

Social Movement for Change: A Prudent Approach for Wales

The purpose of this document is to review the evidence and key success factors for social movements and consider how they may best contribute to a prudent approach to health.

Scowen, L.* and Howson, H.

February 2015

The Bevan Commission is an impartial advisory group to the Minister for Health and Social Services (and Welsh Government Ministers). It advises on promoting health and health services improvement in Wales.

1. Introduction

The NHS was fundamentally designed by people, for people. In the 1940s, Welsh miners donated a penny a week towards a welfare and health scheme, which was matched by their employer. Aneurin Bevan, the son of a coal miner, recognised the value of this collective action, which led to the founding of the National Health Service in 1948, to address the health needs of the time. The challenges we face today however are different to those in the 1940s. With people living longer, new medical advances and increased demands upon the system there is a need to change to respond to this and re-engage with the public, patients and professionals in order to sustain the future of NHS Wales.

The culture and structure of the NHS has become increasingly complex and bureaucratic. This has resulted in concerns over quality of care and performance and less of a focus on the patient and their needs. National top down programmes for change have been implemented to address this, although delivery has not been realised to the scale or pace necessary to drive the transformational change required. Prudent Health provides us with the principles necessary to help address the challenges facing us. The Principles identify the need to develop new working relationships with patients, the public and professionals; working together as equals to deliver better health and wellbeing. The concept of social movement provides us with an approach that can help us achieve this.

To understand what social movements may offer to Prudent Health, this paper identifies some of the key themes and examples of how individuals and groups have helped to bring about change. Although not a systematic review, it identifies some key questions and opportunities as to how this might best be used to achieve a prudent approach to health.

2. What is a social movement?

There are numerous definitions for social movement. Looking outside of health in the wider context of sociology, Christiansen (2009) defines a social movement as:

“Organised but informal social entities that is engaged in extra-institutional conflict that is orientated towards a goal”

A more comprehensive definition is provided by Van Stekelenburg and Kladernans (2009):

“Social movements are interlocking networks of groups, social networks and individuals and the connection between them with a shared collective identity who try to prevent or promote societal change by non-institutionalized tactics”

Looking more specifically at definitions related to health and care, The NHS Institute for Innovation and Improvement define social movement as:

“A voluntary collective of individuals committed to promoting or resisting change through co-ordinated activity ... to produce a lasting and self generating effect and creating, as they do, a shared sense of identity”

(Bibby *et al*, 2014)

For the purposes of this document, we are looking at social movement in the context of society as a whole, both within organisations and outside them, in the context of improving patient outcomes through a Prudent approach to health. Therefore, we would define social movement as being **‘Informal collaborations of energised individuals who own and bring about a defined change to ultimately improve health outcomes’**

Social movement theory sets out to understand why social mobilisation occurs. Throughout history, there has been development of a number of theories, as summarised in Table 1.

Time	Theory	Characteristics
1940s	Collective behaviour	Focuses on emotion, change is a reflex response to emotion. Based on non-rational behaviour
1960s	Relative deprivation	Change is driven by a sense of deprivation or inequality
1970s	Resource mobilisation	Focuses on change being reliant on organisation, structure and resource
1990s	New social movement	Emphasis on culture and society being instrumental for change

Table 1: Social movement theory (Adapted from Bate *et al*, 2004 and Walker and Smith, 2002)

There is recognition that some of the biggest revolutions and changes have been brought about by social movement; for example anti-apartheid, the woman’s suffrage movement and the disability rights movement. Crossley (2002) identifies that social movements are common place in modern society, with evidence of movements being found everywhere.

Case study 1: Public health post-industrial revolution (1840s – 1900)

After the industrial revolution inner towns and city areas were rife with disease, due to unsanitary living conditions. Edwin Chadwick led a community based revolution to improve sanitation in Britain, driven by campaigning and lobbying. This resulted in the passing of the Public Health Act 1848, to improve sanitary conditions by controlling water supply, sewerage and drainage, resulting in significant improvement in public health.

Similarly at the same time in New York City, ‘sanitary crusaders’ were also campaigning for public baths, toilets and drinking fountains to improve the living conditions in the city. These campaigns resulted in the formation of the American Public Health Association in 1872.

