Episode 10 – Helen Bevan

Learning From Movements:
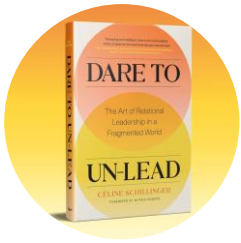## Change Strategist Helen Bevan

Strategizing change from a social movement perspective: Helen Bevan's approach to health and care improvement at the NHS UK has inspired me and many other change agents across the world. An advocate for new power, agency and connections, a mega-influencer and a generous knowledge curator on line, Helen describes in this episode her change practice and how it has changed over the years.

Podcast Transcript

Celine: It is tempting to think that more leadership or some kind of improved leadership will help us and our organizations work better. But what if leadership was part of the problem instead of the solution? What if our understanding of it only maintained principles of the past, which no longer serve as well?

That's what I explore in my book, *Dare to Un-Lead*, and today in this podcast. Join me and my guest, a person quoted in the book or in tune with its values, to learn from them what it takes to un-lead and succeed together.

Welcome to the Dare to Un-lead podcast, episode 10. The book, *Dare to Un-Lead*, has 11 chapters so you can guess we're approaching the end of this series, or rather, its *culmination* with brilliant, diverse, and thought provoking guests – many of whom have directly inspired the book. We have

discussed in earlier episodes about the crisis of change and leadership in our corporate systems and the effects of greater freedom and more intense connections at work.

With Jennifer Sertl in episode nine, we opened the last part of this series revolving around the idea of chosen togetherness. How do we work better together? How can multiple networks of people supported by technology stick together instead of spreading out and achieve collective performance, without coercion and with the least possible bureaucratic oversight?

I've been curious about this question since my very first experiment with a worker movement for improvement, something radically different from what was usually done in that organization. From the classical top down, linear, project management approach, we shifted to a much more dynamic, empowered, creative one. And in my quest to understand this better, I was fortunate to cross path with Helen Bevan.

Helen has been for 25 years a change leader in the English National Health Service, the second largest healthcare system in the world. Thinkers50 presents Helen Bevan as a leader of large scale change and improvement activist. The Royal Society of Arts explains that Helen has been at the forefront of many NHS improvement initiatives that have made a difference for thousands of patients ever since.

In 2012, Helen initiated NHS Change Day in partnership with a group of young clinical and managerial leaders. Helen also conceived the School for Health and Care Radicals, later renamed the School for Change Agents. Helen Bevan is acknowledged globally for her expertise in large scale change and ability to translate it into practical action and deliver outcomes. She provides advice, guidance and training on transformational change to leaders of health and care systems across the world.

I have learned a lot from Helen through our online and in-person interactions. Our backgrounds were different, but the innovations she and her team were piloting around human engagement inspired me greatly.

This is why you'll find Helen's work referenced several times in *Dare to Un-Lead* and also Helen's name among the acknowledgements.
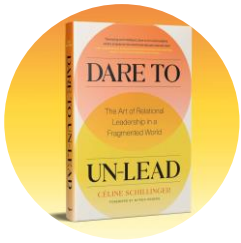
Helen, I am so glad you are here. Welcome.

Helen: Thank you Celine, and I'm really looking forward to our discussion.

Celine: Oh, awesome :) So how are you, Helen, and how is Rolf?

Helen: Oh, I'm very good! And yes, just for anybody who wants to know, Rolf is my cat.

I live very near to Warwick University and my cat likes to go and visit the university, so I set him up an account on social media because, people kept asking, why is a cat on campus? And now across all

his social media channels, he has about 70,000 followers. He has his own Wikipedia page! I'm not even on Wikipedia. He's very well.

Celine: :) that's amazing! So let me get to the question I ask all my guests on this podcast. Helen, what is your art, the professional practice that is unique to you or that you perform in a unique way?

Helen: Celine, what do I think my art is? I think it's being in a space between thinking, research, curiosity, and activism and practice. You mentioned before Thinkers 50. A couple of years ago, I was on the Thinkers 50 Radar list of people to look out for. How they describe me there, which I think sums up my art very well, is an ability to seek out and blend new ideas on change with a deep understanding of implementing change in complex systems.

