Permission, performance and play: shifting culture, changing systems

Martin Stewart Weeks

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The two most important things you need to focus on if you want to use innovation to change systems and shift cultures are permission and play. The third thing is performance. Permission, performance, play - that's the trifecta you have to pull off. It's very hard and very rare.

I was reminded of this when I recently read an excellent blog about why it is that, even though the demand for innovation is growing, the willingness and capacity to actually do anything about it often is not. This was one of the paragraphs (the blog is called, suitably enough, "Innovate on Purpose")

> "There is a recognition that a lot of innovation is needed, but few resources and many time constraints. A real desire to create new things, and do things differently, but little cultural permission. We've overcome the awareness issue associated with innovation. Everyone believes that we need to do more. We are now staring at the commitment and inertia barriers, where it's finally time to "do" something. And the problem is, at every level in the organization, someone wants to innovate, but an individual one level up doesn't seem bought in."

There is an inverse ratio between the rhetoric of innovation, which can sometimes reach almost comically hysterical levels, and the passion, commitment and practical, emotional intelligence to actually get it done, especially over the long haul (and if there's one thing I've learned about innovation, it is that you cannot do it unless you realise, from the start, that you are engaging in a long game).

Generally speaking, the louder the voices and the noisier the rhetoric about the need for innovation, the less likely it is that, when you peel back the words, you will find much underneath. In fact, as the blog writer points out, what you'll more likely find is a mix of frustration, misunderstanding and even cynical manipulation as leaders claim to be all for innovation while doing practically everything in their power to make sure it doesn't, and can't happen.

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In the end, innovation doesn't matter unless it changes culture and shifts systems.

I don't mean it isn't worth the effort to make particular products and services better, either through incremental improvements or, occasionally, through step-change shifts in thinking, practice and behaviour. But if that is all that happens, then the change that the innovation introduces represents little more than a sugar hit. It won't last and it won't make a deep difference.

The trick is to attack the innovation imperative - and, for all the false and occasionally manipulative rhetoric surrounding the "new black", innovation is certainly a rising imperative - right from the start knowing that the real task is not to change products and services. If you accept that your task is to use those changes to create a front-end, forcing mechanism that drives change back into the surrounding institutions and systems of which the new product or service is a part, then you might get somewhere.

This is hardly an original insight. Plenty of people talk about the way in which the iPod, for example, wasn't important in and of itself, although it was a superb and game-shifting innovation for sure. But what really mattered was the way in which the new 'thing' was really a stalking horse for a much bigger ambition, to shift the culture and system of music distributed and consumption.

So the first step in the desire to use innovation to shift systems and change culture and, in the process, to entrench an innovation culture as well, is to start out with that deliberate intention. The obsessive focus on innovating the 'thing' - a process, a service, a product - is both necessary and legitimate. But the point, in the end, is not to do the new thing, but to make the new thing a way of forcing change in the institutions and systems that make the new thing both worthwhile and potent.

I was at a great fund raising event recently in Sydney, run by The Funding Network, an Australian version of a UK-based crowd funding innovation started by Canadian art dealer and philanthropist Fred Mulder.

If you don't know about TFN, by the way, you should check it out. This is where you can find out more about the Australian version, led by the brilliant Lisa Cotton. And this is where you can find out more about the original, UK version, led by the equally brilliant Eugenie Harvey (an ex-patriate Australian).

It's a clever innovation in what you might call the "mezzanine" layer of philanthropic giving, encouraging smaller scale, but strategically critical social investment which, at the same time, actively and purposefully builds a new culture and practice of social or shared giving. In fact, it occurs to me that TFN itself would be a pretty good example of how you use the focus on a "point" solution - how to get small, but strategically clever injections of investment to young and fragile start-ups - to actually shift the culture and institution of philanthropic and social investment.

But for now, TFN isn't the point.

The point is a very clever project in Australia which exemplifies how you use an apparently small step change in a very specific, and limited problem-solving task to actually change a whole culture, in this case, one of the most change resistant cultures you can imagine - the public health system. I attended the TFN fund raising night specially to hear more about, and to give some money to, this wonderful project.

The project is called One Disease at a Time. Its current focus is to eradicate crusted scabies and scabies as a major health problem in Australia, primarily focusing on Indigenous communities in northern Australia where the disease is a debilitating scourge.

One of the questions that entrepreneur and doctor Sam Prince was asked during his pitch was, if the solution was as simple as a tablet and some ointment, why more hadn't been done by the public health system in Australia's Northern Territory to fix the problem. Why did it require the intervention of a small, underfunded project developed by a bunch of dedicated and entrepreneurial doctors to point out something you would think the public health system, already with plenty of taxpayer funding, should have been able to work out on its own?

