Health as a Social Movement

National Seminar Series

London
March 2017

RSA
21st century enlightenment

Welcome

RSA

RSA

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THE ROYAL SOCIETY FOR THE ENCOURAGEMENT OF ARTS, MANUFACTURES AND COMMERCE (RSA)
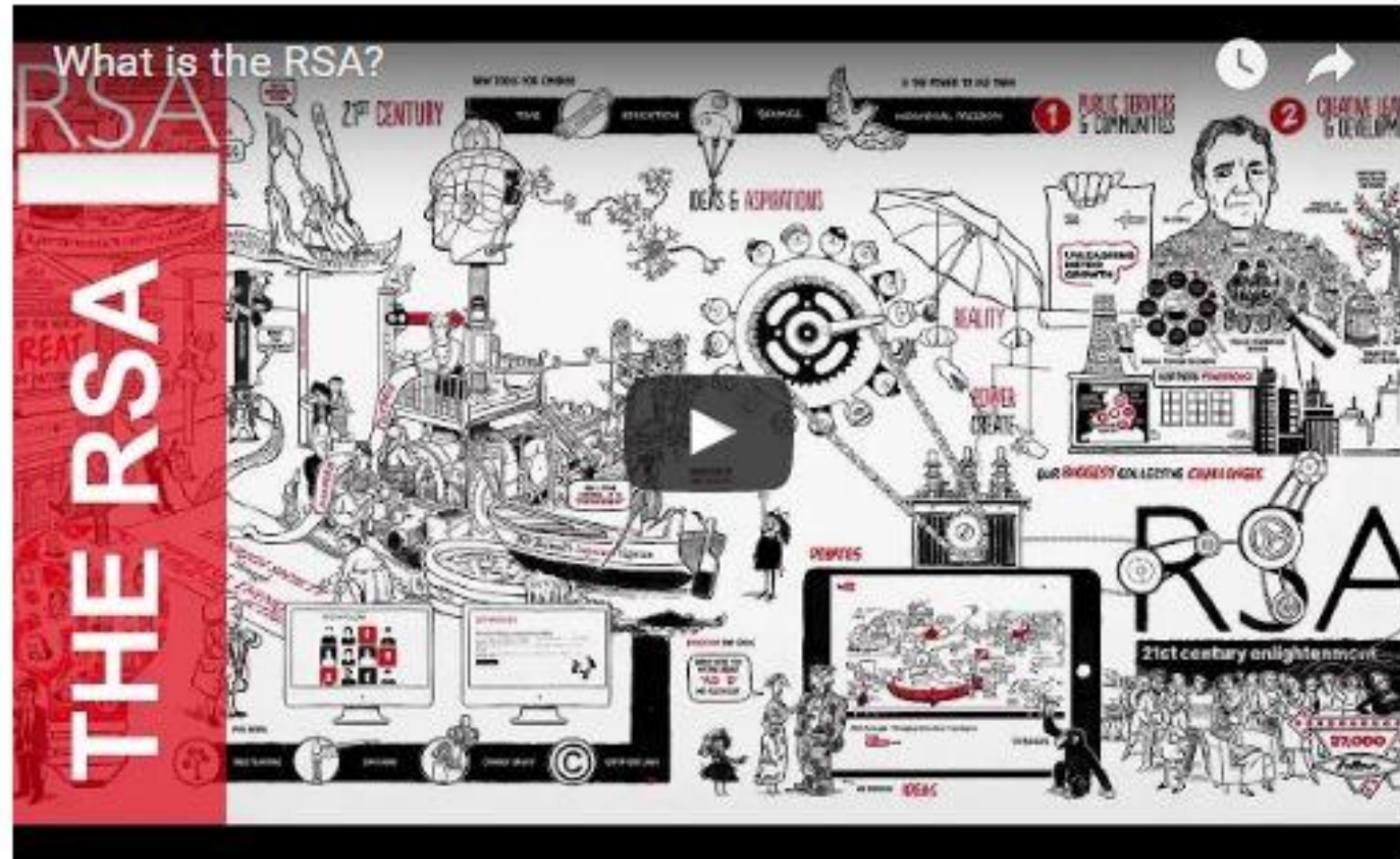
Founded 1754

Tackling a range of social challenges through research, action and ideas

WHAT DOES THE RSA DO?

FOLLOW THE LINK [HERE](#)

Overview

AGENDA

10.00   **Welcome**
- What is a social movement?

10.30   **Understanding social movements**
- Learning from international examples (20 mins)
- Learning from the Vanguards (40 mins)

11:30   *Break, leading into*

11.45   **What are your challenges and opportunities?**
- Tools for growing Social Movements (i) Social Moments
- Individual exercise and discussion

12.30   *Lunch*

13:15   **Growing Social Movements**
- Tools for growing social movements (ii) Diffusion and spread
- Identifying Actions (Idea Generation)
- Co-ordinating actions

14:45   **Feedback and next steps**

15:00   Close

WHAT WE WILL ACHIEVE TODAY

Context

- Understanding social movements, and their role in health

- Understand emerging importance within NHSE's Five Year Forward View

- Learning from case studies (local and international)

Tools

- Introducing "Social Moments"

- Deepening understanding of Spread and Diffusion

- Help you understanding the role Networks, Norms, Narrative

Actions

- Collaborate together to produce a set of actions that could support social action for health

What is a social movement for health?

WHAT IS A SOCIAL MOVEMENT?

INITIAL EXERCISE

- What do you understand by the term social movement?

- What are the key characteristics of a social movement?

- What social movements currently exist that improve health?

Towards a social movement in health

Step 1

RSA
Ian Burbidge

YOUR LOCALITY

HEALTH VISION:

_____

_____

_____

Health Goals / Priorities			

Understanding Social Movements

NESTA Research

Health as a social movement

A health social movement EMPOWERS

Empathises with people + communities
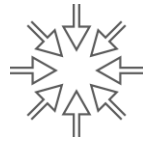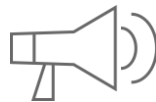
Mobilises people

Pressures systems

Orbits existing systems

Waves in intensity over time

Experiments

Rages and roars

Self-governs

Social movements are one of the most effective forms of pressure on societal systems in health and care

"We cannot understand social movements unless we understand how they *spread*."

What *spreads* in a social movement?

VISION: what change do you want to make?

ACTIONS: what can people DO?

The doctor can make the incision,
I'll make the decision.

SHIRLEY TEMPLE

BREAST CANCER PREVENTION BREAST CANCER PREVENTION BREAST CANCER PREVENTION BREAST

India turns Pink

#GetYourPinkOn

The open data movement

AWAKE

TUMOR TYPE: ASTROCYTOMA
GRADE: GRADE II WITH TWO SMALL REGIONS SHOWING GRADE III
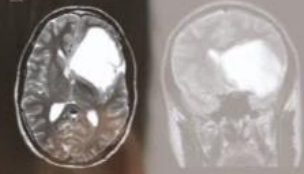
TREATMENT: SURGERY, THEN 49 DAYS OF
PROTON IRRADIATION FOLLOWED BY 12 MONTHS
OF TEMODAR

SURGERY

OPTION 002

CHEMOTHERAPY

TUMOR TYPE: ASTROCYTOMA
GRADE: GRADE II WITH TWO SMALL REGIONS SHOWING GRADE III

TREATMENT: SURGERY, THEN 49 DAYS OF
PROTON IRRADIATION FOLLOWED BY 12 MONTHS
OF TEMODAR

Impact to date

- 7 million patients
- Nationwide adoption
- A "new care standard" with patients involved in decisions
- Clinically relevant benefits
- Minimal concerns
- Experts cite the potential to improve patient safety, medication adherence, and patient recall
- Potential to save healthcare costs

Adverse childhood experiences

"My patient said,
being overweight is
SAFE."

- Dr. Vincent Felitti

Ten adverse childhood experiences

ABUSE   NEGLECT   HOUSEHOLD DYSFUNCTION

emotional

physical

sexual

emotional

physical

divorce

substance abuse

mental illness

mother treated violently

incarcerated relative

Unhealthy behaviours

lack of exercise | smoking | alcoholism | substance abuse | missed work

Health issues

severe obesity | diabetes | depression | suicide attempts | STDs

heart disease | cancer | stroke | COPD | broken bones

sity

The correlations

No ACEs	1-3 ACEs	4-10 ACEs
1 in 16 are smokers	1 in 9 are smokers	1 in 6 are smokers
1 in 69 are alcoholics	1 in 9 are alcoholics	1 in 6 are alcoholics
1 in 480 use IV drugs	1 in 43 use IV drugs	1 in 30 use IV drugs
1 in 14 have heart disease	1 in 7 have heart disease	1 in 6 have heart disease
1 in 96 attempt suicide	1 in 10 attempt suicide	1 in 5 attempt suicide

