

[Derek.Captioner is Live]

SPEAKER:

During the presentation, your lines will remain on listen only. If you require assistance at any time, a coordinator will be happy to assist you. I would like to advise all parties that this conference is being recorded. And now I would like to hand over to Helen.

SPEAKER:

Thank you, Nigel. Good morning, everyone.

It is fantastic to see so many of you joining us again today.

The whole idea is about building a community of people who work in health and care, who use health and care services and have connections with health and care. It is about how we can connect and learn with each other. Obviously we have the modules on the learning from that, but I hope our opportunities to connect and learn will go way beyond that.

It is great already that so many of you are using the chat box to connect and say hello. Again, we get a real sense of what an amazing global community we have as part of the School for Health and Care Radicals.

We hope that many of you will tweet during the next 90 minutes using our hashtag, #shcr. We have a very active Facebook group, School for Radicals, and lots of conversations going on through the week and long may that continue.

We will be doing a summary of the discussion after each of the five modules using Pinterest. We hope that many of you will continue to join us every Wednesday at 4 PM-5 PM, UK time, and whatever time it is where you are in the world, again using our hashtag, #shcr.

Our team today for module two, I'm Helen Bevan. I'm leading the session today. I will be joined by our learning lead Pip Hardy, and she will reflect on the learning.

Jodi Brown is keeping an eye on Twitter, and already there is a phenomenal amount of activity, and Dominic Cushman has the impossible task of trying to keep on top of, and summarise, what is happening with regard to the chat box.

And we are also joined today by two of our own alumni from the School of Health and Care Radicals 2014, Simon Platt and Michaela Finnegan. They will be telling their stories a little bit further on in the proceedings.

We want some icebreaking activities that everyone can join in. And our theme today is around building

alliances the change. So how do we connect with and relate with other people?

I am shortly going to hand over to Jodi, who is going to lead us in this process. But what I want to do is introduce the exercise first.

So very much a theme of the School for Health and Care Radicals is around collaborating, building community, working in ways that are very relational. And this is one of the models that we really like that comes from Oscar Berg. What he talks about is many other ways that our organisation is focused on change towards our goal and trying to create value for our organisation in the things that are showing here above the waterline. We form project teams or improvement teams, and we coordinate and take action. But really, where the real magic happens is under the waterline. It is about these kinds of activities that are about connecting, communicating, Having conversations, working in very different ways.

What I wanted to do as our first exercise together is say, in terms of where you spend your time, which of these activities in this pyramid are you spending most time at present? And you can only choose one. What Jodi is going to do is show you how to do this.

Jodi, I am handing over presenting rights to you, so you can take us through this exercise.

SPEAKER:

Good morning, everybody. It is Jodi Brown here. We love the arrows that you used last week, so we want to make sure that everybody knows how to use them. So if you look in the top left-hand corner of your screen, you should see a little arrow.

When you click on that, it goes dark grey. All you then need to do is click on the activity that you spend the most time in, so great. This is just amazing, seeing all these names coming through. I suppose the only problem now is, people can't actually see what the labels are! Wow!

Fantastic. Loads of activity going on under the water line there, Helen. Brilliant!

SPEAKER:

Jodi, I can't see the arrows. Can other people see the arrows?

SPEAKER:

Yeah.

SPEAKER:

OK, just me.

SPEAKER:

I will take a picture of it for you, Helen.

SPEAKER:

That is great, we can put it on the website.

SPEAKER:

We are going to move onto the next... We have a few more coming through. I will countdown, three, two, one... Onto the next slide.

This is a bit more of an emotional question. What is your attitude to change that you are currently involved in at the moment?

You say, "Bring it on, this is great, I want to get involved."

"Does it make you nervous?" That is the middle one.

The one on the right-hand side, "It is just part of my job, it is nothing special, it is what I have to do day-to-day."

The options are, left-hand side, "Bring it on." Middle, "It makes me nervous." Right-hand side, "It's my job."

Interesting. What I would actually like to see, Helen, is in the chat box and on Twitter, if people can explain what it is it's like it being their job, is it because they feel they have to do it, or is it something they think about that is different from a day job? It would be interesting to see the underlying reason.

As we would expect with change agents and change activists, there is an awful lot of people on the left-hand side that are saying, "Bring it on I am not scared of this." A few people in the middle, and that is fine. That is what this program is about. We really encourage those people to tweet and chat, and we can work through that and help you build your confidence.

I am now going to hand back to Helen. Thank you everybody for taking part. We are now going to carry on with module two.

Sorry, everybody. I am having a slight technical issue handing back to Helen. If Nigel is there, Nigel can help as well.

SPEAKER:

Can you help us out, please?

SPEAKER:

Helen is also missing from the panellist list here as well. Helen, you may need to rejoin the WebEx.

SPEAKER:

OK, that's fine.

Perhaps you could enter some comments in the chat box around why it is that you have either chosen

would you have chosen. It would be interesting to understand your thinking behind those points. Sorry, Dom, it is going to create lots of chat for you going on there.

SPEAKER:

Lots of conversation going on.

SPEAKER:

Sorry, everybody. Just a small technical hitch. Helen is still with us, she is just not on the WebEx.

Dom, what are people saying in there?

SPEAKER:

A lot of people think it is part of their job. Change is everybody's job. A lot of people agreeing. "I help people to make positive changes, doing the best we can in the roles we have."

SPEAKER:

Absolutely. For me, personally, I said it is part of my job, but I also feel very much the bring it on. It is not either/or. For a lot of people, if you feel it is part of your job, then you have probably got that positive attitude towards it.

SPEAKER:

Yeah. There are quite a few people agreeing with that. I will summarise this in a bit. I can't keep up at all.

SPEAKER:

I am just coming back on now.

SPEAKER:

Well done. Helen is back in the room. So I am going to pass over.

SPEAKER:

Nigel, can you hand over the on-screen tools to Helen.

SPEAKER:

Here I am back again, sorry about that.