As I reflected on Sam's answer, which traded primarily on the simplicity and agility of the *One Disease* approach, it occurred to me that his experience illustrated how social innovation, at its best, can tackle not just the problem of alleviating the symptoms of a problem but infecting the larger systems whose dysfunction gives rise to the problem in the first place. In fact, it occurred to me that Sam Prince, himself a restless and slightly obsessive doctor, is actually in the business of changing the culture of public health. But that isn't where he started.

The way I heard the story, the process goes something like this.

One Disease starts by engaging a specific, identifiable cohort. In this case, it is kids, community by community across the northern regions of Australia, who are suffering from scabies or, worse, crusted scabies (basically what happens when the scabies mite takes over your whole body which is then covered in painful and highly infectious sores).

The approach relied on a simple, effective remedy, which is a combination of the tablet and the ointment.

That early success allowed the *One Disease* team to go further and rewrite some or the key care protocols, which, it turns out, have been highly successful in containing the disease and preventing its spread. In fact, the new protocols were so successful; *One Disease* was invited to make them available to the wider health system. (Quick lesson - often the best way to innovate a system is to get outside the system, do something useful and productive and, drawing on that experience, take the lessons back into the system which apparently is incapable of doing that for itself; perhaps we needn't spend too much time wondering why that is the case, but rather recognise that this outside-in dynamic works and is a crucial part of the culture-busting potential of apparently small social innovations).

One Disease has created a beachhead of value and effectiveness, based on their "start up" approach, which has now earned them the credibility to grab the chance to look around to see how they can spread their influence more widely into the larger system.

So rather than lobby the system or try to change the culture head on by some kind of campaign from outside, *One Disease* has worked its way into the system by offering an effective and simple solution that starts to make a real difference in people's lives. In one of its earlier communities, rates of readmission to hospital for scabies in young children have dropped 50% in less than 3 years. It always helps, of course, if your innovation works.

So what has *One Disease* done? It picked a point in the system of maximum leverage – that is, a place where a relatively small, but very well targeted intervention had the biggest, quickest effect – and worked there first. Early success leads to steady growth of reach and impact. More success leads to the opportunity to think about the larger system issues that surround the specific cohorts.

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One Disease demonstrates one way to approach what we might call the "new public work", new ways to harness the skills, insight and flair of social entrepreneurs to prize open different ways to attack problems which those larger traditional public service systems themselves often either can't see or don't have the capacity to deal with. Sam Prince and his team have created a powerful front-end forcing mechanism that is already driving bigger changes of culture and practice change back up and into the public health system.

In a slightly different way, I am aware of a couple of the big human service agencies at both the national and state level here in Australia which are trying to do exactly the same thing - to take the practice of (social) innovation and use it to motivate deeper changes into the surrounding systems and culture,

I'm delighted to say that, in both cases, the work of The Australian Centre for Social Innovation (TACSI - brilliantly led by CEO Carolyn Curtis…what is it with these clever, passionate Australian women who want to change the world?) and especially its Family by Family initiative- has been part of the mix of forces driving the immediate and deeper innovation instinct. (Disclosure - I am on the board of TACSI).

So what do The Funding Network, *One Disease*, the two human service agencies (and maybe even TACSI, for that matter) have in common? What are the factors, which lift their chances of turning point solutions and apparently one-off product, and service innovations into potentially shape-shifting change in the surrounding culture and systems?

Permission, performance and play are (part of) the answer.

No culture or system gets changed unless someone, somewhere has permission to even try. Sometimes that permission is given, sometimes it is stolen, sometimes it is assumed and, often, it turns up later when change has already started, sparked by usually courageous and even maverick people who won't, or can't wait.

But somewhere in the mix of any example I can think of - including the big and usual suspects like Google and Apple - where innovation at a cultural and systems level ever happens, having permission to innovate, to think and act differently, to tackle a problem and ask the most subversive question in the world, "why not?" is somewhere in the mix.

But performance matters too. You must have at least some degree of competence and capability to do the work. People need the right skills and attitudes, they need money and other resources, they need discipline and dedication, and they need patience and persistence. They need leadership at every level that is both tolerant and demanding and understands how leaders need to behave in the face of the innovation dynamic, which often requires them to have deficient space and time for work to be done that appears to contradict and even subvert many of the rules of normal operation. I haven't met many leaders who are capable of all of this.

Innovation is very hard work and if you want to get involved in it, you should expect it to be difficult and often, very dispiriting. I sometimes think the current discussion about innovation too often carries slightly glib overtones that assume innovation that matters can be achieved without hard work that is often personally and organisationally emotionally confronting and uncomfortable.