ACEs are common

zero
36%

one
26%

two
16%

three
9%

four+
12%

64% of people have at least one ACE
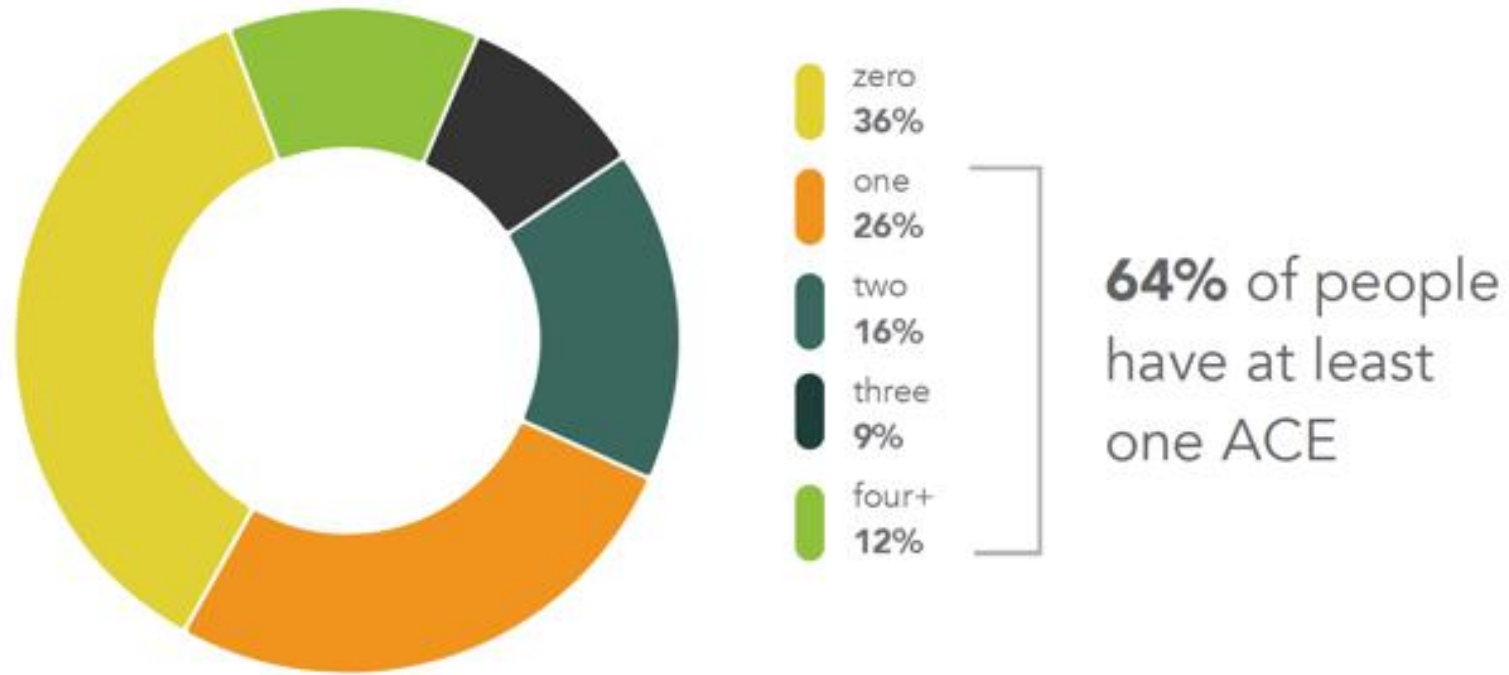
The economics

86%
of U.S. healthcare costs
spent on people with >1
chronic condition

$5.8 T
estimated impact of the
social costs and lost
earnings associated
with child maltreatment in
US alone

Why is this issue ripe for a movement?

1. Childhood trauma is still highly stigmatised

2. There are deep cognitive biases to break

3. Research uptake has been low, especially in healthcare

4. Pathways to solutions now exist

5. People are mobilizing around the issue

The Roles Neuroplasticity and EMDR Play in Healing from Childhood Trauma

By Zoe Reyes, LMFT
~ 4 min read

Studies on neuroplasticity have become increasingly popular in the last several years. It was once thought that our brain was fixed and unchanging once we enter adulthood. Research throughout the last few decades has determined that in fact, our brain has the ability to change and create new neural pathways as well as produce new neurons, a process labeled as neurogenesis (Doidge, 2015). This finding is significant because if the brain has this ability to change, we have the ability to change our way of thinking and possibly improve mood.
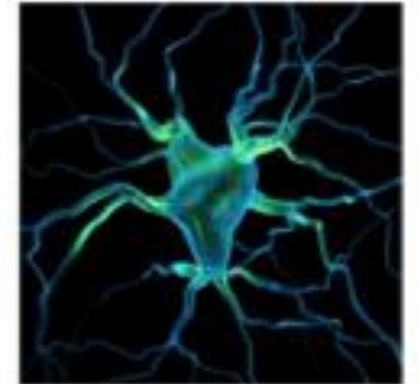
Neural pathways in the brain are strengthened with repetition. One way to describe this process is "the neurons that fire together, wire together."

Dr. Nadine Burke,
Founder of Center for
Youth Wellness

"If you think this is anything less than a human rights movement, think again… the smoking fight took 60 years."

Learning from the Vanguards

New Economics
Foundation &
Royal Free Hospital

HEALTH AS A SOCIAL MOVEMENT

Theory of change and vanguard learning

About us

The New Economics Foundation exists to give people the tools they need to take real control of their lives at a time when family finances, community and the future of our planet are all severely threatened. We do this by:

- Working alongside community groups, activists and other organisations, to build a movement for economic change.
- Producing quality, challenging research and new, creative thinking.
- Supporting practical projects that improve well-being and environmental sustainability.

Our role

Learning and support:

- Challenge and inspire the six Health as a Social Movement sites, linking them to practical support and resources to continually improve the work that they are doing.
- Support the sites to learn from one another and share practical learning

Evaluation:

- Evidence if the sites are achieving the outcomes they have set out to tackle; to understand the actions taken, how successful these were and why.

Theory of change

- Developed through a workshop discussion with all partners.

- Aimed to :
  - Enable partners to come to a shared understanding of the programme, and think about how each of the different pieces of work support each other.
  - Guide evaluation.
  - Aid communication.

