory justice* to assist in the change process and reduced perceived threat (Koivisto, Lipponen, & Platow, 2013). This also acts as a preventative measure to lessen resistance to change later in the process. During the *codification* phase, the team can gather artifacts such as the published documents, pamphlets, and external online databases that market the ACT program as short term counselling and education (Freire, 1996; Senge, 2006; Schein, 2017). This will provide focus and evidence that the problem exists, yet provides the counsellors with autonomy

to explore this on their own and within the group, adhering to the critical-team leadership

approach. The problem identification then, is also an emergent process in line with the emergent

nature of the solution to the problem.

As a critical, ethical framework will be utilized to support the entire change process, it is

particularly relevant when deciding who will be included in the need for change. By including

the clients through survey's using appreciative inquiry, the results can be utilized as a pull factor

to assist in the need for change (Johnson & Leavitt, 2001). There will be less resistance if both

the critical ethical considerations are followed, as well as the activist mentality respected (De

Ridder, 2004). Thus, even within communicating the need for change, the dialectic of the PoP is

balanced.

Vision for change. The vision for change will be broad to capture everyone along the

spectrum of change (Cawsey et al., 2016). Change vision will seek to appeal to: (1) Higher order

purpose of the team, (2) Shared values of the team (Cawsey et al., 2016). A vision for change

will be developed by the group. This is not to be confused with the solution to develop a learning

culture that leads to a shared vision. The vision indicates the desired future state, and indicates

the gap of the current state to the future state of the ACT program (Cawsey et al., 2016)

Due to the artifacts to be analyzed in the *dialoguing* and *codification* phase, as well as the

internal and external data, the author believe that there will be enough consensus generated to

create a clear vision for change. This will also assist in reducing the amount of resistance toward

change, as the autonomy within the group is once again heightened throughout the

communication of the need for change (Cawsey et al., 2016; Cole, Harris, Bernerth, 2006;

Schein, 2017). The vision for change will also be analyzed together with the group based on the

Organizational Development for Social Change (ODSC) framework in chapter 2, to assist in identifying the gaps between the current and future state (Sinclair & Russ, 2006).

Strategy for Communication. The plan for communication is of course connected to the type of change being undertaken. As per the criteria that Cawsey and colleagues (2016) state, the change will be emergent as it is "incremental" and "challenging" (p. 302). The ACT program already has an environment to support emergent change due to the nature of the counsellor's roles and the need to be flexible within their counselling to the community, as well as the learning culture inherent within clinical supervision (Bogo & McKnight, 2006). This gives the team the climatic conditions of knowledge creation and creativity that have been shown to foster emergent change (Maimone & Sinclair, 2014).

The plan for communication is detailed in Table 9 below, and highlights the 3 key stakeholders that were discussed at the beginning of this section: management, counsellors, and clients. Face-to-face communication will be provided as the medium for all stakeholders, as it not only is an effective way to distribute information, but also may buffer potential setbacks in the change plan later on. As Hill, Offermann, and Thomas (2019) have found, face-to-face communication can mitigate against negative team affect. Being able to use technology as a channel for communicating change is also particularly important across large urban geographical distances, and has been shown to increase trust and a feeling of wholeness within work teams (Stawnicza, 2015). These communication channels are continuous throughout the change process, and as shown in Table 9 within the *Rationale* column, always contain the social justice, emancipatory principles so important to the critical-team leadership approach.

Table 9.

Plan for Communication

Stakeholder	Medium	Form of Communication	Rationale	When does it occur within the theory of change?
Management	-face to face -email	-Informal communication "FYI's" and updates -Monthly manager meetings -Management cc'd in emails outlining successes	-Lower priority -Highly supportive of change -Maintenance of senior manager's approval	*-Dialoguing* *-Identification of Generating Themes* *-Conscientization*
Counsellors	-face to face -email -phone (What's App)	-direct communication at PLC's, group supervision, individual supervision. -frequent communication over "what's app" concerning group successes. -surveymonkey.com once per month -informal communication of positive aspects of counsellor's actions -Developmental evaluation integrated throughout communication	-Within PLC's, quantitative internal data will be shared to generate reflection and show the "action" component is working. -continued, frequent communication of change and successes will stimulate informal communication and collaboration among staff using technologies available. -survey's allow leader to make adjustments and judge team climate during change -Create an atmosphere where counsellors can voice concerns	-Throughout entire change process (*Dialoguing, Codification, Decodification, Identification of Generative Themes, Conscientization*) -Frequent during PLC's and group supervision.
Clients	-Face to face -email	-Appreciative inquiry principles used for survey and conversations to collect data	-principles of empowerment and participatory engagement within the change process -adhering to ethical principles -integrity of program maintained and reduced resistance from counsellors	-Required most within beginning stages of *dialoguing and codification*. -Can be used as a summative evaluation tool towards end of year.