So, we are now on module two, building alliances the change. And I am just getting... I have got them all back, that is great.

I can't actually see... OK, here we go. Fantastic.

OK, if I could... I am just having trouble getting the slides. Nigel, can we move things on to slide six, which says module...

I am having a little bit of trouble here. Here we go, great. And I can't see my camera either.

So can we get me a camera back, Nigel?

SPEAKER:

You should have that facility available, Helen.

SPEAKER:

It isn't on my screen.

So, I can't see a camera on my screen. But I will carry on.

SPEAKER:

Try it now, Helen.

SPEAKER:

I still can't see a camera on my screen by myself. Nigel has made me the presenter but I can't see the camera.

So, someone is coming to help me. Let's keep going anyway. So this is module number two of five modules, and our particular topic is about building alliances for change.

Just to put this in the context of what we said last time... I can't move the slides on either. It is not allowing me to move the slides on and I haven't got a screen.

SPEAKER:

Helen, you may need to leave the WebEx and rejoin again.

SPEAKER:

OK, Jodi and Dominic, can you talk a little bit about what is coming through in the chat box and what we are seeing on the Twitter and I will reboot.

SPEAKER:

Can you hand the ball over to me, Helen.

SPEAKER:

Yeah, sure.

SPEAKER:

Those that have asked and can hear me fine, the module two study guide, I have posted the link in the chat board.

SPEAKER:

Jodi, you are fine now. That is great. I will be back very, very quickly.

SPEAKER:

There is lots of support for you coming out of the chat box.

SPEAKER:

It's not great but we will get there.

SPEAKER:

People saying to carry on and not to worry. That is absolutely fine.

SPEAKER:

Just turn it off and turn it back on again, that is coming from everybody.

SPEAKER:

I think this is a really good point, actually. Just to let everybody know, I don't think you will all be aware, but this is the very first time that we have run one of our school modules with live captioning available. And this all came about because of someone, Helen Cherry, I have seen Helen on Twitter quite a bit, and every time there is a webinar or something going on, Helen Cherry always pops up with, "What about me? I can't join in."

It is important to make these programs accessible, so Kate Pound behind the scene has been doing a sterling job of liaising with various people to make sure that we can provide the program to people who have hearing impairment or are in the deaf community.

Helen is posting now, she says the captions are great. Everybody can see what you are saying. This is an important change we have done here. Very easily, and in a small amount of time, we have managed to get this facility, so that we can be more inclusive now. I don't know if anyone else is joining Helen with the live captioning, but I just wanted to say first of all, thank you to Helen for raising this to our attention and making us make the change. But also to Kate for pushing this forward. Brilliant.

So, we are having a few questions...

SPEAKER:

I am back now. Jodi, if you make me the presenter and I can see a camera. I think we are good.

SPEAKER:

It sounds positive. Helen, you are back on. Thank you, everybody.

SPEAKER:

We are back now. Our theme today is around building alliances for change. And again, the whole idea behind this is we can't be a radical on our own. We have to build alliances with other people, we have to build communities for change. What we are also going to look at in this module is how we can learn from leaders of social movements, thinking about the leaders of movements like the American civil

rights movement, or the women's suffrage movement, or the gay rights movement, or for environmental campaigners of the 1970s who were so effective.

These people had no power in a hierarchical sense. They had no resources and they were able to mobilise others and take actions to change the world. So what can we learn from these leaders?

[Rebecca.Uk.Captioner is Live]

We will look at framing. The whole idea of framing and how we put our messages across to mobilise change is, I think, one of the key pieces of learning we can take from social movements leaders.

We're going to talk about how we build alliances and with people who are currently disconnected. Hopefully we will get to the next hour and a bit with no more technical issues and we will get as far as questions and a call to action.

If we think back to last week and module one, two of the key messages that came from that module. The first one is that every one of us as a change agent has the ability to make a difference.

And we can't do it on our own. Again, if you remember back to when we looked at the slide about the difference between a rebel and a troublemaker. And what enable someone to stay as a rebel and not slide down the slippery slope to being a troublemaker. What we said was one of the key aspects of this is we have to come together with other people. We have to build alliances.

That can be really difficult. Often, as radicals or rebels or the people that are challenging the status quo, we can feel very different to other people. It can be a very lonely life.

I like this, one of our participants in the school, Anne-Marie Sawyer said, sometimes I don't like I'm a visitor from the future, frustrated by the slowness of change. That brought him to meet this issue about how we can for different sometimes and we can feel very alone.

We got some really great advice from Anne-Marie from Julian start, as he said this is a small step on a big journey. You are the vanguard. That is really great advice and that is what we are going to be doing today.

This is excellent advice as well from Seth Gooding. We as radicals and rebels and change activists and people that challenge the status quo, it often makes us outliers. The easiest way to thrive as an outlier is to avoid being one.

Again, excellent advice.

Just going back to module one, we talked about leading change in this new era. We talked about the prevalent approach in change and performance improvement in health and care is this dominant approach on the left-hand side here.

This emerging direction is coming, it's almost overlaid on the top, which is much more social.

What this is saying to us is that the skills we need as change agent in the future, we absolutely need to be able to live in this world of the dominant approach but increasingly it is about power through connection. It's about networks. It's about relationships. That is where we need to go.

We need to build community. That's one of the key things we should be doing is change agents. So what do we mean by that?

A community can be a locality, it can be a place. Many of you have been building communities in terms of groups around the school. A number of the communities that you have been building are based around particular geographical localities. That is great.

It is a group of people that come together because they have a shared interest or a shared purpose. Something that is a change outcome we want to achieve together.

It also community. It's an emotional thing. It's a sense of belonging. We talk about community spirit, but what binds us as a community? Typically, it's an emotional level, it's a value driven level.

I really love this quote from Margaret Wheatley. She says there is no power for change greatly than a community discovering what it cares about.

I think there is such power in that.

These are some ideas here from Millicent Merchant, and she is someone who influences me greatly and she writes a lot about how the world is changing. One of the things she says is that power used to come largely through and from big institutions. The people who had the power were the people that had the positional power. The institutional authority. The people at the top of the organisation.