3. What do social movements look like?

Social movements by nature are dynamic and spontaneous at first, but must become structured and organised for action to occur. There are also core characteristics the must be present in a social movement for it to be successful.

3.1 Models for social movement

Bate *et al* (2004) propose a three part model; framing, mobilising and sustaining and maintaining. Christiansen (2009) proposes a four part model; emergence, coalescence, bureaucratization and decline. These models can be combined to describe how a social movement develops over time and can be simplified into 1) connect, 2) commitment to action, and 3) sustain momentum.

1. Connect: individuals take ownership of change and begin to reach out to other individuals to inspire and energise

Movements start from having little-to-no organisation and are made up of discrete individuals (Christiansen, 2014). Bate *et al* (2004) suggest that these individuals are engaged through different levers, such as emotion, organisation and culture, inspiring them to act. This may come about through dissatisfaction, where the movement will be grievance-based and focused on protest, or through opportunity identification, where the movement is commitment-based and focused on creating a better future. The NHS Institute for Innovation and Improvement have proposed that individuals should adopt *“change as a personal mission”*. This requires courage, energy passion and impatience with waiting for something to happen. Once an individual is committed to change, they then must reach out to others. To do this, the argument must be ‘framed’ to capture attention and intention. Framing is described by Snow and Benford (1992) as:

“...the process by which leaders construct, articulate and put across their message in a powerful and compelling way in order to win people to their cause and call them to action”

Framing is considered to be instrumental for a social movement to be successful. The cause must be presented in a way that allows a person to relate to the meanings, values, aspirations and identity of the movement as this will result in acceptance and movement action and outcomes. Presentation of the movement may be:

- diagnostic, where a problem must be addressed
- prognostic, where targets and tactics are used
- motivational, where emotion is aroused (Bate *et al*, 2004)

Ganz (2010) suggests that framing can be compared to a story. For a story to be compelling it must have an engaging plot, characters that we can relate to friends and family and a moral to capture hearts and minds. Similarly, Alinsky (1971) says that a community can be united through a common enemy. This approach was utilised by Alinsky to improve the living conditions of poor communities across North America. Bibby *et al* (2009) highlight the need for framing to effectively draw attention to the key themes and ideas behind the cause to lead people through the complexity to draw them to a shared conclusion. This must be achieved through connecting with people’s hearts and minds. *“People change what they do less because they are given analysis that shifts their thinking than because they are shown a truth that influences their feelings”* (Kotter and Cohen, 2002). Social movements therefore begin through individuals feeling passionate about issues or opportunities, and use effective presentation and framing of the movement to generate collective action.

2. Commitment to action: a mobilised collective with a shared purpose for change

Once a movement has a collective behind it, it must become more organised, driven from the energy and leadership from within the movement, and working towards a shared purpose.

Christiansen (2009) defines this stage as being *“characterized by a more clearly defined sense of discontent. It is no longer just a general sense of unease, but now a sense of what the unease is about and who or what is responsible”*. The group of people will be committed to action, or mobilised. Mobilisation is defined by Bate *et al* (2004) at an individual level as: *“the concrete actions taken by a person in the direction of change”*

And at an organisational level as: *“the process of rallying and propelling segments of the organisation to undertake joint action with the purpose of realising common change goals”*

To move people from being bystanders to activists requires commitment and intent. This requires energy and vitality. Bate *et al* (2004) detail 5 factors that contribute to mobilisation:

1. Rational: an individual will join a social movement for self interest (eg. career progression)
2. Social and normative: an individual will join a social movement if the aims and values are shared and supported by the community
3. Behaviour: personal experiences within the movement contribute to how involved that person will be
4. Organisational: movements need structure and organisation but must also allow for freedom of expression.