I love new knowledge, finding out new things, but I'm only interested in it from the point of view of practice and being able to make a difference. So, living in that special space, having *worked* in that special space for decades now, I think, yes, that's how I describe my art.

Celine: And what led you to it?

Helen: I guess, part of it is about being a curious person, always wanting to find things out, to see what other people are thinking.

One of the things I talk about sometimes is the difference between being an expert and an explorer.
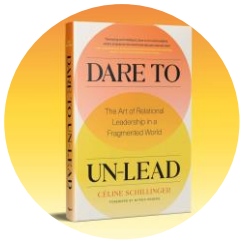
It's very easy to feel like an expert. People will say, oh, will you come and give a keynote talk, or will you come and advise me on my change project? It feels great when people want you to be an expert. But the problem sometimes with being an expert is that it closes your mind to other possibilities.

Whereas I think, being an explorer means that you always have an open mind and you always want to find new things. When you think like that, like an explorer rather than an expert, doubt creeps in all the time. And so, you start to think, well, do I know? Am I doing the right thing? And actually, that sense of doubt makes you learn more.

I think what got me to this place is, being somebody who always works with and supports change; always thinking, do I know enough? Are there better ways of doing things? And the doubt about my own ability or my own practice. Constant doubt drives my own learning and I hope makes me a better change agent.

Sometimes it's not very comfortable being in that space. Also, it's relentless: the doubt never goes away. But I think that, in the context of what I do, it's quite a good place to be.

Celine: Why did you get interested in change and social movements in the first place?

Helen: When any of us think about why we get interested in the things that we got interested in, I think it comes from a place that is very personal, in a sense what happened in your life that led you to where you got to.

I think the origins of my interest in change and activism and social movements go back to my childhood. I came from fantastic loving family, but a family that wasn't very well off. And even at a very early age, I had a sense of difference and a sense of, some people had a lot and some people didn't. And also, other differences in society, like between men and women.

When I went to school in the 1970s in England, I went to a school that was a mixed school, girls and boys. For boys, it was mandatory until the age of 16 that they studied physics, but girls didn't have to study physics. It's almost like the school preparing children for gender stereotype roles, and it's not fair. I felt that when I was really young.

So, by the time I got to 18, I was like a full-blown activist. I was a committed feminist. I had a sense of justice and rights – right to education, right to health, right to learning, right to a job. I was a committed activist.

And then when I finished my studies, I wanted to be a public servant. I wanted to do public service. It's who I am in the world. And I got a really great first job in government in England. I thought, this is great because I can do public service and I can help change happen from within the system.

But, what I learnt, and it didn't take very long, was that when you work within a system, you get to learn what the system is about, and you want to do a good job and people to like you, so you start to conform. So actually, working in my first government job, I became a kind of perpetrator of the status quo. I wasn't challenging the system; I was upholding the system.
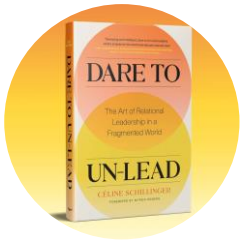
After, I got to realize that and got much more into change and activism. When I think about me now, in the later stages of my career, I identify far more with the 18 year old activist than I do with the person I became when I went to work in government. I have the same kind of drives, the same sense of we need to do things differently. We need to un-lead!

Celine: I think your 18 year old self would be proud of who you have become.

Helen: Wow. I hope so!

Celine: You speak about new power, about agency, about networks, about movements. What are the core elements of your approach and how do you define them?

Helen: One of the things we have to do when we are working with change is talk about power. Because we cannot enable change to happen in organizations, in society, unless we focus on power. Part of the way that I define power is about the ability to get the outcomes that we seek.

I do like working with models – all models are wrong, some of them are useful. One of the models that I use a lot is the [Jeremy Heimans and Henry Timm](#)'s model, which, as you just mentioned, talks about old power and new power. If we want to make change happen, we have to create the power to do it. And we have to work with both kinds of power.

When we talk about "old power", it's the power of the formal system. It's the authority that people have in organizations and systems. Old power, we push it down in organizations and systems, we tell people that they have to do things because, it's your role, it's your job. Old power is about structures and processes and accountability and governance mechanisms.