But power is shifting. It comes from people who are connected in community. In a sense, that is what we're trained to do with this goal by health and care radicals. We are trying to connect in community and build powerful change. And when a community invest in an idea, it co-owns the success of the idea.

Very often, in our world of health and care, we talk about the spread and scale of change. How can we scale up the change? I think we have to look at it in a different way. I think what Millicent Merchant said he is very helpful. We have a whole new way to create scale. Instead of having a view of change where somebody at the top of a system is trying to get it down through the system, actually we can build it in a very powerful way through a community.

One of the things we really love about the school is just how many communities are springing up. Here on this screen we have got a whole series of the communities that you have been building to try and come together around the learning of the school.

I know we haven't captured all of them, so if you are working with other people or you are in an organisational setting or a geographical setting or a special set of interest, and you are coming together with other people for this school, can you either put it in the chat or tweeted so we know you are coming together as a group? We would really love that.

So every one of us is a change agent. We need to be thinking who are our communities? Who are your communities with regards to your role? Around the relationships you have in your social network. To what extent are you part of a bigger community through social networks like Twitter and Facebook, and LinkedIn. In what sense are you part of a community because you work with learning groups or in communities of practice? It's really worth thinking about your communities are.

Just thinking about this, around budding community, but not just community for the sake of community, but community because we want to make a difference and we want to create a better world. We can learn greatly from social movements.

I very much like this quote from Rebecca Solnit. To me, it really makes the sense of these ideas and widely social change ideas. When we talk about the social change reordering to create, we talk about movement. And when we talk about movement, it is full of movement. Fast groups of people walking together anything one way behind and travelling towards another.

I think that is what we aspire to be. We can learn greatly from social movement leaders. One thing I wanted to tell you about was a little book that I was part of a while ago which is called the Power of One, The Power of Many, bringing social movement thinking to healthcare and improvement.. We've uploaded that is light share. You can download that whole book. There is a lot of ideas there and inspirations about applying social movement thinking to healthcare and improvement.

I really like this picture. This epitomises the difference between many of the ways we think about change in health and applying social movement ideas. Maybe we don't want to apply this way. Maybe we want evidence-based change and peer review.

When we think about what are the characteristics of people and groups and social movements. There are many social movements, and some of them are affected and some of them are less affected. But when you look at the evidence around what makes an effective social movement, these are characteristics that are important for us with regards to the kind of change strategies and change approaches that we are part of.

So what do we know? First of all, people share a sense of purpose. There was a really clear purpose. We are not teaching for the sake of it, there is a purpose. That underpins all collaborations, all discussions, or the actions we take.

The second thing we see is people are united. We are not saying people have to think the same be the same. But people that work very effectively in a social movement way have learned to manage their differences very well, because we may have very different views on very different experiences, but with regard to our particular purpose, we are able to unite around it.

We don't hide the differences or pretend they are not there, we debate and discuss them.

The third character we see is the understanding, showing the understanding that we are not moving forward because we've got to. We really understand what is going on, what the challenges are and what has to be done. We are connecting that he values.

Number four, people take part. They participate. Lots and lots of people and goods and organisations in the system are very active. And they are not just active in terms of talking about things meeting, they are active in getting things done.

Number five, they take initiative. Rather than thinking someone else is doing this and I can't do this, and reacting to things, they are proactive in making things forward.

The last characteristic we see is people take action. They do what we need to do to make the thing happen. I think that this is a really good list of six characteristics. We should be applying this to every change initiative or community that we are part of. I think this list applies equally to us.

I think over the years, we have had lots of opportunities and tests of taking many of the social movement ideas and approaches and applying them to our own change of thinking. I think there is much much more opportunity to do that.

What we want to do today is take some of the learning from some of the ways already that we have tried to use the social movement ideas and into our change projects.

Here is an idea or a way of thinking about leadership that I think is inspired by this social movement thinking. This comes from Jim Keyes and he says, "What is leadership? Leadership is the art of mobilising others to want to struggle for set aspirations."

I think this is great. If organisational development, but it's a great social movements spirited definition of leadership.

What is our job as leaders of change? Is to mobilise other people to want to struggle for something we all believe in.

So I think one of the most helpful ways that social movement thinking can be utilised in our world is to think about strategy. Often, when we think about strategy or change strategy, we look out and say, "What is happening in our world and what we need to do?" And we create a strategic plan and a programme planners are one.

If we look at it from a social movement point of view, strategy is a different thing. It is a process of turning all the resources that we have and often we have really fantastic resources into the power we need to win the change we want.

So basically, it's about strategy as a way of achieving the outcomes we require, but doing it in a way that that starts with resources.

But I'd say it is a very different view of resources. Often, in health and care, one we think of resources and resources for change, we often think about economic resources. What we mean by these are we have a finite amount of resource and the more we use it the more it diminishes. We have a certain amount of money to spend on change, or a certain number of whole time equivalents people, or a certain number of materials technology.

But the more we use it, the less is available. But that is really different to social movement thinking. These are the kind of resources that the more we use them, the more they grow. These are the kind of resources that are about the things we were talking about today. They are about relationships and connections. They are about commitment to our purpose. They are about community.

Let's go back to their definition of strategy. How do we turn all those resources, the natural resources that keep growing, into the parable we need to get the change we want? I think that that is an excellent way of thinking about strategy for change agents.

[Derek.Captioner is Live]

I would say the number one message and learning that we take from social movement leaders, and the ability to grow our resources and use those resources to get the outcomes we want, is this issue of framing. And what I have done here is taken a pretty classic definition from the social movement literature.

"And framing is a process by which we as leaders or change agents, we construct or build our message, and we put it across in a way that is powerful and compelling, and gets people to take action."

When you look at the effect of social movement leaders, this is something that they do really well. And again, thinking about this in our context. We see people here that are part of a social movement, you know? What the financial incentive for these people? Who is performance managing them? Where is the product plan? It isn't there. It is about connecting with what really matters to people.