Case study 2: NHS Change Day

In 2012 a group of trainee doctors started a conversation with improvement leaders on Twitter. This conversation developed into a plan to start a social movement for change within the NHS, through engaging with the workforce to remind them to remind themselves why they joined the NHS, and to initiate change within the organisation. This shared purpose led to the very first NHS Change Day, on 13th March 2013. 189,000 pledges were made on social media by healthcare professionals, committing to improve care for patients. Examples included:

- Eastern Cheshire Commissioning Consortium pledged to create a weekly opportunity for staff to reflect and ask themselves the question “What have I done to help a patient this week?” The staff here are not on the front line therefore sometimes get caught up in their day job. The initiatives put into place remind people about what they do and how they make an impact.
- University Hospitals of Leicester Trust Procurement and Supplies team pledged to clear out redundant and out of date paperwork to clear space for operational work. This was actioned, resulting in 200 archive boxes being confidentially destroyed.
- A member of the public in Wolverhampton pledged to thank staff at the children’s ward in her local hospital. When she went in to thank the staff, she also sung to the children there.

42% of pledges were about improving patient care, 26% about spreading innovation, 10% about personal development, 10% on using services effectively, 7% about celebrating services and 6% on implementing integration. In 2014 this was increased to 388,000 pledges for change. In 2015 NHS Change Day is focusing on what action towards change is and has already been taken, again through social media campaigning but also through local events teams. This highlights how using the power, energy and passion of a collective can lead to innovation that ultimately improves patient outcomes. See: www.changeday.nhs.uk and ‘The difference a day makes... Interim report for NHS Change Day’ – April 2013. Lynton and McCrea.

How can we best convert bystanders to activists?

3. Sustain momentum: high levels of organisation, adequate resource and energy to positively impact patient outcomes

For change to be realised, there must be higher levels of organisation and coalition between individuals and groups that will work through a tactical plan to deliver tangible results. Christiansen (2009) describes this as ‘bureaucratization’, where a coordinated strategy is required and staff with specialised knowledge are required to carry out specific actions. The movement must be self-sustaining, driven by the energy and ability of the collective rather than inspirational leaders. For this to happen there must be organisation. Snow *et al* (2004) state, **“There is absolutely no question about the fact that social movement activity is organised in some fashion or another. Clearly there are different forms of organisation and degrees of organisation... but to note such differences is not grounds for dismissing the significance of organisation to social movements”**.

Bate *et al* (2004) recognise that the most effective social movements are carried out at a local level. To turn these movements into large scale mobilisations requires merging and coalition of smaller groups. Momentum is also important to sustain a movement and deliver tangible outcomes. This is defined by Bibby *et al* (2009) as **“how difficult something is to stop”**. In physics, momentum is defined as: **Momentum (p) = mass (m) x velocity (v)**.

When this equation is applied to a social movement, it means that there must be sufficient numbers of people working towards the cause with energy, passion and commitment to deliver momentum which will lead to action based, tangible results. We refer to needing pace and scale in ‘A Prudent Approach to Health– co producing a movement for prudent leadership and innovation’. This is also recognised by Bate *et al* (2004) who highlight that a movement must be durable.

Core elements	Stages of a social movement		
	1. Connect –individuals take ownership of change and begin reaching out to others to inspire and energise	2. Commitment to action - a mobilised collective with a shared purpose for change	3. Sustain momentum – high levels of organisation, adequate resource and energy to positively impact patient outcomes
Physical structure	<ul style="list-style-type: none"> Free forming Little-to-no organisation 	<ul style="list-style-type: none"> Shared purpose Clear approach Collective leadership from within 	<ul style="list-style-type: none"> Organised Merging or coalition of other groups Self-sustaining – collective leadership
People	<ul style="list-style-type: none"> Individuals 	<ul style="list-style-type: none"> Groups of people committed to action Understanding and ownership of the problem 	<ul style="list-style-type: none"> Inter- and intra-organisational networks
Values	<ul style="list-style-type: none"> Passion, energy, courage 	<ul style="list-style-type: none"> Determination, respect, community 	<ul style="list-style-type: none"> Focused, accomplishment, reflection
Drivers	<ul style="list-style-type: none"> Grievance based Commitment based Engagement through relationship building 	<ul style="list-style-type: none"> Energy from within Relationship building and development 	<ul style="list-style-type: none"> Action based Metrics driven Tangible

Table 2: Structure of a social movement over time

3.2 Key characteristics of a social movement

There are 4 key characteristics of social movements; shared purpose, relationships, collective leadership and organisation.