Theory of change
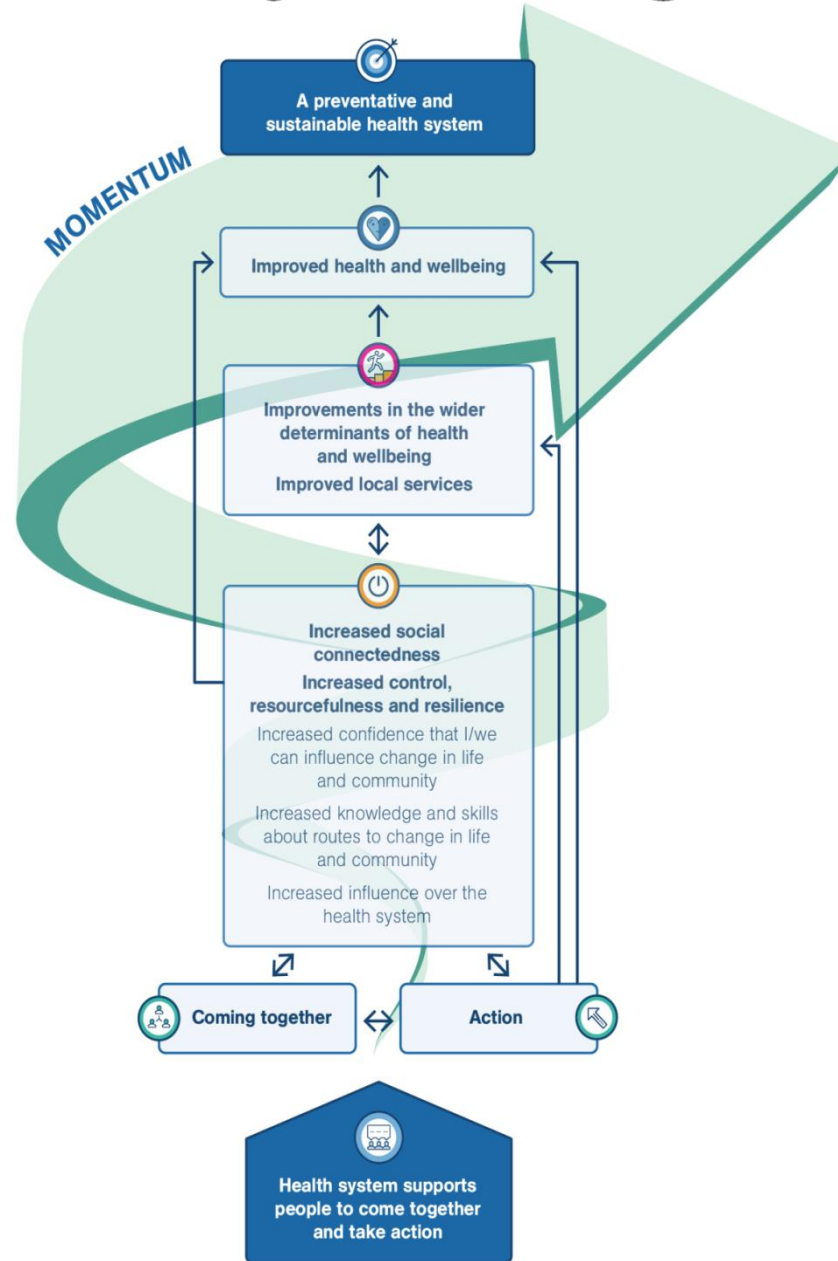
Theory of change

health system

Coming together ↔ Action

Health system supports
people to come together
and take action

Theory of change

A preventative and sustainable health system

Improved health and wellbeing

Improvements in the wider determinants of health and wellbeing

Improved local services

Increased social connectedness

Increased control, resourcefulness and resilience

Increased confidence that I/we can influence change in life and community

Increased knowledge and skills about routes to change in life and community

Increased influence over the health system

MOMENTUM

Coming together

Action

Health system supports people to come together and take action

Theory of change

Improved health and wellbeing

Improvements in the wider determinants of health and wellbeing

Improved local services

Theory of change

Theory of change

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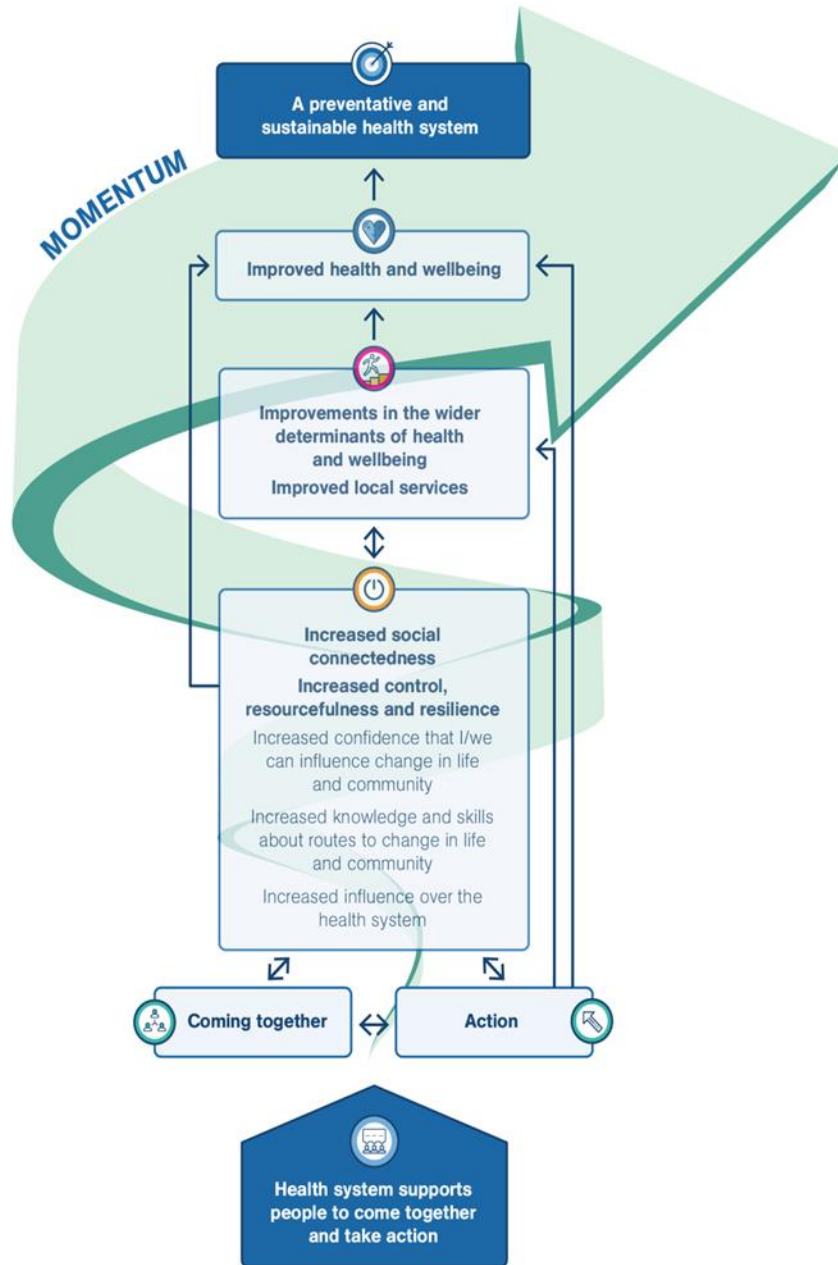
Health as a Social Movement – Facilities Health & Wellbeing Project

Nicola Bullen, Vanguard Project Lead/

Co-Founder/ Director For All Our Wellbeing C.I.C

Organisational context

The scale of the trust

10,000
Staff members

3
Hospitals

30
Community sites

Training places for
350 Nurses & midwives
600 Doctors

world class expertise ❖ local care

Royal Free London NHS
NHS Foundation Trust

Commitment to staff

We could not deliver quality and effective care to our patients without a healthy, fit and committed workforce: therefore, staff health and wellbeing are a priority to our trust.

Royal Free London **NHS**
NHS Foundation Trust

Staff Health & Wellbeing Strategy
2016-2018

Our Vision

To maintain a **healthy** and **happy** workforce by creating a work environment which **actively supports** staff health and wellbeing, in order to provide **world class care** to all our patients.

THEMES

Physical Health
Physical activities and exercise are actively encouraged. Work-place injuries monitored and prevented.

Mental Health
Awareness of mental health issues continuously improved. Initiatives to improve staff mental health promoted.

Healthy Environment
Trust infrastructure and catering provision allow for healthier choices.

Staff assistance & support
Assistance and support are available and accessible for health and wellbeing issues affecting staff.

Partnership with staff
Staff feel valued and appreciated. Staff are empowered through joint-working with the organisation.

world class expertise ✦ local care

Royal Free London **NHS**
NHS Foundation Trust

Vanguard project objectives

Overriding objectives

Inspire: Bringing staff together through activities and at events, building motivation and encouraging peer support for becoming healthier and happier, through wide ranging communications and health messaging

Insight: Better understanding staff ideas and priorities around their personal health and wellbeing needs, utilising evaluation and establishing metrics to learn what works

Building staff resources and capabilities: To ensure sustainability of staff health and wellbeing initiatives within the workplace

Embed/Activate: Developing and delivering bespoke initiatives alongside staff, that empower them to make long standing sustainable improvements to their wellbeing

Reach: Develop staff ambassadors/ champions, identifying opportunities for supporting health and wellbeing for trust staff and developing new ways of linking with wider communities across NHS.

Royal Free London NHS
NHS Foundation Trust

Specific focus

To target a specific staff group within the trust:

Engage the unengaged within lower paid staff groups - Facilities team at the RF site. A lower paid group who had not typically participated in any of the organised health and wellbeing initiatives at trust, yet have low levels of engagement and higher than average rates of sickness, MSK problems and have expressed feelings of being ignored and overlooked as a staff group and treated badly by other members of staff.

The group is made up of c300 staff across 4 teams (Domestics, Porters, Security, Facilities admin & clerical team)

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NHS Foundation Trust

Facilities Health & Wellbeing Project

- To encourage and develop sustained lifestyle change within the Facilities' teams

- To empower staff to take responsibility for their own health and wellbeing

- To support staff to take community/ widespread action to become healthier and more active

- To put the staff at the centre of change through wide-scale ongoing face to face engagement

- A series of programmes to be designed with staff/ not for staff

- To engage Facilities in large scale change to benefit entire team, their families, and the wider organisation

Project delivery stages/ action

Project delivery stage 1 (Sept-Oct)

- Kick-off meeting with senior management team
- 2 x large group presentations, domestics/ porters
- 2 meetings with security teams
- 1-1 face2face meetings across all staff groups - 122 staff
- Survey collection across all staff groups - 91 staff
- Initial Health and Wellbeing event 220 attendees
- Interdepartmental charity Football tournament - 220 staff
- Team building event 255 staff attended England 'v' Australia rugby game
- Baseline questionnaires completed - 213 staff

Questionnaire results - infographics

FACILITIES SUPPORT STAFF HEALTH & WELLBEING

SURVEY RESULTS 2016

1. What is your age?

<25	25-34	35-44	45-54	55-64	65+
7%	14%	15%	31%	29%	4%

2. How long does it take you to commute to and from work?

- 23% Less than 30 min
- 15% 30-45 min
- 19% 45 min-1 hour
- 29% 1 hr-1hr 30 min
- 11% 1hr 30 min-2hr
- 3% >2hr

3. Which mode(s) of transport do you use to get to work?

Walk	Cycle	Bus
25%	24%	54%

Tube	Train	Car
24%	39%	3%

4. What type of work contract do you hold?

- Permanent 63%
- Bank 36%
- Fixed-term 1%

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NHS Foundation Trust

5. Do you work full-time or part-time hours?

Full-time	Part-time
91%	9%
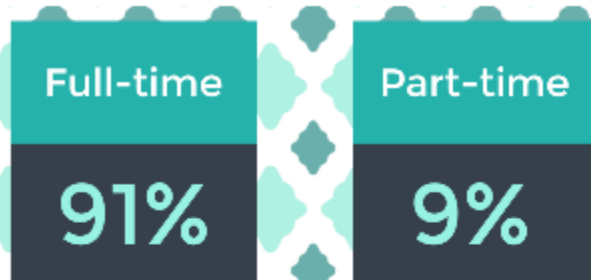
6. Do you regularly put yourself forward for overtime?