And I would say, this whole idea of framing and the learning that we can take from social movement thinking is really, really pertinent in our situation. And this is some research that was done by McKinsey. And what the McKinsey research has found is, what organisational leaders care about, and typically based about 80% of their message to the workforce on, doesn't tap into around 80% of the primary motivators of the workforce for putting energy into the change programme. And that is a really shocking thing. What it is saying is that 80% of the message that leaders are getting across doesn't connect with 80% of what would motivate people to get involved in change.

It seems to me that we can actually learn greatly from the framing successes of social movement leaders. You know, how are we going to engage people in change? Are we saying, "Things here have

got to improve and we have Key Performance Indicators." Or are we saying, "I have a dream?" We have to start with building that sense of purpose.

Again, what we keep doing, this comes from an organisational development movement in the Netherlands, this change is coming and you need to be organised, but what we don't do is engage people enough in what is sense making. It isn't about the slogan of change, it is about making an emotional connection. Here, with our employees, but also beyond that, people that use our services with our communities and our partners.

You see the evidence is really clear. If we want people to take action, then what we have to do, the most effective way of doing that, it is connecting with their emotions, through values.

We need to think about what emotions we want to connect with. One thing we know is that not all emotions are equal.

This was a really seminal piece of research. This was published quite a few years ago, 2007. And what this research was about was, in the charitable sector, how did we frame the proposition, the corporate action, for people to donate money?

What these researchers basically found was that where we gave really shocking data, so there is a famine in a particular country, and hundreds of thousands of people are affected by this. Tens of thousands of people are starving to death, OK? When we framed the proposition in that way, people didn't necessarily donate. But when we framed the proposition as being about an individual person, and the reality of life for that individual person, people were far, far more likely to donate. And it goes back to this issue. If we want people to take action, whether it is donating or engaging in our change process, if we can connect at the level of emotions and values, people are far more likely to connect and if we show them statistics.

But not all emotions are equal. There are emotions that motivate people to take action, and there are emotions that inhibit people from taking action. So what we have got to be able to do is to work with these emotions that motivate people to overcome the emotions that inhibit.

So again, when we think about our framing, and the way we are putting our change I did across, we need to do it in a way that connects with these motivators for action. Let's think about this, how can we build a sense of urgency? If we don't take urgent action now, bad things will happen to our patients or service users to overcome inertia.

Think about anger and the things that we are really angry about because bad things are happening to people that shouldn't be happening, to overcome apathy.

How do we build a sense of hope and possibility, and potential, to overcome fear? How do we build alliances? How do we build a set of solidarity, working with other people to overcome isolation?

And finally, back to what we were talking about last week with self efficacy, how can we build a sense

that everyone of us can make a difference?

Just think about how you are putting your messages across, to connect with the emotions that get people to take action. And again, here's another quote, this one comes from (unknown term), as leaders, we must wait people out of inertia. We have got to get people excited about things they have never seen before, something that does not yet exist. We have got to make this connection."

What I would say is, we need to think about our own framing in terms of telling stories, OK? And getting our message across.

I would say that one of the key skills that we need as leaders of change is to be able to tell stories. And I really like this from Jonathan Harrison. He says, "I think people have begun to forget how powerful human stories are. People are exchanging their sense of empathy and connection."

It is important but it is just part of a story. The human self is the main story, and the data should enrich it. For us as change agents, that is absolutely spot on. I would say that if we are going to connect with people, call them to action, connect through emotions and values, then the most effective way of doing that is by Telling Stories.

Certainly in my world of the NHS, we have got much better at telling patient stories. Most boards, the board meets by telling a patient story. Patient stories are really, really important, but they are not enough, OK?

We have to be able to tell our own stories. If we don't tell our own stories as well then it is very hard to call people to action.

What happens is that when I tell my own story, people hear my values, they hear what's important to me. They hear about the choices that I have made. By doing that, people will connect with me. But it's really important in that context that we are authentic.

We have to be vulnerable in telling our own stories, and other people will hear it. And if we are not authentic, if we are not saying it as it really is, other people will hear it and they won't trust us.

Telling our own story and saying why this is important to me is great, but also it isn't enough. What we are trying to do by telling our stories is we are trying to create a sense of us. We are trying to call other people to action. So by telling my own story, people are hearing in my story how they can connect with me. And they are wanting to be, and hopefully other people are wanting to be part of this bigger picture.

Then the final thing we have to do in our stories is to build in a call for urgent action. We are telling our own stories and saying, "This is my story and this is why it is important to me." And I am using this to get other people to connect with my story, and want to be part of my call to action or my campaign. But I have to also built in the action that I want people to take. And that is why every one of these five modules, what we always do is have a call to action at the end of every week. And again, it is very

much part of this philosophy.

Just a few tips around telling our own stories, what we have got to be able to do, we have put here, "Show, don't tell." Don't tell people to do things. We want to be specific, we want to talk about specific moments of things happening to us, specific challenges, particular choices, specific outcomes. And talk about our specific values, and do that in a vivid way.

We know that evidence tells us that people are 40 times more likely to remember a story than they are to remember a fact or a piece of data because these specific situations, these specific stories, they just connect with us on so much of a deeper level.

I can't really stand here and tell you about the theory of storytelling without telling you a little bit of my story, and if you like, being a role model for this. So here goes...

This is me, here, on the left-hand side. And I am 18 years old. And I am a student of social science. I am somebody who is very passionate about people and society, and what makes people tick, and what happens in the world. And in a sense, that is why, even at a fairly young age I chose to be a social scientist.

And I am somebody that lives in a very poor community, there, as a student, and I am active in my community. I have a really strong belief in people around the world and where it needs to go, and the fact that everybody has a right education. Everybody has a right to health. And I am willing to put my money where my mouth is. So I am active with other people, trying to make change happen. And I really believe, at the age of 18, in the power to change the world.

I am going to show you another photo now, and this photo is me and it is four years later. And the question is, what happened?