1. Shared purpose

Having a purpose that is aligned to the values of an individual is essential to help voluntary recruitment, active participation and commitment to the movement. Psychologically, we use our cognitive skills to identify patterns and test relationships but we also use affective skills to determine what is good or bad for us, what is safe and what is dangerous (Ganz, 2010). The choices that we make are therefore determined by logic and emotion. Evidence shows that a person is more receptive to a cause if it aligns to their beliefs, motives and values. Having a shared purpose with the community is also influential as it connects the person emotionally to that community and thereby leads to voluntary as opposed to persuaded recruitment and participation (Bate *et al*, 2004).

How can we best tailor communications to encourage people to champion change?

2. Relationships

Social movements are built on the development of strong relationships that result in recruitment through to action, the building of trust and collaboration. Interpersonal relationships are essential for building a movement as they like individuals, networks and organisations.

- **Recruitment and action:** We tend to be more influenced by those who we like personally or are attracted to (Lewicki and Hiam, 2006). This quality can help recruitment of individuals to a movement. Change can be threatening. It disrupts the norm and can result in an individual feeling uncertain, angry or depressed. Conversely it may result in acceptance, excitement or exploration. This emotional connection to change has been developed into a change curve model, originally developed Kübler-Ross to represent an individual's response to grief (see Figure 1).

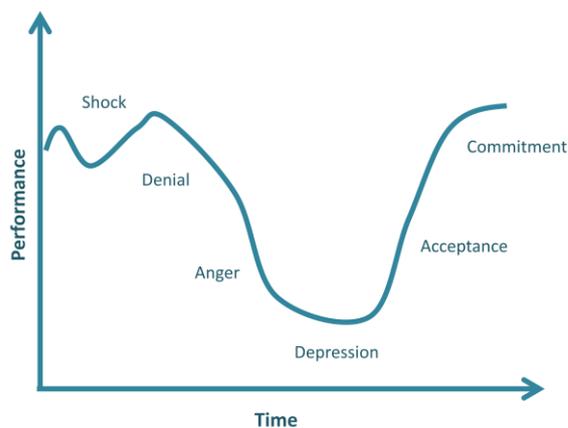


Figure 1: The change curve. After major change an individual's response to change may go through a number of stages. An individual may start anywhere along the change curve and may stay within any stage for any amount of time. It is the responsibility of change leaders to bring individuals along this journey. This can be supported through development of personal relationships.

Each person reacts differently to change and will stay in a different stage for varying amounts of time. Personal relationships can support the movement of an individual across a change curve, through specific and tailored communication and integration of the individual into the movement. Clear communication of the purpose of the movement is instrumental for recruiting potential members with it being easier to recruit the fence sitters than those who oppose the movement (Battilana and Casciaro, 2013).

- **Building trust:** Relationships build trust and without trust, a positive culture cannot thrive. Trust is built from reliability, faith and honesty and takes time, effort and diligence to build. Ganz (2010) highlights how social movements are initially made up of volunteers; therefore developing a relationship based on commitment allows the development of trust and motivation from within the movement. The numbers of volunteers in health are increasing, for example through patient groups and associations. Building trust will enable senior leaders to devolve responsibility, leading to increased engagement, motivation and ownership across the organisation.
- **Networks:** Informal networks are essential for a social movement and are forged through personal relationships. There are two types of networks, cohesive and bridging (Battilano and Casciaro, 2013). In a cohesive network individuals are connected to one another. This facilitates the building of trust and support within the network. A bridging network connects people who wouldn't ordinarily be connected. These networks bring together diverse skills, resources and information. Due to the nature of the relationships within movements often being peer to peer interactions, there is easy flow of information, allowing exchange of interests and resources (Ganz, 2010). Alinsky, a radical activist in the US, used existing networks to enable movements to be mobilised quickly and easily to deliver tangible outcomes, (Alinsky, 1971). These should also be used to give scale and pace to a movement.

How can we use existing networks to help achieve pace and scale?