YES 50.5%　　　**NO** 49.5%

7. In general, how would you rate your health?

Very Good	Good	Fair	Bad	Very Bad
26%	43%	29%	2%	0%

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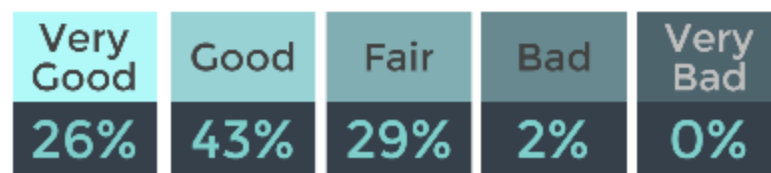
8. Do you drink alcohol?

YES 42%　　　**NO** 58%

Approximately how many alcoholic drinks do you have each week?

1-4 units	2-4 units	5-8 units	9-12 units
66.67%	2.56%	5.13%	10.26%

13-16 units	16-20 units	20+ units
7.69%	2.56%	5.13%

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NHS Foundation Trust

9. Do you smoke?

YES 19% **NO** 81%
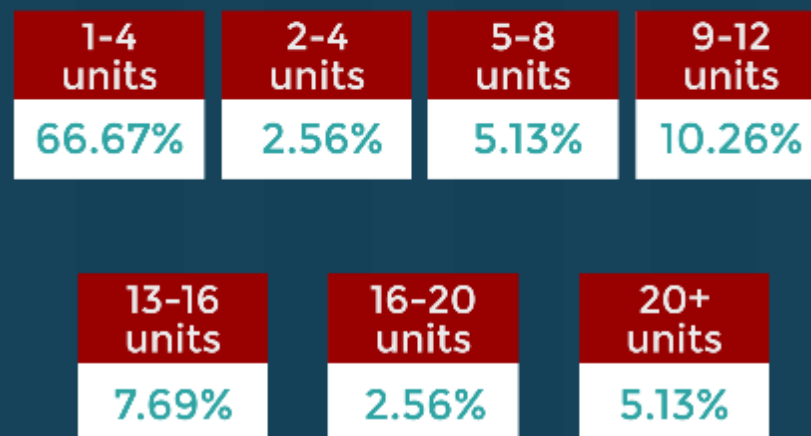
Approximately how many cigarettes do you smoke per day?

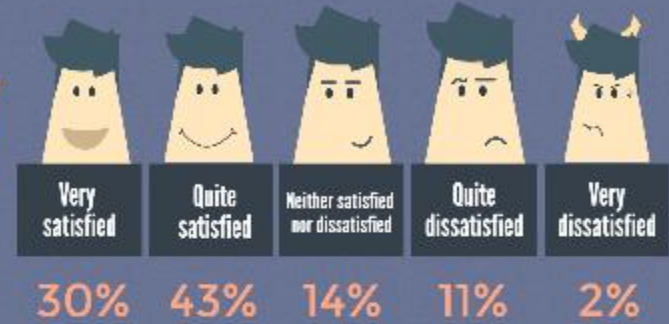| 1-4	5-10	11-15	16-20	20+
38.89%	38.89%	5.6%	5.6%	11.11%

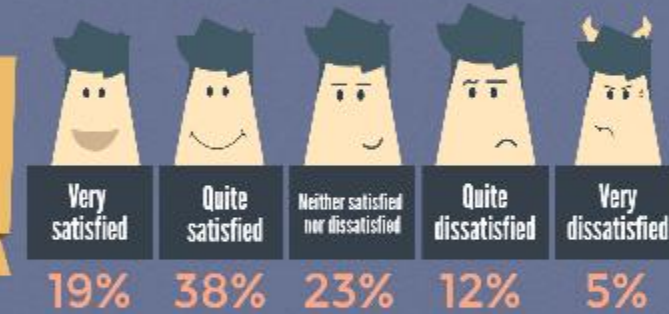## 10. In the past week, on how many days have you done a total of 30mins or more physical activity?

6+ times	4-6 times	2-4 times	1-2 times	0 times
10.75%	9%	10.75%	10.75%	10.75%
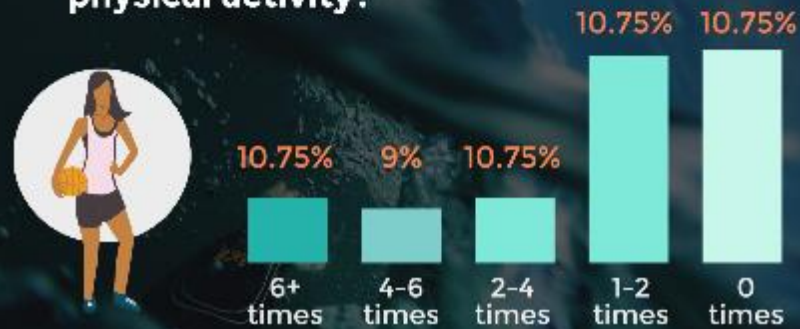
13. In general, how satisfied are you with:

A. Your Job

Very satisfied	Quite satisfied	Neither satisfied nor dissatisfied	Quite dissatisfied	Very dissatisfied
30%	43%	14%	11%	2%

B. The social environment at work

Very satisfied	Quite satisfied	Neither satisfied nor dissatisfied	Quite dissatisfied	Very dissatisfied
19%	38%	23%	12%	5%

C. The physical environment at work

Very satisfied	Quite satisfied	Neither satisfied nor dissatisfied	Quite dissatisfied	Very dissatisfied
13%	40%	25%	16%	5%
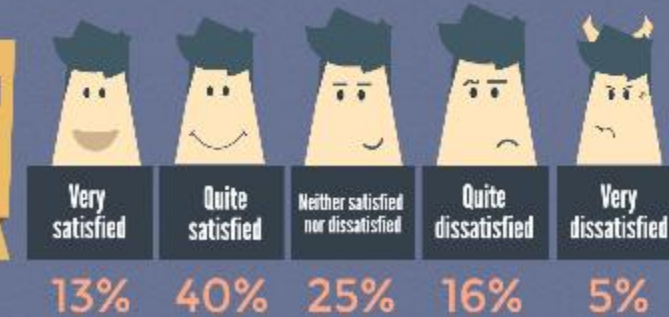
11. Taking everything into account, do you think paid work is generally good or bad for your:

Physical health

Very Good	Good	Bad	Very Bad
23%	60%	17%	0%

Mental health

Very Good	Good	Bad	Very Bad
18%	67%	13%	2%
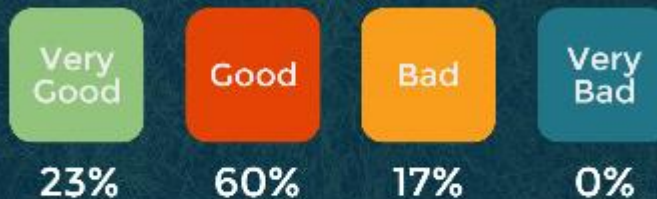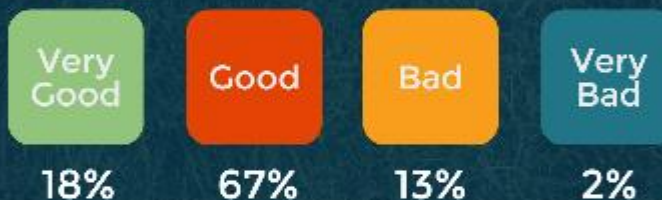
12. In relation to stress, overall how do you find your job?

Not stressful	Mildly stressful	Moderately stressful	Very stressful	Extremely stressful
11.83%	26.88%	39.79%	9.68%	11.83%

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Project delivery stage 2 (Nov-Feb)