What do you think happened? Put something... It was a very big change, what happened? Yeah, I went corporate. That's true. You got a job. I was working in local government, OK? As a trainee, I was at the start of my career.

I was really passionate that I had a sense of calling that I wanted to be a public servant. It was all I wanted to do. So I went to work and I started my career in local government.

All my motivation for going into local government were really good ones. But what happens is, you go into organisations, and what happens is, it is like the tentacles of normalisation, they get you, you know? You go in and you want to do a good job, and you want to be successful, and you want people to like you for what you do. So you just learn to conform.

So even though my motivation was a really good one, because I wanted to make a difference and I wanted to do good work, the reality of it was that I went in and I became an agent of the status quo.

[Rebecca.Uk.Captioner is Live]

I was in a scenario where I'd say there is no point shouting on street corners ordering local things, I am in the system now and I can make a difference. But what happened was I became an instrument of the system.

When I think about me now, I'm so much more connected with the 18 you will. In terms of who I am and how it operates in the world and how I think change happens, I think it happens far more this way than in that way.

I am really proud of who I was as an 18 year old and my aspirations for the world, and I'm still there.

So, let's hear from Simon. Are you there, Simon? Can we hear you?

SPEAKER:

I hear people can hear you.

SPEAKER:

As someone who took part in the School of Radicals in 2014, tell us about yourself.

SPEAKER:

Hello, everyone. It's very impressive, we got a lot of people.

My story, it's funny how many things is seen on the previous slides within my story. I was asked by one of the organisations I worked for to try and implement an improvement plan.

What happens when you get asked to do a service improvement plan is the seniors managers have a fair idea of what they would like to see improved, but there isn't much engagement of the workforce.

They were wondering where there wasn't too much of an uptake. The first challenge I had was to get people on board. It was quite an easy thing, but something that people tend not to think about too much.

As you already said, it's listening to people. There is no point in training to arrive with an agenda and hope people will jump on board, you need to, as Helen already mentioned, find that they are passionate about.

We spent some time just speaking with the workforce asking them what mattered to them, what do they want to see improved?

In terms of how I was authentic and responded well, I looked at what some of those improvements were the staff had made, and I made them a promise that I would take those demands forward. Without that, you have got no trust. You need to build trust to move change forward.

So I promised I would try to get some of those initiatives along the way and indeed we did. With that

trust created, we did begin to get a following.

In terms of responding to the sense of us, there is always this sense of the exec team of the senior management team versus the workforce, and it's about putting everyone on an equal platform. That is exactly what we did. We gave everyone an opportunity to speak in open forms rather than separate meetings.

Finally, what was my call to action? I went back to the senior managers and said, "Look, you've gained the trust, you've got the attention of your workforce, now is the time for you to deliver." If you lose the momentum once you get people's trust and hope, you quickly lose momentum in your change. It's about how they took that forward.

And they did, it was a successful campaign. My stories around connection to listening and putting everyone on an equal platform.

SPEAKER:

That is a great story, Simon. If I was to say to you in terms of everybody here today who has taken part in the School of Health and Care of Radicals, what would be your number one piece of advice about telling stories?

SPEAKER:

Using stories, for me, like I say, the key thing is listening. The worst thing you can do is pick up thinking that a story you've already thought about will be the one to use. You don't know who your audience is.

My key piece of advice is spend time understanding who your audience is before you begin to tell the story, and that where you stand a better chance of having that successful interaction with the people you are trying to get on board or work with.

SPEAKER:

That is fantastic advice. Thank you so much, Simon.

We're going to hear a story from another alumnus... Or alumna of the School of Health and Medical 2014, Michaela. But before we do that, I want to stop so we can hear back from Jodi and Dominic about what is happening on twitter and what is happening in regard to the chat box.

Jodi, would you like to go first?

SPEAKER:

Hi, Helen. Thank you very much.

Twitter has been ridiculously busy again. It is so busy, I haven't had the chance to do the analytics on it. Can you hear me OK?

SPEAKER:

Loud and clear.

SPEAKER:

I've got a bit of feedback on my line, so apologies.

I think the thing coming over is the pair of social media and connections, and that is happening as we are talking on Twitter. We've got people like David Corbett saying he loves social media has alerted community to expand and how years been inspired by people he's never even met. That's a fantastic reflection.

Michelle says it's so great not to feel alone in this. I can relate to that.

And Tim Horton has come back to this idea of family renewing in. I love that idea that at the school now we're becoming a community, a family. There is that emotional connection as well.

Talking about sense making as an emotional connection, David Corbett says it's fascinating thinking about a motion and healthcare. It's a thought area for many clinicians. There's not much support and training in engaging in emotions. That is something we need to bear in mind. The emotional side of it doesn't come naturally to some people.

Finally, I want to pick up a few things in the data and the narratives. We've had a bit of a debate going on. An interesting debate.

Philip Pearson has set at risk of being too radical, he disagrees. He says that stories illustrate data, data first. Stories alone is met out Platonism.

Sheila has come back and says she can see it both ways. People can disengage from data, but we can't do without that data. I think that's an important discussion going on on Twitter. We have to know how to work with both sides of that argument and how to influence people.

Particularly like the idea of where the tentacles of normalisation, Helen. A lot of people relating to that.

I will finish by saying that Vicki Hewitt has said the best place to connect with your lost sense of optimism is photography. She has pitted the most wonderful family photograph of her holding a pledge where she is putting to connect with the optimism of her younger self. I thought that resonated really nicely with this story you told.

Lots of appreciation for Simon story, his reflexes and advice. And listening to talk.

SPEAKER:

Thank you so much, Jodi.

Dominic, tell us what is happening in the chat box.

SPEAKER:

Lots of love for Simon's story.

There is a comment from John Bryan which is all about the chaos theory, a butterfly's wings create a storm. That is a great point about real all individuals and together we can create a perfect storm to create change.