Contrast that with "new power". New power is the kind of power that we create when a lot of people come together with common purpose to make a difference. New power is open, we share it. If we're building a campaign or a social movement, we build it on new power. Anybody who shares our goals can be part of our new power movement.

Sometimes people get this wrong and misinterpret me: when they hear me talking about these things, they think I'm saying old power is bad and new power is good.

Actually, what I'm saying is much more nuanced because, we have to work with both. When you work in a formal system, an organization, we have to massively respect and work with the formal mechanisms of the system.
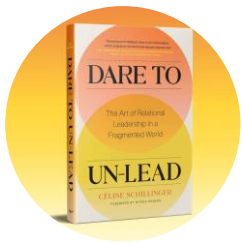
At the same time, if we wait for old power systems to deliver things, we might be waiting forever. So, it's our ability to work in new power, ways to connect with other people that want the same things that we want, and to create the kind of power that comes from many people organizing and coming together.

We need to work with both.

Celine: Helen, you've spent many years working with the NHS in England, an institution which is cherished by the British people. What are the main challenges faced by the NHS from a change perspective?

Helen: What I'd like to do, Celine, is maybe flip the question and start the other way around. Why is it so easy, so rewarding, making change happen in the National Health Service in England? I'll start there, and then go on to your question.

One great thing about working in, for and with the NHS is that it's so value driven. Whoever we're working with in the system, we can find a shared purpose. If you just look at what happened during the pandemic, and how just how incredible the NHS was, and how people came together in the NHS so quickly and so effectively, to enable change to happen, absolutely driven by our common purpose of making a difference.

Sometimes people say to me, it must be very difficult, helping change to happen or enabling change in the NHS; isn't it difficult with all those doctors? What I would say is, actually, compared to working in and with other sectors, I've never come across a person who works in the NHS who I cannot find a point of shared purpose with. It's always there. We've always got something that unites us. So, in change terms, it gives us a wonderful starting point.

Having said that, I'd say it's not easy to make change happen. A lot of that is because, the NHS is a very big system. 1.5 million people work in the system providing care for a population of 54 million people. So, how do you change a big system?

And there's an absolute paradox, a tension, at the heart of the NHS.

On the one hand, we have got the responsibility for the health of an entire population. What we want to do is look at our goals in population terms, we want to give the best care we can to everybody within the resource that we've got. Sometimes people talk about postcode differences. We would want somebody that lives in Liverpool to get the same quality of care as somebody that lives in Cornwall; somebody that lives in the countryside to get the same quality of care as somebody that lives in the inner city. So, we want highly standardized care. We don't want variation, and we want to think about things on a very big scale.

And, we want to see every one of those 54 million people getting care that they feel is highly personalized; based on what matters to them.
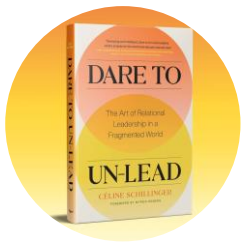
So how do we manage health and care system that on the one hand, we want to get standardized, high quality care for everybody *and* individualized care for each individual?

We see that dilemma play out in the way that change happens. Because we're trying to change a very big system, I think very often the change that we do can feel very top down. It can feel imposed on people and it can feel oppressive because we're trying to change a whole system.

And generally, in our system, we do too much change *for* people rather than *with* people or *by* people. Leaders in our system are always doing change *for* people. The change that we're doing for people is really well-intentioned, but as soon as we don't do change *in partnership with people*, it takes away so many of the things that you talk about in your book. It takes away our sense of autonomy. It takes away our agency, it takes away our fraternity.

And on the other hand, in the NHS, we've got far too many small scale changes happening all over the place. And small scale changes are great because the world happens through small scale changes, but they don't get connected up. A lot of these small changes have got phenomenal promise, but they don't go anywhere.

So, in a sense, part of what we've have to try and do here is create lots of small scale changes, but in a large scale framework. We need to have the connections, the system – learning systems – that connect everybody up and enable everybody to do their best work.

Celine: One of the answers to those challenges was the creation of a structure named NHS Horizons. Is that correct? What is it?

Helen: Yes, I work in a little team in the NHS nationally which is called NHS Horizons. We're a small group of people with a lot of skills around enabling change to happen, and we work with many teams, typically teams that are working in areas that are very big priorities for change in the NHS.