- Monthly newsletter produced for over 200 staff
- Weekly informal 'face to face' meetings with all teams
- Formal monthly meetings with all 4 teams
- Interdepartmental Step@TheFree team challenge
- Snowdon preparation (e.g. risk assessments/ route planning/ training walks, FAQ's, training guides) 120 staff
- Preparation for training/ roll out of RunTogether 155 staff
- Preparation and execution of 'New Year New You' trust wide event, 2200 staff in attendance across 4 sites
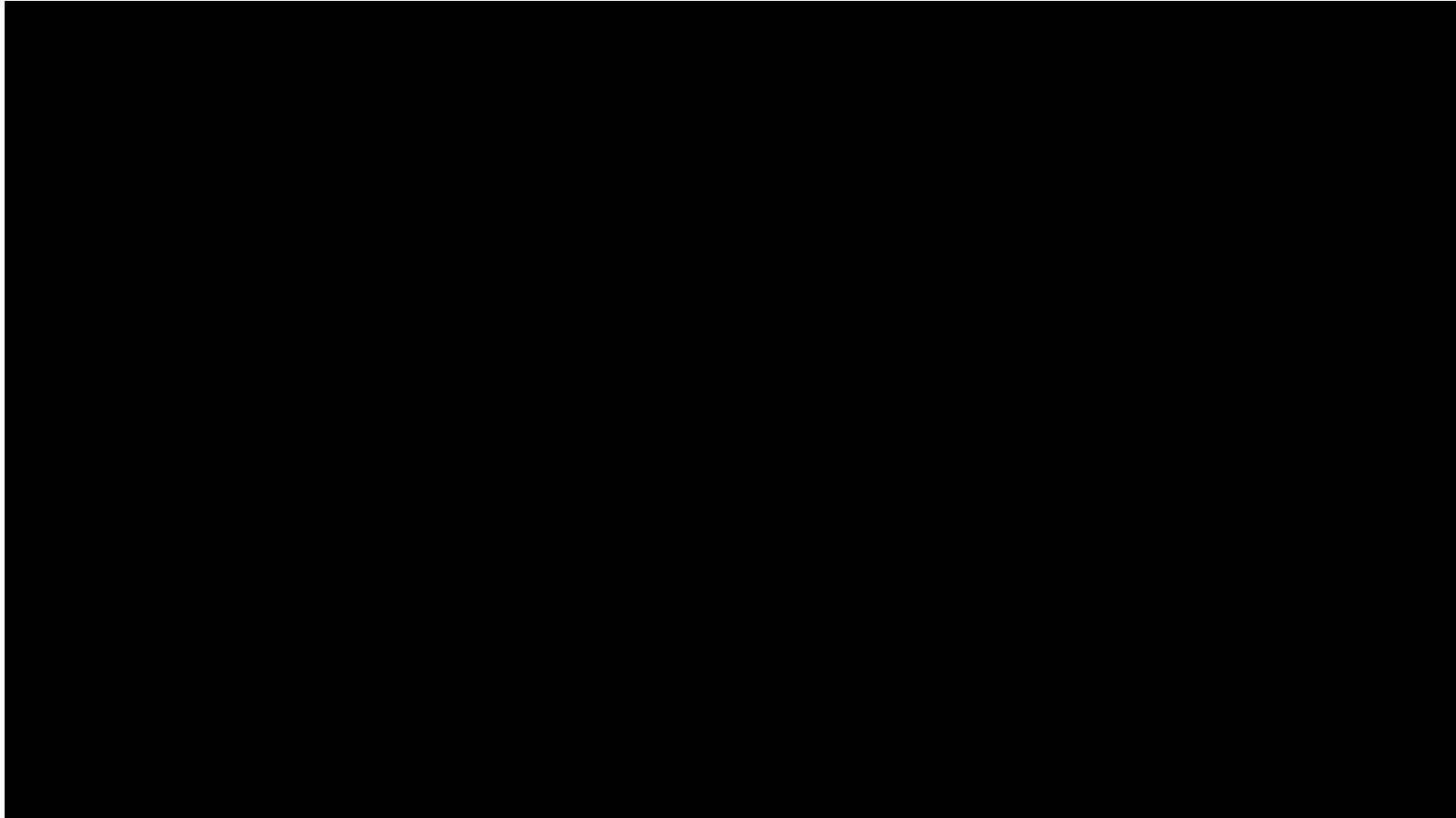
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Royal Free London
NHS
NHS Foundation Trust

Royal free hospital

[Royal Free Hospital - Video](#)

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NHS Foundation Trust

Football Tournament

Next 6month project plan

Next 6 month project plan 1

- 'See me differently' video series (Mar)

- Financial wellbeing seminars/ training program (Mar)

- 12 week Snowdon training (mid Mar)

- 'Train the trainer' healthy cooking classes (Apr)

- Run coach program (Apr)

- Hot Pod Yoga + energy exchange (Apr)

- Walk/ Run program rollout 4 hospital sites (Apr/ May)

- Superhero charity run (May)

- Wellbeing Web Portal development and roll out (May)

- Training walks for Snowdon (Apr-Jul inc)

- Snowdon events (May – Jul inc) + video

Next 6 month project plan 2

- London to Brighton bike ride (Jul)

- Family fun day (Jul/ Aug)

- Annual charity football tournament (Aug)

- Champion/ Ambassador accredited training (Sept)

- Launch Wellbeing Champion committee (Sept)

- Staff 'small grants' project set up scheme (Sept)

- Targeted trust roll out – linked to 'hot spots' (Oct)

Thank you

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Break

Towards a social movement in health

Step 2

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UNDERSTANDING SYSTEMS

Where are the priorities?

- What are the drivers? (eg: lack of affordable healthy food, pressure of health services due to demographic change) Which priorities compete with each other?

What are the barriers to change?

- What are the regulatory and policy binds? What are the repeating problems?

Who are the stakeholders?

- Power dynamics: Who has the power? What kind of power?

YOUR LOCALITY:

MAPPING THE SYSTEM

VISION:

_____

_____

_____

Health Goals / Priorities	Barriers / Challenges	Stakeholders	

YOUR LOCALITY:

WORKED EXAMPLE

VISION

A HEALTHY TOWNSVILLE

Goals	Stakeholders	Barriers to change	
Reducing childhood obesity	• Schools • Parents forums • Young people	• Availability of affordable healthy food • Advertising	
Reducing social isolation	• Care homes & sheltered accommodation • Carers • Carer companies	• Social norms related to ageing or discriminations • Time pressures on carers and care homes staff • Limited finance for social activities	
Increase volunteer involvement in health system	• Local CVS • CCGs • Health practitioners	• Lack of awareness • Caution related to risk • Time commitment (volunteer management)	
Reduce admission to acute services	• Primary care staff • Local gov. • CCG • NHS Trusts	• Pressure on GP services • Pressure on pharmacies • Medical model of health	

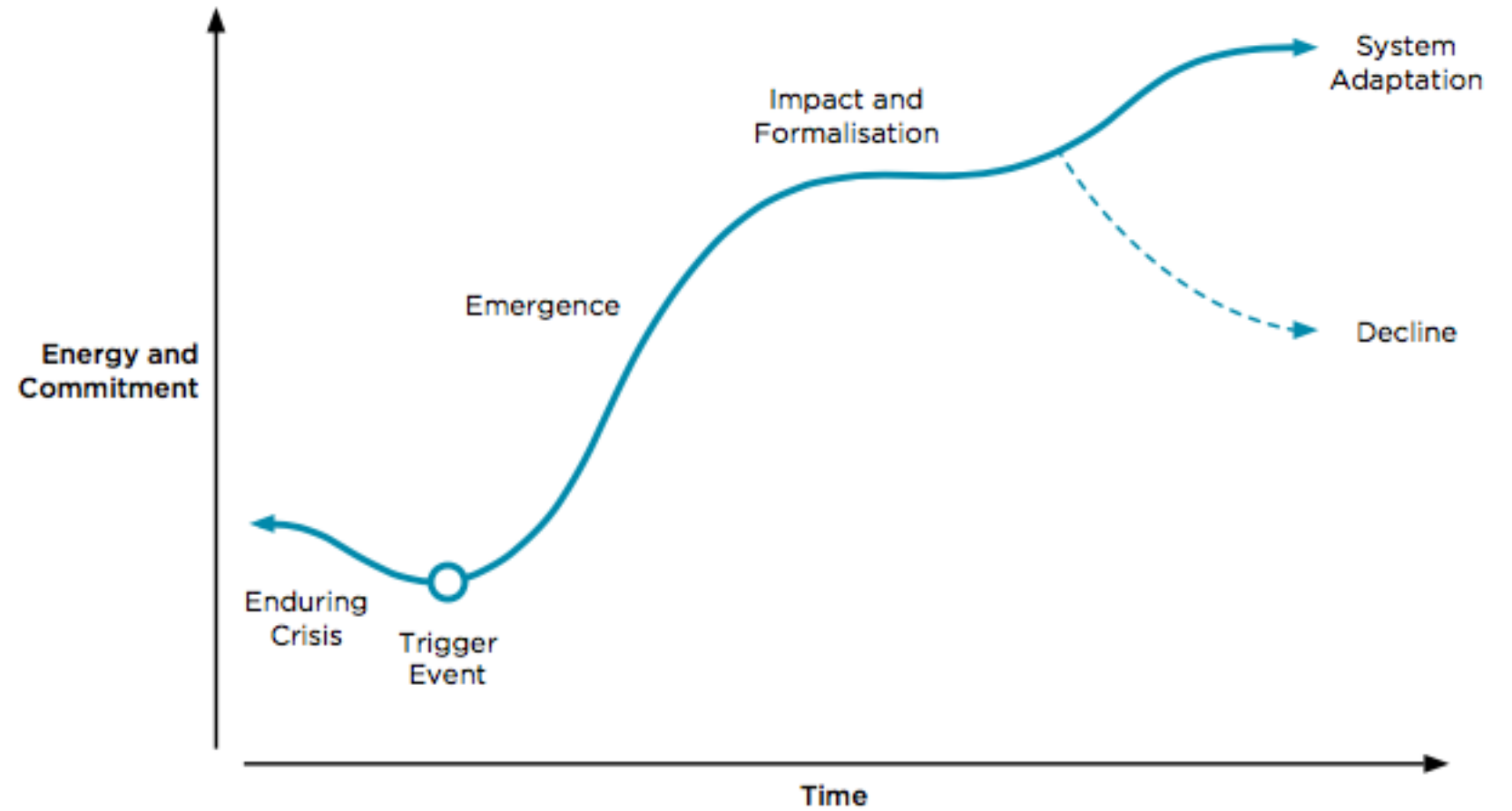# Tools for Growing Social Movements (i)