I think is interesting that what Jodi was saying about the data Karen Cox was saying. That intelligence, which should lead to wisdom, but people are very bad at using it, interpreting it, and analysing data effectively, but we still need to use it to tell a story. I can see these conversations continuing on after our webinar today.

SPEAKER:

Brilliant. It's really interesting today to see what is happening in the chat box. When Jodi said back from the twitter about the argument or conversation that is going on, the challenge about stories and data, it kind of flipped over to the chat box now.

That is great. We are truly multimedia. Thank you, Dominic.

SPEAKER:

No problem.

SPEAKER:

Great.

We are going to hear another story now. Hopefully Michaela is on the line. Can you hear me, Michaela?

SPEAKER:

I can.

SPEAKER:

Great. Tell us about your story and some of the power of using stories for change.

SPEAKER:

Thank you. I think the most important thing I would like to start with is listening to everybody's comments, you've almost encapsulated my learning from the school last year.

I think a lot of the things I heavily believe in are important to me, such as relationships and being very honest and being open and sharing and trying to help people. That is the kind of stuff that is inside me and I believe in, but actually the learning school put some examples behind that, which made it real. It's properly given me the confidence to use some of those softer skills in the work that I've been doing.

My advice will relate to pregnant mental health. I don't have a personal story of being affected by postnatal depression or psychosis through pregnancy, but what I was struck by it was these women who don't have a voice of a story.

Where I can relate that to my experience is when my mom passed away, she didn't have a voice. And I always said that if I could ever do anything different to help, I would help other people have a voice.

What I'm doing with respect to working with the community of women experiencing public mental health is building a trusted community so people feel confident to share their stories.

We've actually gone to what you've described as weak ties, we've not gone to those people who might have been even to us by a clinician. We've actually got a community through twitter and through Facebook.

There are thousands of women that are talking to us about their stories and are sharing, and we've been able to capture that and bring back to the forefront of commissioners, because if we talk about statistics, only 5% of these CCGs have perinatal mental health in their commissioning plans.

Suicide because of mental health issues is the leading cause of death in women in pregnancy, and to me, if you need a call to action, that's got to be it.

It's about taking other people's stories, adding that to my values and what I believe is important, and building trusting relationships and ensuring that we give people that voice to support our system to do the best for these women, for these families and for these babies.

SPEAKER:

That's wonderful. That is really wonderful to hear that and what I love about what you just said is the power of story to organise.

Can I ask you this in question, Michaela, that I asked Simon? In terms of the class of 2015 for the School of Health and Care Radicals, what would your number one piece of advice be around using story to call people to action?

SPEAKER:

I think don't be afraid to share your story, and don't be afraid of the notion. I'm a ESFP Myers Briggs, and I've learned through my corporate life to manage my emotions. But to do something apparently is very valid and very powerful, but you've got to make sure it is appropriate and people are protected.

But sharing your story, it makes people realise we're all human, we've all got hearts and for most of us what we want to do is make things better and help other people improve things.

SPEAKER:

Great. That's fantastic advice. I really want to thank Simon and I want to thank Michaela as well,

because I think you've demonstrated beautifully the power of story and why we need to build it into our change activity. Thank you both, and you are getting lots of appreciation in the chat box here, which is great.

The thing I wanted to go on to now, both Simon and Michaela were showing us how they used only to build a sense of us. And how we can use that sense of us to build momentum for change.

Very often, we are in the working environment or the way that the system appears to us, things can be very, very us and them.

I think the issue for us, taking the learning from the social movement leaders and wanting to change the world, we need to move from us and them to us and us. It's when we create a profound sense of us and asked that we get profound opportunity to make change happen.

If you remember back, it seems a long time ago but last week in module one we talked about the network sequence of great change agents. If you remember back to the second point we made there. If you want to create change on a very small scale, then work through a cohesive network which is a network of people like me.

[Derek.Captioner is Live]

If we want to create radical change, what we need to do is create bridges between different networks.

Another way of thinking about this and using a basic principle from social Network theory is to talk about strong ties versus weak ties. Whereas in the research that we look at last week, we talked about a cohesive Network, and we talked about a bridging Network, OK? It is the same basic principle. Different networks can work in different ways.

So, I'd say about 80-90% of change effort, certainly in my world of the NHS, are spread through strong ties. And what do we mean by a strong tie? A strong tie is interacting with someone like me. Wt is somebody who has got a similar kind of experience, a similar education, a similar beliefs and values. And when we are working through strong ties, then the change is peer-to-peer. GP to GP, social worker to social worker, nursed a nurse, community leaders to community leader. I am in a Network with people like me.

Influence gets spread because, generally, people who are strongly connected to each other in this kind of way are more likely to like each other, and to trust each other. And when it comes to networks, trust is such a big issue.

Again, when I went to improving school in the NHS, which was a very long time ago, I was taught that the best way to make change happen was peer-to-peer. And what I got taught, for instance, was, "Helen, don't you try to influence a family physician or GP, because it won't work." You have to find a GP that gets it, and use that person to spread the change message to the other GPs.

This is a predominant way that we go about creating change. And the reason why we do it is because it works. And it works because people are far more likely to be influenced to adopt new behaviours or new ways of working because somebody with whom they are closely tied influences them to do it.

So, there are big strengths to strong ties. So what I thought we would do is we will have a little brainstorm in the chat box now. And what I would like you to do, you know this idea of strong ties, what are the pros and what other cons?

First of all, in the chat box, can you have a go, what other benefits... Pop it in the chat box, working through strong ties? I know some of you have put the disadvantages already. Let's start with the advantages. What are some of the advantages? Great.

It is quicker. Same low which was the early adopters. Trust, common language. Common goals. Like-minded. Oh, my goodness me. More power. Same wavelength. Built efficiency. Shared ownership. Safetynet. Access.

Yes, lots and lots of reasons. That's great. For now, let's do the cons. So what are the disadvantages of working through strong ties?