We work with people and we support them to do their own change rather than doing change for people.

Celine: You support those people way beyond the NHS, right? In particular through the School for Change Agents, which I am a proud graduate of. What is it?

Helen: The NHS Horizons team runs the School for Change Agents. Actually, you were one of our first alumni, Celine, I think. When did you do the School for Change agents? Like 2014? Something like that, in the very early days. The School for Change Agents is a virtual school.
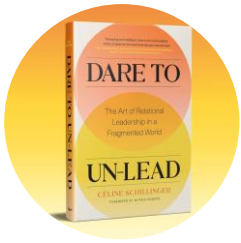
We talk about agency. What we mean by agency is the ability to take action, to make happen the change that you that you want to make happen. It's having agency in a sense of the ability to take action.

What we saw was happening in the NHS in England was that lots of people were going on training courses to learn techniques and methods for quality improvement, which are a really good thing. But then, people would go back to their organizations and they wouldn't have the agency to enact the methods that they were learning. A big problem is that people have competency because they've been on a course, done the training, and they've learned improvement skills, which are beautiful, important skills. But if you haven't got agency i.e., a sense that you've got the power to actually make the change happen, you can do nothing with those skills.

So, the whole idea of the School for Change Agents – a change agent is somebody who has agency for change – was about supporting people to take their own power for change. We talk about supporting people to rock the boat, but to stay in the boat.

You know, when you work in organizations and you want things to change, it's very easy to get very passionate and to run round like an unguarded Exocet missile, creating havoc, saying "things have got to change". And often, that's not a very good tactic in a big organizational setting. But, if we can be in a situation where we we've built our own agency, particularly through strong relationships by working in new power ways, whilst respecting old power systems, then there's much more likelihood that we can make things happen.

And again, what I would say is, of course we want people to be disruptors. We want to disrupt the status quo. We want to disrupt the system that means that too many of our patients get poor care, or too many of our patients get care that's unsafe. Of course, we need to disrupt that system. But

actually, when you are working in the system, probably the most powerful way to disrupt is through connections and relationships because it's built on trust and common purpose.

So yes, it's about supporting people to be the kind of disruptors that enable successful change in big systems.

Celine: Can you give one or two examples of successful movements you've been involved in? And how did they make a difference using this new power approach?

Helen: Yes, maybe I'll pick a couple Celine. The first one was the one that you talked about, which was NHS Change Day.

How that happened was, in 2013, I had a conversation with a couple of doctors in training and they were saying, we need to change the NHS, we need to transform the NHS, how are we going to do things differently? So, we just sat down and we decided to set up this special day, one day a year when we talked to our colleagues across the NHS and got everybody to take action on that day. It could be any action that people wanted to take that would make a difference for patients or for colleagues. Again, the whole idea of this ties in with this idea of agency.

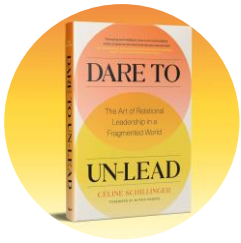Even just the ability to make one small change can give us confidence and hope and possibility for change.

And if we've got lots and lots of people making small changes happen, then they can turn into a big change. So, we did this in a new power way. At the beginning we didn't have any permission or authority. We decided to just do it. And we just worked in a new power way and just got loads of people involved.

And then the first year, that was pretty amazing, we got 169,000 pledges across the system. The next year, the group of people who were organizing it, who were mostly trainees and students, they said, oh, let's go for a goal of half a million. And I'm thinking, no! we don't want to do that! Because what tends to happen in the NHS is that if you set a goal, people see it as a performance target. It's our culture. Our culture has a lot of performance targets in it. So, if we say our goal is half a million and we don't get half a million, people will say it has failed. So, I wasn't very keen, but the other kind of members of the group wanted to do it, and we ended up with way over half a million pledges.

And the great thing about NHS Change Day as a movement, it's spread to 21 other countries and territories globally, and it's still going! And there's a group now called the Fab Academy, which is a wonderful group that works to support people, to create change across the system and share really good practice. And now it's called Fab Change Day, but it still happens every year.

Can I maybe give you another example as well?

Celine: Of course.

Helen: One of the projects that I'm most proud of, that I was part of, was about people living with dementia who were being given antipsychotic drugs inappropriately.