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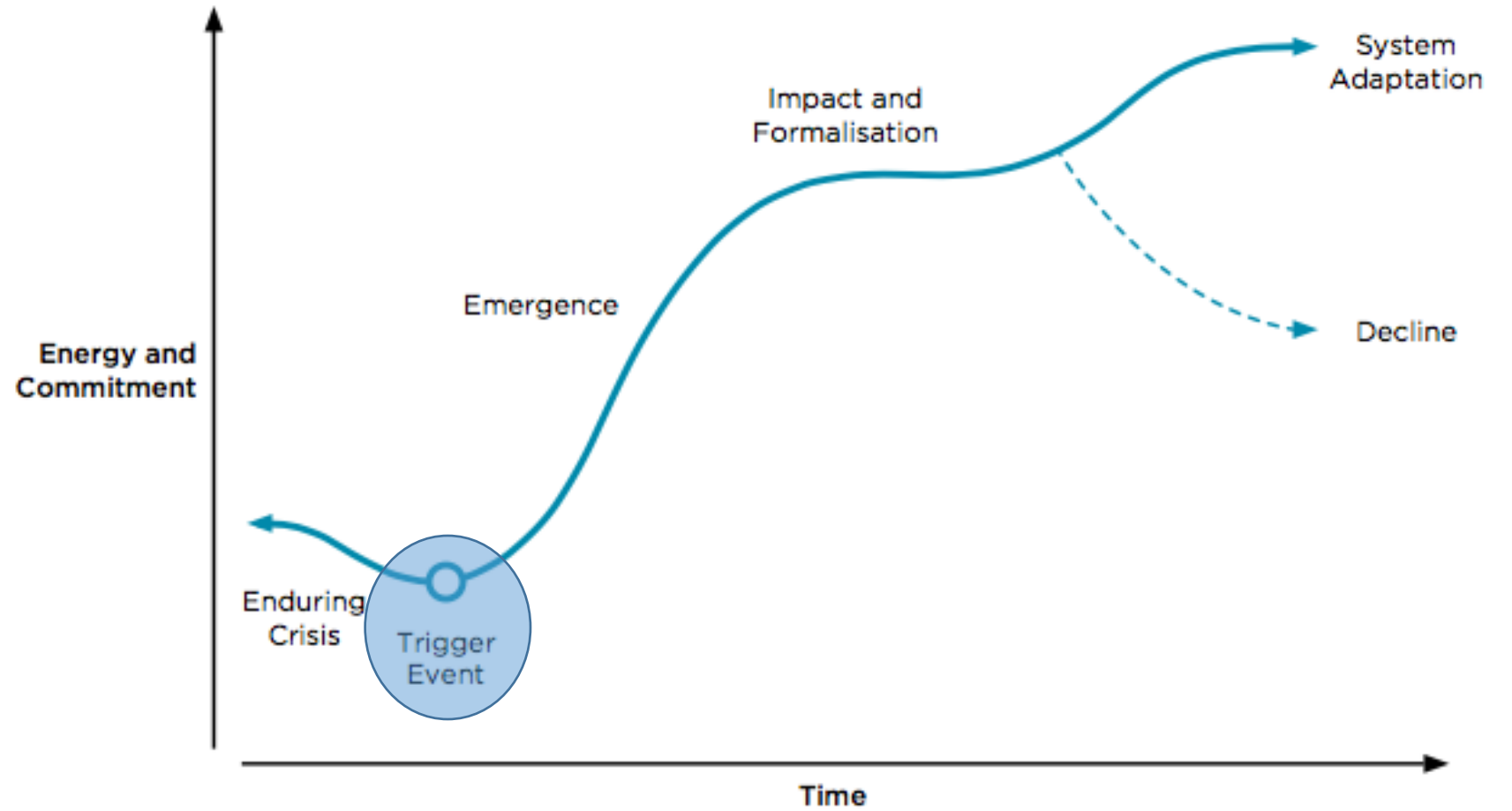
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TOOLS FOR GROWING SOCIAL MOVEMENTS

- Social moments
- Adoption and diffusion
- Networks
- Norms
- Narrative
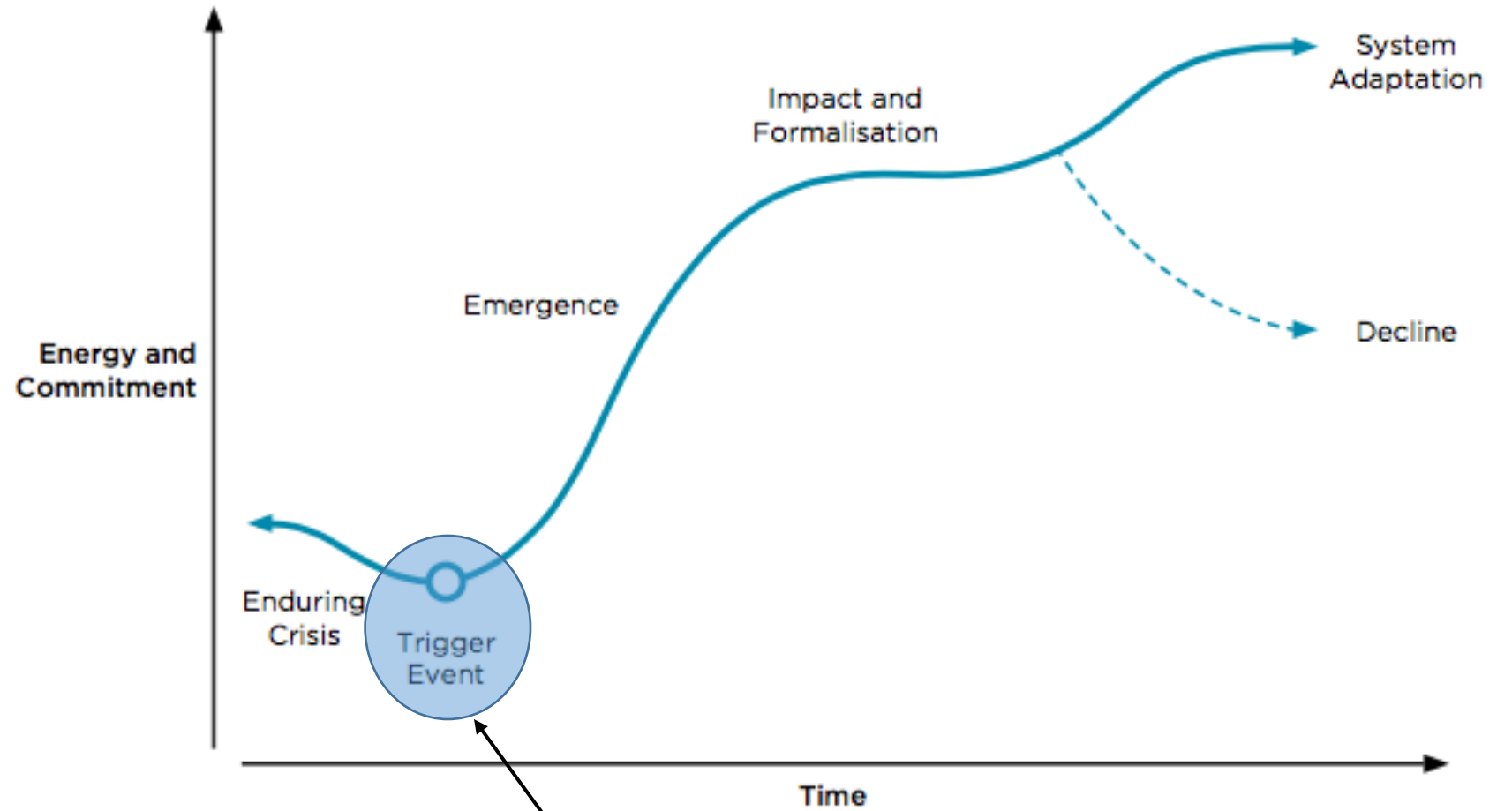
SOCIAL MOVEMENTS LIFECYCLE

SOCIAL MOVEMENTS LIFECYCLE

SOCIAL MOMENT

Social moment?