Groupthink. Not much diversity of thought. We exclude people. No new ideas. Inward looking. Shut other people out. Diminished response ability. Limited vision. Keep talking to the same people. It is introspective. It gets too comfortable. Difficult to get change. Tunnel vision. Devices. Oh, my goodness me. There is lots and lots.

What we are saying is, there are very clear advantages around strong ties, but there are disadvantages too.

So actually, what we want to think about is not only, we want to work with the advantages of strong ties, and we also want to work with weak ties to overcome the disadvantages of strong ties.

When we start to spread change through weak ties, it is building these bridges. Going back to that Canadian research, building bridges between groups and individuals who were previously different and separate.

And when we work through weak ties, we create relationships that are based not on pre-existing similarities, people like us, but on what we are trying to achieve. The common purpose, the common commitment. And if we start to work through weak ties, we can mobilise all the resources in our organisational system or our community. Because the thing about strong ties is, like you said, they only take us so far. We can create change in an individual group, but we are not likely to innovate, and not likely to spread the change far.

But when we start work with weak ties, we start to spread much more widely. And I would say, as change agents, we need to be building weak ties as well as strong ones. And there are some very clear reasons why. And many of you have said this already in the chat box.

These weak ties are far more likely to lead to change a bigger scale, because they enable us to access a lot more people with fewer barriers. Because when you are working with strong ties, the edge of the relationship, or the edge of the peer-to-peer group is as far as the change will get. But when we are working with building ridges, and with weak ties, we can go a lot further.

Now what happens is, in situations of uncertainty, or when things are very difficult, like they are in the health and care system at the moment, we have a tendency to revert to our strong tie relationships, because there is a lot of fear in the system, and a lot of uncertainty. So when that is happening, we tend to stick with what we know.

And so, because we do that, we end up getting less innovation in a time when we need it more, because the evidence tells us that these weak ties are much more important. When it comes to searching out resources in times of scarcity, as it is through our weak ties that we get innovation, different perspectives, so in times of a lot scarcity, weak ties are a lot more useful.

And we know the most breakthrough innovations, the most radical change, will actually come when we tap into our weak ties. We want to use our strong ties, but we need to use our weak ties as well.

So let's think, what are some of the positives of weak ties, ways in which we connect much more strongly. Working through social media, certainly for me, social media has changed my life, because I can just connect with so many people across the world, just have access to lots and lots of different thinking. The latest ideas, the latest experience and practice. I would say social media is just an absolutely brilliant source of ability to connect beyond our own group.

The school and the way we set the school up is deliberately designed to create weak tie connections, to connect the disconnected. You can see that in the chat box and on Twitter, in the way that all sorts of people are connecting with each other who weren't connected before.

Another example is the Edge, which is our knowledge hub for change activists in health and care. It is set up the same. What the Edge does is it enables us to connect with lots of different resources and ideas, and experience. And I would say, moving forward we are going to be working more and more with weak ties, but we work in a health and care system where we also need strong ties. We need both.

What can we learn from the great social movement leaders about working with weak ties, with strong and weak ties? If you look at an evidence base, and the learning from social movement, and you think about the social movement leaders that were very successful, what they were able to do was to mobilise very, very good groups of people, and to create a very profound sense of us, and unite people who otherwise wouldn't have been united at all.

When you look at the narrative, the stories, if we analyse the stories that these great social movement leaders told, what we see is we see three components. So the first component we see is a diagnostic one. So even though we think very carefully and we have different views, and different backgrounds, if

we can come up with the same diagnosis, that is a really good starting point.

When we talk about diagnosis, what is the problem we are trying to address? What is the extent of the problem? What is the source or sources of the problem? Understanding the diagnosis and the nature of the problem, that is a really good start.

The second point where we want to try and come together is about the prognosis. Where as the diagnosis is looking at the present and the past, the prognosis is looking forward. If we can get unity about what we want the future to look like, and our plan of attack all the action that we want to take to make the change happen.

And the third is motivational, OK? If we can kind of reach a consensus, or be united on why this is urgent, around a call to action that connects with motivational and emotional drivers of the people that we want to get on board.

And basically, what the evidence base says to us is, if we want to create a call to action, mobilise people, around change and it is a really diverse group of people, we have got to focus on all three.

In the help and care sector generally, when I look at most change programs or change projects, one of these three is more dominant. In your experience, which of these three is the most dominant when it comes to change projects in health and care? Everybody is thinking exactly what I think. We over focus on the diagnostic, and we do it constantly.

We are focusing all the time around the nature of the problem, the analysis, the diagnostic. Often with bring big consultancy firms in to help us with the diagnostic phase but we don't focus anything like enough on the prognostic and the future we are trying to create, and we really, really don't focus enough on the motivational. Just about this framework because I think it can be really helpful.

So thinking about... We want to collaborate. We want to build community, we want to work with other people and work through our weak ties in ways we have never done before. This is some advice here that I find really helpful, and it comes from Catts and Miller. And what they did was they looked globally at organisations and teams that were collaborating really effectively. And what advice do they give us around how to collaborate very, very effectively? And the me, this is very helpful.

The first thing they say, we are coming together with a group, and often they are people we don't know all we don't think they have the same values as us, but we have got to work with them. What we need to do? The first thing we need to do is to lean into our discomfort. Because if other people we need to collaborate with saying things that we don't like we don't agree with, or are making us feel uncomfortable rather than whacking off and not liking it, we need to lean into it.

Often we like to work in our own comfort zone, but real radical change doesn't happen in our comfort zone. The magic happens outside of our comfort zone. So we need to stay there and we need to lean into it.

The second thing we need to do is we need to listen as if we were an ally, and this absolutely goes back to what Simon was saying in his story. Simon, you were a really great example of this.

So instead of being kind of suspicious and starting to judge what someone else is saying, listen as if they were a friend or an ally.

The third thing we have to do is state our intent, and what is meant by that is, when we have a debate or a discussion, we start arguing a particular position. Other people don't know how adamant we are about that position. So when we are arguing back, are we arguing that because we are having a good discussion, or are we arguing back because it is an absolute dealbreaker for me and you can do whatever you want, I am absolutely not moving? So we need to let people know what our intent is and how movable we are.