When we started that project, there were 189,000 people in England living with dementia that were being given antipsychotic drugs. And probably about 30 / 35,000 of those people should have been getting those drugs. So, the other 150,000+ shouldn't have been getting those drugs. It was happening because very often people who are living with dementia have psychological and behavioral issues and are given this very, very strong drug to quieten them and calm them. But the guidance was that people should only be given these drugs for a very short period of time and then only as a kind of last resort. What was happening is that, well, people were going on these drugs for life and were being given them much more often than they should.

So, I worked with the Horizons team. We worked with the National Clinical Director for dementia, and we set up this project like a social movement. We said, who do we need to get involved in this? And we worked out all the key groups of people who can make a difference. For instance, family physicians, psychiatrists, people that lead nursing homes, pharmacists, people living with dementia and their family and their advocates; we worked out all the different groups.

And then we said, in true social movement fashion, what's our ask? So, we created an ask for each group and ran this project like a like a social movement. And it was amazing. The National Clinical Director for dementia kept us up to date with the data afterwards. Within three years, the prescribing rate of these drugs for people living with dementia have gone down 51%.
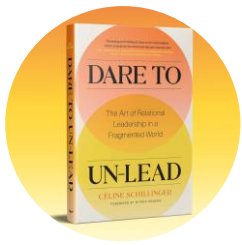
It would never have happened if we'd done it the other way around, which is, a compliance approach like saying to doctors: "Do not prescribe this". When we actually run it like a social movement, like "this is our cause, and we need to put right something that's really wrong", and "this is the specific thing we're asking you to do"… When it comes from a place of commitment, not a place of compliance, it's so much more powerful. And, I think so much of a better way of doing things.

Celine: That's really amazing. Have you been involved in other social movements or corporate movements, which did not work that well? And if so, why?

Helen: A good example of this would be that, because the work we did on dementia and antipsychotic drugs was so successful, one of the other teams nationally said, can you come and help us apply the same approach to our project? This was about shared decision making for people with end stage kidney disease.

What that means is, people with end stage kidney disease, basically their kidneys aren't functioning well anymore, so they need dialysis. But there's lots of different kinds of dialysis: some people have to go to hospital three times a week for dialysis, and other people get home dialysis.

What the data showed us, is that the difference between whether people got home dialysis or they had to come into hospital for dialysis was the clinical preference of the doctor. And so, the idea was

to run this social movement so that every patient who needed to go onto dialysis could make their own choice.

And we tried to use exactly the same kind of social movement based approach, and it didn't work. It failed. And I think the main reason it failed is because of lack of shared purpose.

When we were working on the project with people living with dementia, nobody could disagree that it was a bad thing that people living with dementia were being giving antipsychotic drugs inappropriately. Whoever you are or where were in the system, you couldn't disagree that it was something that we shouldn't be doing. So, in a sense, there was no disagreement. Whoever you were, wherever you were in the system, everybody agreed that it was a bad thing.

But, when it came to the dialysis project, many of the doctors didn't agree with home dialysis. They just didn't agree with it as a clinical practice. And the voice of the doctors that did agree with it wasn't strong enough, I think, to change that.

So, again, with a kind of social movement type approach, if you haven't got a cause or a mission that everybody believes in and that makes sense and drives your activism, it is just never going to work.
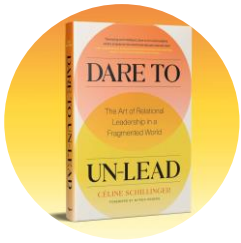
Celine: That's really interesting. By the way, is there anything in your change work that you do differently now as compared to 10 or 15 years ago?

Helen: Many, many things just because, I'm learning all the time, learning from other people all the time. Certainly, my practice changes constantly, and there are certain things that don't change: like, the sense that you have to get people involved right at the beginning of a project and you have to co-produce with people at the front line, people that use services, patients and families. So old power, new power, all those things are pretty consistent.

Things where maybe my practice changed: one thing I'd say is around building a sense of belonging. I've learned a lot about belongingness in a sense, and how important it is to change. And again, I think it really fits in with a lot of your theme Celine around, relatedness and how important it is. So, if we're setting up a new project team or a new change group, we need to work really hard at the beginning of that to create a sense of belonging.