SOCIAL MOMENTS
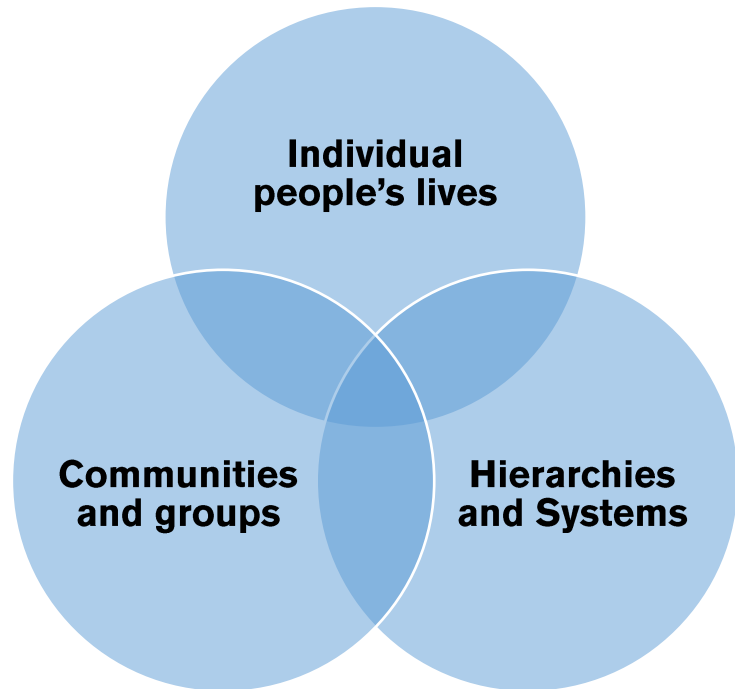
Social 'Moments' are **opportunities for change**

Where the existing equilibrium or paradigm is challenged

Points of **leverage** arising from…
- Disruption
- Change
- Momentum
- Destabilisation
- Chaos / Crisis
- "a shock to the system"

….yet can be both positive and negative!

WHERE SOCIAL MOMENTS ARISE

In hierarchies and systems	In communities and groups	In individual people's lives
• Where systems touch / misalign • Acute system / service failure • New leadership • Elections • Re-organisation / re-structure • New strategy • New funding / loss of funding • New legal powers • etc	• Natural disasters • Deaths / accidents • Regeneration / developments • New infrastructure • New funding / funding cuts • New cultures, immigration • Riot, civil disturbance • etc	• Life events… births, deaths, moving home, leaving school, retiring, unemployment etc • Personal accidents / health scares • Unexpected events • Finances, savings • Holidays • Etc
Leading to new ways of doing things?	Leading to community voice, engagement and activism?	Leading to new behaviours and habits?

Individual people's lives

Communities and groups

Hierarchies and Systems

NEVER WASTE A CRISIS

Coach Dungy, Tampa Bay Buccanneers (1996)

Howard Schultz, Starbucks (2007)

…seized the possibilities created by a crisis

"During turmoil, organisational habits become malleable enough to both assign responsibility and create a more equitable balance of power. Crises are so valuable, in fact, that sometimes it's worth stirring up a sense of looming catastrophe than letting it die down"

Duhigg, C (2012) The Power of Habit

HARNESS THE POWER OF SOCIAL MOMENTS

Read…
- We need to spot the 'social moments'
- Can be small or large opportunities
- Often predictable, especially around life events
- They present themselves to us each and every day
- Many - and frequently all - of these 'moments' pass us by

And react…
- Awareness is not the end goal, doing something with them is
- How can we harness them?
- What does this mean for the way our organisations operate?