[Rebecca.Uk.Captioner is Live]

The final part of collaboration is about sharing our street corner. Everyone of us is in a situation like this. We are on a street corner, we have our own perspective in our own part of the word.

It is important we get across our experience and views, but it is important we hear other people's street corners as well. I find these four keys of collaboration help me in terms of collaborating with other people.

So, coming to the end of our time together now. I really like it quickly. It's a piece of graffiti on a wall in Austin, Texas. And it's Martin Luther King. We love Martin Luther King and the things that he said.

He said, "We may have come on different ships, but we are in the same boat now." I think that is so true. The future depends on us being able to collaboratively channel.

I'm going to stop there just before we do reflections. I'm just into asks Jodi and Dominic to give us a bit more feedback around Twitter and chat, really briefly.

Jodi, can you hear me?

SPEAKER:

Hi, Helen. Can Dom go first?

SPEAKER:

Yes, Dom can go first.

SPEAKER:

The comments agree with being outside your comfort zone, but Alaina makes a good, that sometimes it can be quite tiring.

Throughout the rest of the session, it's really interesting to see how people are using Twitter, chat, and

also listening. You can follow up these webexs whenever we upload them.

SPEAKER:

Thanks, Dom. Jodi?

SPEAKER:

I wanted to get the numbers before we spoke. We made nearly 1.8 million impressions over the course of this model, with nearly 103,000 tweets. There have been 1100 people are dissipating, and I think this is fantastic and again demonstrates the ability of the online community.

There's been a lot of discussion triggered by the weak and strong ties, so I want to focus on that. A lot of people say they struggled the label weak ties, because it seems to undermine the point of those potential connections. It is a bit of a negative term and perhaps there is another way we can reframe it.

Donna Kemp agrees. The semantics of weak ties is counterintuitive and that able shame.

Patrick makes a good point, where our sources of weak ties. We've got to figure out how to use them. Life beyond Twitter.

I think that's important. Most people are strong ties, so how do we engage with those people we don't normally come in contact with? That is a valid point.

An interesting debate that is starting off and I'm sure will carry on final time, Sonia Philipson said what about the point of the radical radical? What happens when people are outside of that nice radical point.

She carries on, "If people aren't nice, it's possible for them to advance their agenda, no matter how worthwhile it might be."

So it's you but to be nice in order to be reckoned with.

Hannah from Devon said sometimes working with weak ties feels like "What's the point?"

(unknown term) and engages us, says she thinks the things that is missing from the school of radicals is out flyers. People who are unacceptably far from the norm and I think that comes back to the radical radical. This brings us into the realm of the week ties.

I wanted to sum up with two quotes. John Bryant says "Add SHCR, we're the future". I thought that was a brilliant comment.

And then a witty one, (unknown term) is joining in the School of Health and Care Radicals and he is amused that "radicals" autocorrects to "rascals".

SPEAKER:

That's great. Thank you for those wonderful contributions.

I want to end on a poem. This is one of my favourite poems and it comes from Edward Malcolm and it's called Outwitted.

To me, it captures the spirit of what we're talking about today. It says:

He drew a circle that shut me out,
Heretic, verbal, aching to flood,
But love and I have a wit to win,
we drew a circle that took him in.

Being change agents, we don't choose an easy life. Other people will often isolate us, but if we work from the things that count, if we work through love, we can create a different circle where we unite with others.

I am now going to hand over to Pip for the last bit of the module in terms of learning. So Pip, you now have presenter's rights.

SPEAKER:

Thank you, Helen. Morning, everyone.

There has been such a lot to take in like last time, and I think many of us are multitasking and reading, and chatting, and watching, and listening and is such a lot to do that we hope you will find a bit of time during the next week to think about and review the slides and look at the study guide. Think about some of the things you have learned and how you might put into action.

The course of action for this week is firstly to identify which communities you are currently part of and think about how you can utilise your existing community for change.

Secondly, we would like to ask you to reflect on who else you would like to be part of your community for change. Make some connections with them. I know some of you are already doing this three randomised trials and that is not happening on Twitter and Facebook, but think about ways you might connect in different ways from those you're already connected with.

Thirdly, think about your story. Think about your narrative and call to action that will help other people. There are some guides that will help you think about the story you need to tell.

We hope some of you will join us next Wednesday for the Twitter chat that Jodi will be leading again. That will be module three, which is rolling with change. We hope you will enjoy that.

Finally before we finish, we would like to invite you to spend a bit of still time. I've noted on Twitter a few people have been advocated for a bit of silence and a bit of stillness. Perhaps to just think quietly

about what you are learning and what difference it is making to your life will stop

What learning and inspiration can you take from social movement leaders to help you in your role as an agent of change in health and care?

How do you attract the attention of people you want to call to action?

And who are the people who are currently disconnected that you want to unite in order to achieve your goal for change?

How can you build a sense of us with them?

I will hand back over to Helen just to finish. Thanks, everybody. And have a good week.

SPEAKER:

We just want to remember, together we can. It's when we come together that we change the world.

I think the things we're talking about are fundamentally challenging many of the ways that health and care organisations go about change.

I think there is far too much mechanistic language about let's drive change to the system. Change management, as is it something that can be engineered.

Actually, if we look at the history of the world and we look back at the history of large-scale change, it tells of a certain thing. You don't need an engine when you've got wind in your sails. Our job as change agents, we want to make the engines and mechanistic metaphors, but actually if we can build the wind in the sails, then we can help to make some really important things happen.

I hope that you've enjoyed module two. Everything is now on slide share, the study guides, the slides, the recording of today will be going on the website very shortly. I think we would take out some of the little technical issue at the beginning.

I wish you a really great week and lots of progress in your change activities. Let's build some really strong alliances for change.

Goodbye, everybody.

SPEAKER:

Thank you, ladies and gentlemen. That concludes the conference call for today. You may now disconnect, thank you for joining and have a very good day.