Because, if you've got three or four patients who are coming to be representatives, or in a change initiative that's got lots of doctors in it, often, the people that represent the patients will feel on the outside. So, unless we take a lot of actions right at the beginning, to make sure that everybody feels "Yes, I feel really part of this. I really believe in the mission of this, and I'm appreciated for the unique and special things that I bring myself and other people understand that", [it won't work]. Actually, creating that belongingness, and keeping that belongingness, I think is such a key part of change.

Another thing I'd say that I understand better now is, I understand much more about systems and how we work as part of a bigger system. One of the ideas that I like a lot (again, all models are

wrong, some of them are useful) comes from the [Arbinger Institute](#) in the US. They have models about what they call an inward mindset and an outward mindset.

When we have an inward mindset, we're focused on "me, my team, our goals, gotta fight for my team". When we have an outward mindset, we think differently. We think about the bigger purpose, we think about what we can do collectively; we think about the common resource. To have an outward mindset, it's all about trust and belief and relationships and connections.

I'm working much more thinking about bigger systems and about outward mindsets. Those are a couple of things that I'm doing differently.

Celine: Helen, you are sharing knowledge with the world, reaching millions through social media. What channels do you use and what is your routine or discipline if you have one?

Helen: Celine, I would say what I do do and what I'd like to do, they're two different things. Mainly I work through Twitter. I love Twitter, I love learning from other people on Twitter. It's such a brilliant, brilliant source of learning. I think, at least 50% of the changes and improvements in my practice have come via Twitter. So, I try and put something on every day. Not just for the sake of it, but I just think it's really good to have a routine and in sense I know who my audience is on Twitter and I know what people want and what they like. So yes, I always try and put at least one new kind of piece of knowledge every day. And I always try and put a visual on because I think visuals just make it so much nicer.

I think there are a few problems with my limitation to Twitter. The first thing I'd say is very few people under the age of 35 are using Twitter in that way. So, my aspiration is to work much more with Instagram and TikTok and make films. I just haven't got there yet. And then the other thing I think I need to do is to get more sensible with LinkedIn, because more and more people are using it now. So yes, I have plans and aspirations. I'm just not quite there yet.
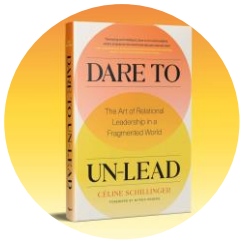
Celine: We will post all links and resources under the description of this podcast, of course.

We're coming already to the end of this episode, which is a pity as I could stay with you much, much longer. My last question will be: Helen, what would you say to someone who hasn't read *Dare to Un-Lead* yet? Apart from "Read it!"

Helen: I would definitely say "read it". Then what would I say? I'd say that when, in 20 years' time, or 30 years' time, when we think around what are the mainstream approaches to leadership, people will cite *Dare to Un-Lead*.

At the moment when you read *Dare to Un-Lead*, it feels a bit radical, and a bit different.

But the principles, the philosophy of *Dare to Un-Lead* are where leadership needs to go. Because again, going back to the old power / new power model, even when you are a leader of a formal system in a world that is becoming increasingly complex and ambiguous, full of paradox... The formal

systems, I think they will absolutely still be with us, but they don't work quickly enough. They're not consistent enough.

So, every organizational leader will need to become the kind of leader that we have a vision of in *Dare to Un-Lead*, in a sense of working through connections and relationships, with activism, working from a place of authenticity and trust, in highly relational ways.

So yes, I would say that *Dare to Un-Lead* is a book two decades before its time.

Celine: Helen, I thank you so much. I'm very grateful for those kind words and I agree with you in saying that the way you and I work is not revolutionary. It's *evolutionary*. Right?

Thank you, Helen, for your presence, your insights, the work you do and your inspiration.

It's been a real, real pleasure for me to have you on this podcast. I wish you all the best and we'll keep following your journey explorations and adventures. Thank you.

Great insights. Thank you all for listening. You'll find more info in *Dare to Un-Lead*, the book. And all links in the podcast episode description.
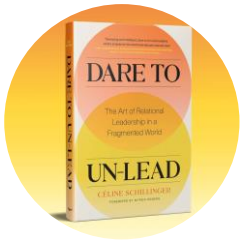
And now what else? Action! To explore further and apply these ideas to your own context, reach out to me celine@weneedsocial.com Let's un-lead together!