So you need permission and you need some factors in place to make sure that the actually doing of the work - its performance - is competent.

But most of all, you need play. By that, I mean an instinct and a willingness to think and work playfully, defined in this sense as a combination of working outside the normal rules and dynamic of "business as usual" work and the ability to engage in thinking, trialing and testing that can appear whimsical, pointless and

irrelevant.

Dictionary definitions of play usually say something like "engage in activity for enjoyment and recreation rather than a serious or practical purpose" http://www.oxforddictionaries.com/definition/english/play. There are plenty of other dimensions to this little word, but it is this kind of "no practical purpose" sense that I am referring to. I'm not saying that all innovation has to be playful or has to start with a kind of "no practical purpose" instinct. *One Disease* innovated with a deadly serious purpose.

But in a way, it also worked because Sam Prince and his backers were prepared to undertake a project which, in the face of the kind of large scale, deep systemic challenges facing the public health system in the Northern Territory, could perhaps have been construed as play, as being so small as to be of no practical purpose.

But the point is that their playing - trying a different, community-focused, ground up and small scale approach which had the effect if rearranging some of the pieces of the game in ways that promised to be more productive - led to serious results which, in turn, have invested their 'play' with a degree of seriousness that allows them to engage with the larger systems of health care and, in the process, to start changing them deeply.

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The blog post I started with concludes with this observation:

> "Ultimately, there's really no one standing in the way of innovation. Consumers and shareholders want it, and are often willing to give firms the benefit of the doubt if they are really investing in innovation. Executives want innovation but must be convinced that their organizations can deliver, build skills and create a successful innovation capacity.

> Middle managers want to innovate because they are fed up with the drudgery and being stuck between intemperate demands for innovation from on high that arrive with no resources, and requests to innovate from employees but no availability to introduce more risk or uncertainty. Employees at the ground floor want to innovate because they witness customer needs that go unfulfilled."

The point is that no one is stopping us innovate but, in the end, we all stop it happening by assuming that someone, usual just one level up or slightly to the side of us, is stopping it happen.

Innovating whole cultures and systems can be done and is being done. It takes great skill and, more importantly, great passion and courage. My own view is that too many of the prevailing cultures in the broader systems of public work in government, business and civil society are increasingly hostile to passion and courage.

They don't say that, of course. Indeed, they often say exactly the opposite, confecting furious commitment with words that, tested against experience, test and even break credulity.

On the basis that, in the end, you must listen to what people do and not only to what they say, I'm inclined to sustain my pessimistic view that the ability to change systems and cultures is increasingly hostage to a set of attitudes and behaviours that are diametrically opposed to the work of deep change - narrow, short-sighted, unimaginative, cautious and calculating. It's a bit of a problem.

Martin Stewart-Weeks:

I am a strategic thinker, organisational consultant, facilitator and writer with 30 years' experience spanning government, the "for purpose" or social sector and the corporate sector. My work explores the intersection of policy, government, technology and innovation. I am currently working as an independent consultant and advisor.

From 2001 to 2013, I led the Asia-Pacific public sector team in Cisco's consulting and innovation arm, the Internet Business Solutions Group. Our team worked on policy and reform projects in government, education, human services and urbanisation in India, China, South-East Asia, Australia and New Zealand. I was part of Cisco's higher education practice in Australia and New Zealand and continue to represent Cisco on the Business Higher Education Roundtable (BHERT).

Prior to my role in Cisco, I held various policy and management roles in the federal public sector, including a stint as Chief of Staff to a Minister in the Federal Government, and with the NSW Cabinet Office. I also ran a successful policy, research and organisational consulting practice to public and non-profit organisations.

I write and speak extensively on government, service design and policy reform. Together with former Finance Minister Lindsay Tanner, I recently published Changing Shape: Institutions for a Digital Age (Longueville Press, February 2014).

I was a member of the Ministerial Task Force on Government 2.0 (2009) and was also a member of the advisory committee on Government 2.0 in Victoria. In 2008, with a small group of entrepreneurs, I established the Australian Social Innovation Exchange (ASIX) as part of a global network of social innovators. ASIX has now been amalgamated with The Australian Centre for Social Innovation (TACSI), on whose Board I sit as a director. I am part of the team, led by Mark Bagshaw, developing a new venture, The Able Movement, to build a social movement to shift attitudes, beliefs and behaviour in Australia towards disability and disability reform.

I hold undergraduate and masters degrees in English from the University of York in the UK and Social Science and Policy from the University of New South Wales as well as graduate qualifications in applied economics from what is now the University of Canberra.