3. Collective leadership

In a social movement, leadership should be driven from within the movement. This is necessary to generate the power necessary to mobilise the community and drive change (Ganz, 2010). Collective leadership requires everyone, both inside and outside of the NHS to adopt leadership roles, whether these are informal or formal, to address the challenges that are facing the health system. These challenges cannot be addressed by individual leaders alone, and therefore it is the responsibility of everyone, patients and staff combined.

Alinsky highlights empowerment as a key theme for a social movement (Alinsky, 1971). A movement must be self-sustaining and driven by those within it. This collective approach allows merging of energy, skills and commitment to delivery high quality care and services to patients. Leadership must be identified and developed at all levels. Decision making, accountability and participation should be led as a collective, with authority based on morality (Ganz, 2010).

How might the NHS increase and improve its collective leadership?

4. Organisation

A social movement begins with having no particular structure or organisation. Bate *et al* (2004) however, identify that there must be a balance between organisation and spontaneity for a movement to be effective. To maintain a movement there must be a higher level of organisation to achieve the desired goal. Ganz (2010) highlights the need for a clear strategy to be put into place, as often movements lack resource. Through careful organisation and planning, the resource challenge can be mitigated and the desired outcome achieved.

Case study 3: The Right Prescription

A group of healthcare professionals wanted to improve the quality of life for dementia patients and their families. They used a social movement approach, utilising existing social networks and engaging the energy and knowledge of patients and carers to develop new ways of working and accountability, combined with traditional methods of change, including strategy generation and planning. Through putting the patient at the heart of a support network, there was an increase in clinical reviews, resulting in a significant decrease in inappropriate prescribing of psychotic drugs and improvement of the patients' quality of care.

How can we use resources to support a prudent approach to transformational change?

4. Why use social movement for change?

This approach is needed to help us address and deliver the principles identified within Prudent Health in a fair and sustainable way by engaging the energy, passion and support from the people of Wales. This approach will help us transform the culture from one that is complex and bureaucratic to one where the public, patients and professionals are empowered and have shared responsibility and accountability for change towards a more prudent approach to health. In summary, a social movement approach will bring:

1. **Engagement:** working towards a shared vision will appeal to the hearts and minds of the public, patients and professionals. A collective approach will help enable everyone to be responsible for delivering change.
2. **Empowerment and ownership:** increased responsibility and accountability across all levels of the organisation will inspire people to own change and feel empowered to act.
3. **Trust:** increased communication and transparency across the organisation, through building of personal relationships and informal and formal networks will build trust and a supportive and inclusive environment.
4. **Action and delivery:** organised mass of individuals passionate about delivering change will result in action that will result in improvements in patient outcomes, quality, safety, efficiency or effectiveness.
5. **Change at pace and scale:** Development of new working relationships with patients, the public and professionals as equals will deliver change in mass and with velocity, due to sharing of ideas, skills, resources and information, as well as through harnessing the energy and passion of the collective.

5. How do we deliver Prudent Health with social movement?

Social movements for change are implicit within prudent health but will need further targeted action to ensure that a social movement approach is used systematically as part of implementing prudent health. The following proposed actions highlight a number of opportunities that will help to achieve this. These are not a conclusive list but we believe they will provide the springboard from which further developments and local action can best be generated and supported:

- Embed social movement across our health policies with clear communication that this approach is supported by the Welsh Government.
- Support the delivery of the Bevan Commission Innovators, which aims to generate action led by the public and professionals (at all levels) to support a prudent approach to health. Through the Bevan Academy, and working in collaboration with others, we will continue to try out and test ways in which this can be done.
- Support the development of a network of change leaders across health and healthcare. The Bevan Commission Innovators Network will support change at all levels, involving professionals, patients and the public, embracing the characteristics of social movement.
- Develop and support a collective leadership programme to enable capacity and capability
- Pump prime, support and incentivise social movements as an approach to change through a Prudent Health Action Fund, inviting the public to identify ideas and priorities
- Health Boards and senior managers should embed this approach within future strategies and demonstrate action to support this through, devolving accountability and responsibility across the organisation. This will create a dynamic environment where social movements can form and help to deliver change.
- Proactively engage the third sector, patients and volunteers to support them in becoming partners in delivering change in health and healthcare.
- Explore and test out opportunities to use social media and other channels to engage the public and patients in identifying ideas for improvement and priorities for action, building upon examples such as plastic bag legislation (appendix 1), customer feedback tools and health action groups.