Podcast Resources

"Our largest problems won't be solved by heroes. They'll be solved, if they are, by movements, coalitions, civil society. —Rebecca Solnit, "When the Hero Is the Problem"

"In 2012, Helen Bevan was responsible for transformation at the NHS Institute for Innovation and Improvement in England. I had first connected with her on Twitter that year, and, subsequently, several times in person, sharing our experiences of the respective change movements we were involved in. Her core belief that we need to strategize change from a social movement perspective was exactly in line with what I considered the very essence of successful change.

At the time I met Helen, the Arab Spring and Occupy were in full flow. The synergies and differences between Helen's and my own initiatives and those occurring in the sociopolitical arena were highly informative. There was something exciting about being there at the inception of a new source of energy and witnessing the enormous potential and impact this force for change had, whether applied in the health sector or in business. Over time, my own involvement in the Break Dengue

activist movement then in the quality change projects at Sanofi moved me closer to Helen's domain of health and care improvement, and I found myself inspired and influenced by her in my own approach. Helen's deep understanding of transformational movements rests on decades of research and practice, the insights from which she continues to share widely, helping me and many others. What Helen knows all too well is that the feeling of fraternity that is so necessary for good collective work, but so difficult to achieve in traditional organizations, emerges naturally in a movement."
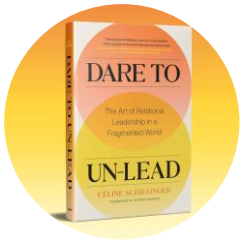
These lines are taken from Dare to Un-Lead, which refers several times to the research and practice of Helen Bevan and her team at the NHS. So I was delighted to be able to interview her for this episode of the podcast.

Helen Bevan has been for 25 years a change leader in the English National Health Service, the second largest healthcare system in the world. [Thinkers50](#) presents Helen Bevan as a "leader of large-scale change and improvement activist". The [Royal Society of Arts](#) explains that "Helen has been at the forefront of many NHS improvement initiatives that have made a difference for thousands of patients ever since. In 2012, Helen initiated NHS Change Day, in partnership with a group of young clinical and managerial leaders. Helen also conceived The School for Health and Care Radicals [later renamed [The School for Change Agents](#)]. Helen Bevan is acknowledged globally for her expertise in large scale change and ability to translate it into practical action and deliver outcomes. She provides advice, guidance and training on transformational change to leaders of health and care systems across the world."

Curious to know more?

Read [Dare To Un-Lead: The Art of Relational Leadership in a Fragmented World](#).

- *Helen Bevan* can be found in Dare to Un-Lead on pp. 79-80, 174, 217, 220

- **Activism and social movements** are addressed pp. 218–25, and also: Definition and components (pp. 219–21); Etymology and history of (pp. 218–19); Impacts in modern societies (p. 221); Motivation and engagement (pp. 224–25); New social movements (p. 221–23); Personal impacts from being an activist (pp. 223–24); In the workplace (pp. 225–26). See also change agents

- **Corporate activism** is addressed pp. 225–43; and also: Action and momentum from (pp. 227–29); Communications and engagement from (pp. 231–32); Vs. corporate societal activism and employee societal activism (pp. 226, 227); Finding purpose and (pp. 235–36); Fraternity and (pp. 217–18); Making time for (pp. 229–30); Organizational transformation from (pp. 240–43); Shared purpose from (pp. 237–40); And urgency and opportunity to act now (pp. 236–37).

DARE TO UN-LEAD

The Art of Relational Leadership in a Fragmented World

The Podcast

Watch Helen speak about Power for Change on YouTube

Follow Helen Bevan on Twitter and LinkedIn

Follow Helen's cat Rolf on Twitter

Sign up to the School for Change Agents

Read The new era of thinking and practice in change and transformation: A call to action for leaders of health and care (with Steve Fairman)

Read New Power: How Power Works in Our Hyperconnected World – and How to Make It Work for You, by Jeremy Heimans and Henry Timms

Read Networks of Outrage and Hope: Social Movements in the Internet Age, by Manuel Castells

Curious to use these ideas in your work? Get in touch!

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