Note: Plan for communication.

This will ensure a community spirit that is in line with the leadership framework, change model, and organizational strategy.

As De Ridder's (2004) stance suggests, from a manager's perspective, community spirit is important for the strategic direction of an organization. Throughout the internal communication that is taking place, the critical-team leader will use the safe holding space to build trust even when stakeholders may not appreciate the information being provided. As mentioned above, the informal means of communication within teams has been shown to increase trust. Within De Ridder's (2004) empirical research, he also discovered that trust in management has a direct causal effect on commitment. Additionally, task-related communication affects worker's commitment, and non-task-related communication affects trust. As per the information outlined in chapter 1 and 2 of this OIP, the communication will be heavily centered

on the intimate group environment of the eight ACT counsellors within the program. Fortunately, the critical-team leadership approach holds relationships and informal, non-task related communication with the highest respect, and will do so throughout the OIP and beyond.

Within this section, the author has outlined the plan for communication that includes three key stakeholders: management, counsellors, and clients. The importance placed on communicating in a social justice oriented approach, it is hoped, has not been understated. As mentioned earlier, the process of change will be an emergent phenomenon that can be controlled only so much as the author and team is able to adapt. In the next section, the author will explore how this emergent change might look in the future, and what the leadership can do to make the most positive impact possible on both the team and the community accessing services.

Next Steps and Future Considerations

There is no limit or clear marker as to how the ACT team and the author may progress after strengthening the learning culture and creating a shared vision. The balancing of the problem of practice is a never-ending threat to the sustainability of the program, and should be engaged with through constant reflection. The external factors of a neoliberal social service sector increasingly threaten client safety in the eyes of harm reduction workers and those in registered healthcare professions who practice with a critical lens (Johnstone, Lee, Connelly, 2017). To combat this the deep learning and final *conscientization* gained from the change will instill reflexivity within the work of the counsellors, for improved sustainability of uniform service delivery. This will serve as a tool for the entire team to analyze their practice, hopefully through the ODSC framework philosophy, to balance their activist ethos.

As Schein (2017) suggests, the counsellors may also be labelled as a "family group" of learners within the ACT team (p. 329). With turn-over bound to happen, it is these learning

groups that will engage with new staff to bring them in to the learning culture that has been

established. This can also extend to the entire YOH department, perhaps sparked by the

workshops presented by the ACT team as part of the goals embedded within the solution. The

sustainability of the learning culture is key in this regard, as new workers "should not feel like

deviants if they decide to engage in the new learning" (Schein, 2017, p. 329).

Perhaps more exciting than sustaining the learning culture or developing professional

development within the ACT program, is the notion of sharing the new learning with other

agencies as a *next step*. Smith and Wilson (2007) offer a map that demonstrates the

organizational conditions and staff characteristics that promote this active collaboration among

agencies. Within the critical-team leadership model, in the initial decision-making framework

the author will typically decide to act externally to the team to move change forward (see Figure

3, chapter 1). Therefore, this is not only in line with critical theory that seeks to make changes in

the system, but also in the details within the framework of the author's leadership model.

Furthermore, collaboration with other agencies addresses concerns that may illuminate from the

problem of practice. One of these concerns is that counsellors will be reluctant to discontinue

their sporadic service delivery for fear that their client will not receive the services they need.

By utilizing the environmental scan and force field analysis within the OIP, the author can

identify the agencies to collaborate with to produce the best results for the community.

Final Reflections

This Organizational Improvement Plan (OIP) has identified a problem that is not unique

to the ACT team. Many social service agencies, leaders, and human service professionals find

themselves struggling with balancing the dialectic of organizational need with the activist ethos

of both staff and leadership alike (Baines, 2007; Johnstone, Lee, & Connelly, 2017). This OIP

has analyzed, from multiple perspectives, the problem of practice that explored how to strengthen the lack of uniform service delivery within the ACT team, while maintaining the counsellor's activist ethos. Due to the complexity of the nature of the problem, and the deeper ontological issues it presents for some within the field, it was imperative that both the leadership philosophy and the theory of change were rooted in critical thought. Therefore, a critical-team leadership approach led the change, while Freire's (1993) powerful and timeless constructs were chosen to provide the model to drive change forward. It is hoped that the solution is robust enough to withstand the turbulent times the social service sector continuously finds itself in. By strengthening the learning culture that focuses on a shared vision, it is hoped that the critical consciousness that emerges can interrogate the dialectic that afflicts the ACT team, and empower the counsellors to adjust their behaviours and assumptions. In this way, they will achieve uniform service delivery to their clients, while maintaining their activist ethos that allowed them to enter this important work to begin with.

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