6. Conclusions

Social movements have driven transformational change throughout history and will continue to do so in the future. Adopting this approach more formally will help to transform health and healthcare by creating an enabling culture which engages and energises the public, patients and professionals working together to achieve prudent health in Wales. We should learn from and build upon the keys to success and other experiences in using the approach, as an iterative and action learning process.

Whilst this approach offers considerable opportunities and advantages in achieving change, it should not be used in isolation. For the best chance of delivering widespread and sustained change a combined approach should be adopted, using other complimentary approaches. This includes drawing upon the skills of the NHS and best practice in delivering effective strategy, integrated planning and systematic organisation. We must therefore plan to adopt and drive forward a combined approach, ensuring that we have the tools and support in place to drive the transformational change.

References

Bate, P., Bevan, H., Robert, G. (2004) Towards a million change agents – a review of the social movements literature: implications for large scale change in the NHS. NHS Modernisation Agency.

Bate, P., Robert, G., Bevan, H. (2004) The next phase of healthcare improvement: what can we learn from social movements? *Qual Saf Health Care* 13:62-66.

Battilana, J., Casciaro, T. (2013) The network secrets of great change agents.

Bibby, J., Bevan, H., Carter, E., Bate, P., Robert, G. (2009) The power of one, the power of many – bringing social movement thinking to health and healthcare improvement. NHS Institute for Innovation and Improvement.

Carter, L. (2009) Social Movement Programme. Guest Editorial October 2009. NHS Institute for Innovation and Improvement. Available from:

http://www.institute.nhs.uk/nhs_alert/guest_editorials/october_2009_guest_editorial.html

Christiansen, J. (2009) Four stages of social movements. EBSCO Research Starters

Ganz, M. (2010) Leading change leadership, organization, and social movements handbook of leadership theory and practice: a Harvard Business School centennial colloquium. Harvard Business Press, Boston, Massachusetts.

Kotter, J., Cohen, D. (2002) The heart of change. Harvard Business School, Boston, Massachusetts.

Snow, D., Benford, R. (1992) Master frames and cycles of protest. *Frontiers in Social Theory*. Yale University Press, New Haven. 133-155.

Snow, D., Soule, S., Kriesi, H. (2004) The Blackwell companion to social movements. Blackwell Publishing Ltd. Oxford.

Van Stekelenburg, J., Klandermans, B. (2009) Social movement theory: past, presence and prospect. *Movers and shakers: social movements in Africa*. p17-44.

Walker, I., Smith, H. (2002) *Relative Deprivation: Specification, Development and Integration*. Cambridge University Press.

Disclosures:

*Lucy Scowen is employed by GlaxoSmithKline Ltd and has been seconded to the Bevan Commission for the period January – July 2015.

Appendix 1

Case study: Plastic bag charge in Wales

This case study is an example of how social movement can influence policy outside of health, and lead to behavioural and attitudinal change.

Reducing the ecological footprint is a key priority for all governments to increase sustainability. In 2010 the Welsh Government decided to take a different approach by asking the citizens to provide ideas as to how this could be achieved. The result of this was to focus on reducing the numbers of plastic bags. In 2009, 350 million supermarket carrier bags were used in Wales, equating to 273 bags per household. Following extensive consultation with the public, a 5p minimum charge was placed on all single use carrier bags, to reduce littering, wastage and cut the global footprint.

For this to be successful there needed to be a widespread change in habits and behaviours. This was achieved through working towards a shared community-led vision and engaging with shop owners and businesses to work through a proposal for implementing the charge.

Since the introduction, there has been a significant reduction in the numbers of bags being bought, suggesting that the people are now in the habit of reusing their bags when shopping. Some retailers are using the money raised from charging for single use bags to support local initiatives, such as the Save the Children scheme Families and Schools Together (FAST). An evaluation of the initiative has shown that the policy is popular within the population, with 70% in 2012 supporting the charge.

How might we build on this for an approach to health?