Diffusion of innovations
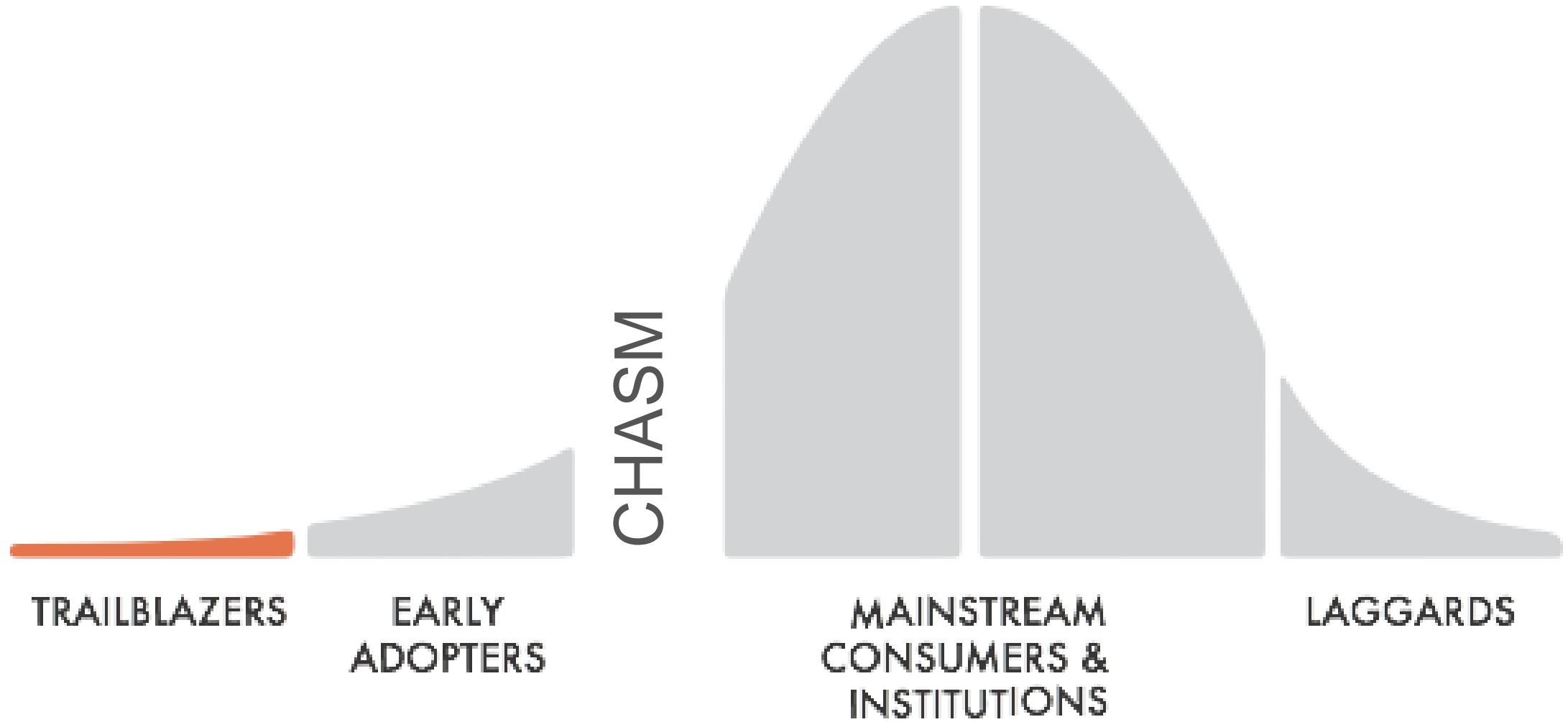
CHASM

TRAILBLAZERS   EARLY ADOPTERS   MAINSTREAM CONSUMERS & INSTITUTIONS   LAGGARDS

Diffusion of social movements

CULTURAL CHASM

LEADERS   EARLY MEMBERS   MAINSTREAM MEMBERS & INSTITUTIONS   LAGGARDS

Diffusion of social movements

CULTURAL CHASM

LEADERS

EARLY
MEMBERS

MAINSTREAM
MEMBERS &
INSTITUTIONS

LAGGARDS

Diffusion of social movements

CULTURAL CHASM

LEADERS

EARLY MEMBERS

MAINSTREAM MEMBERS & INSTITUTIONS
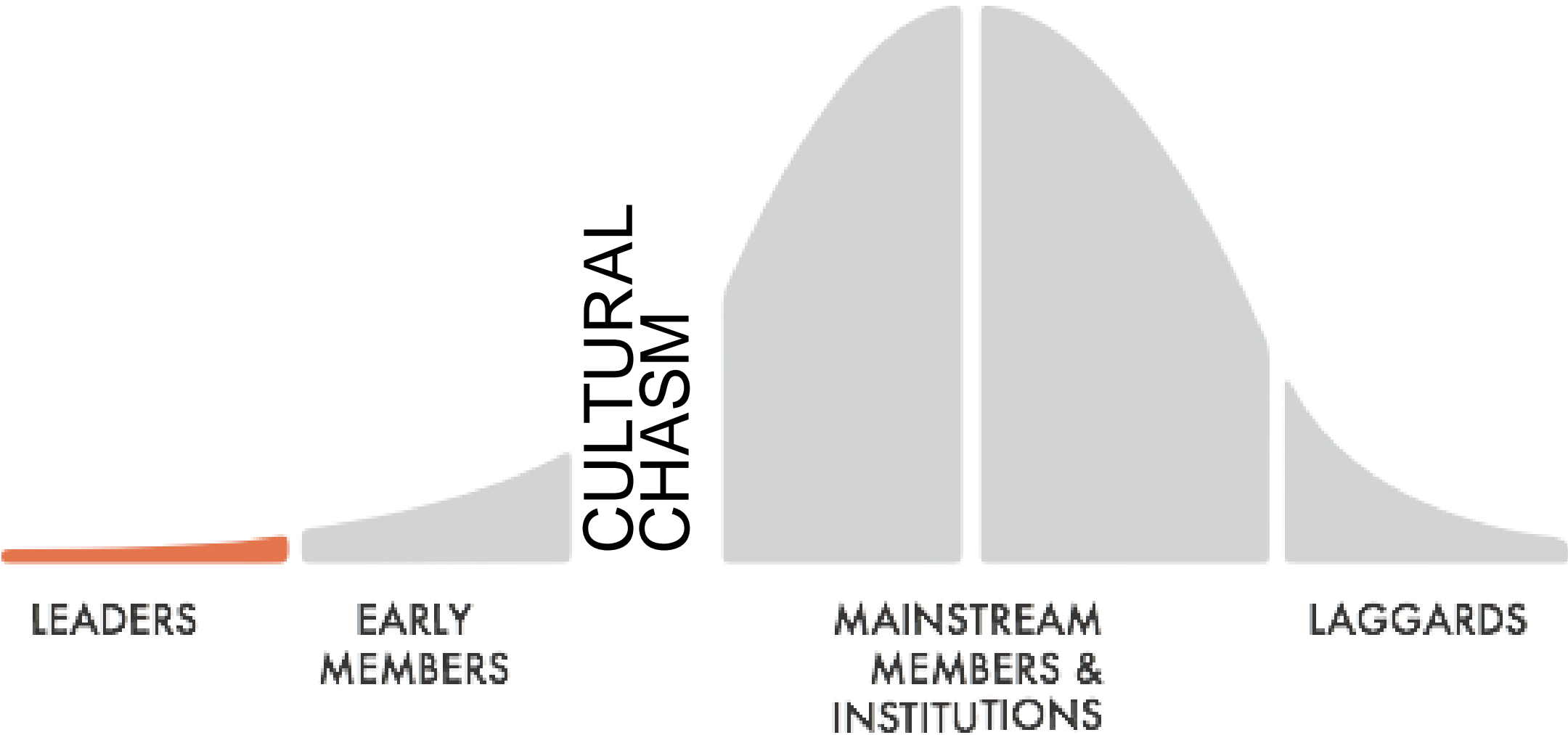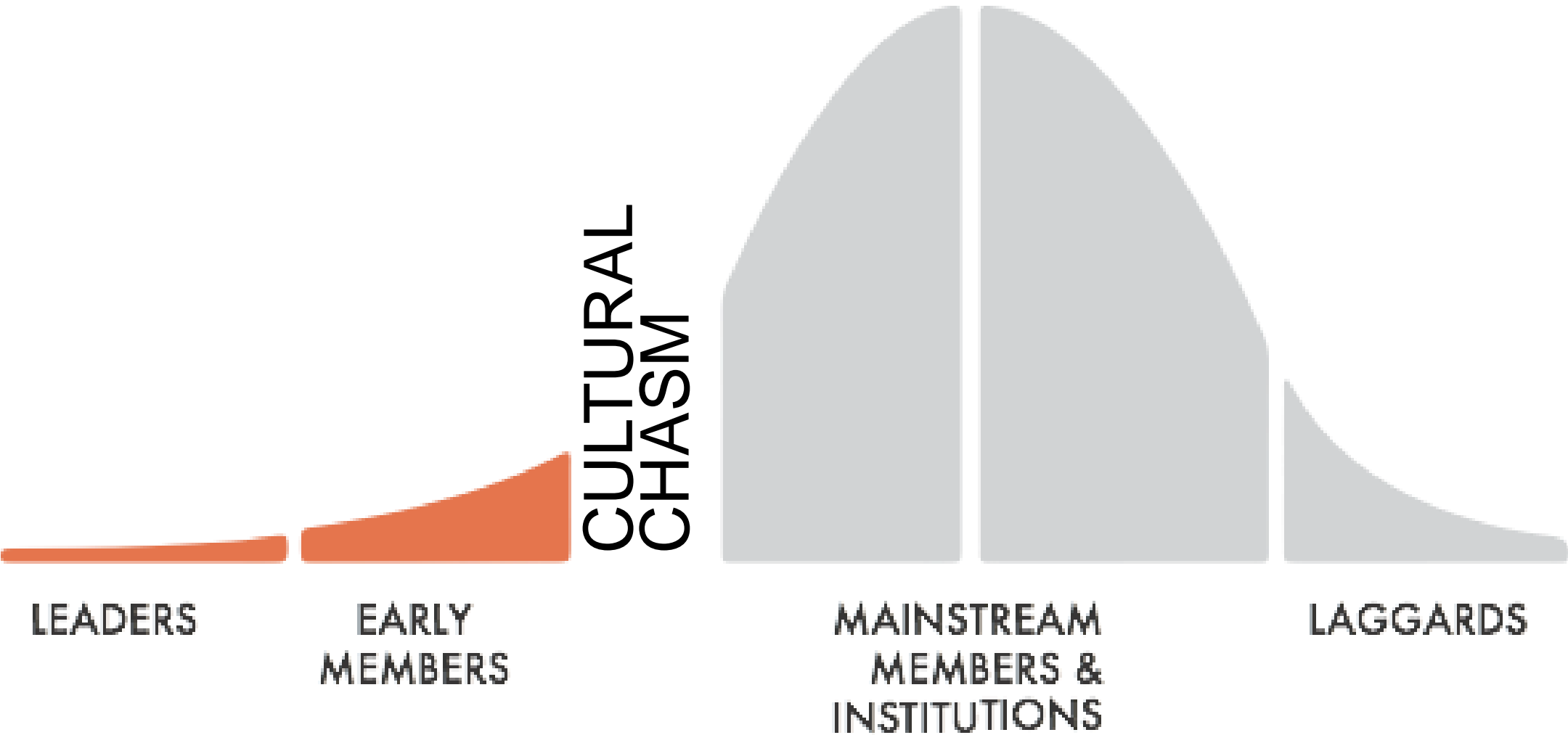
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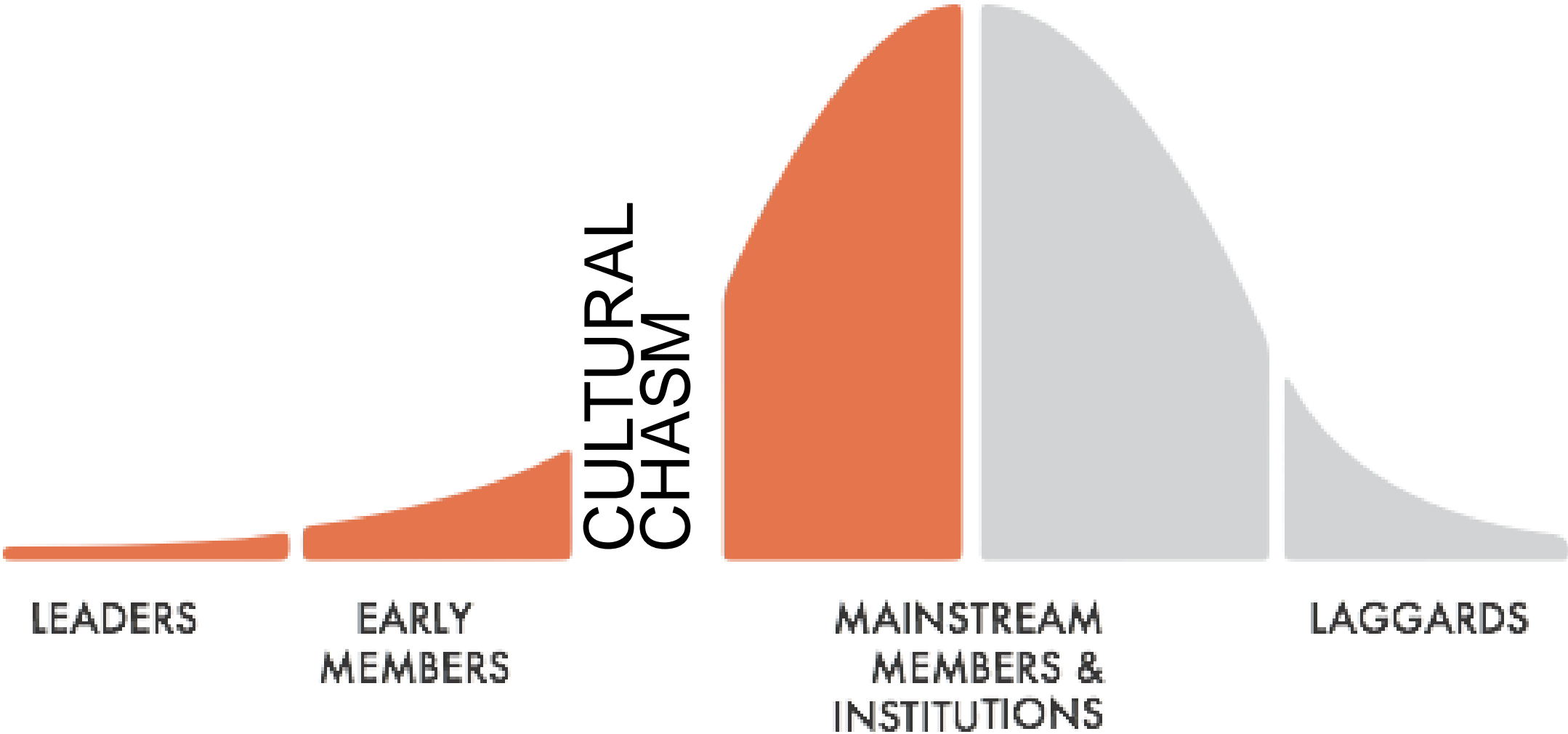
The bowling pin strategy

Message 3
Action 1

Message 2
Message 2

Message 1
Action 3

Message 2
Action 1

Message 1
Action 2

Message 1
Action 1

Message development

Collective action development
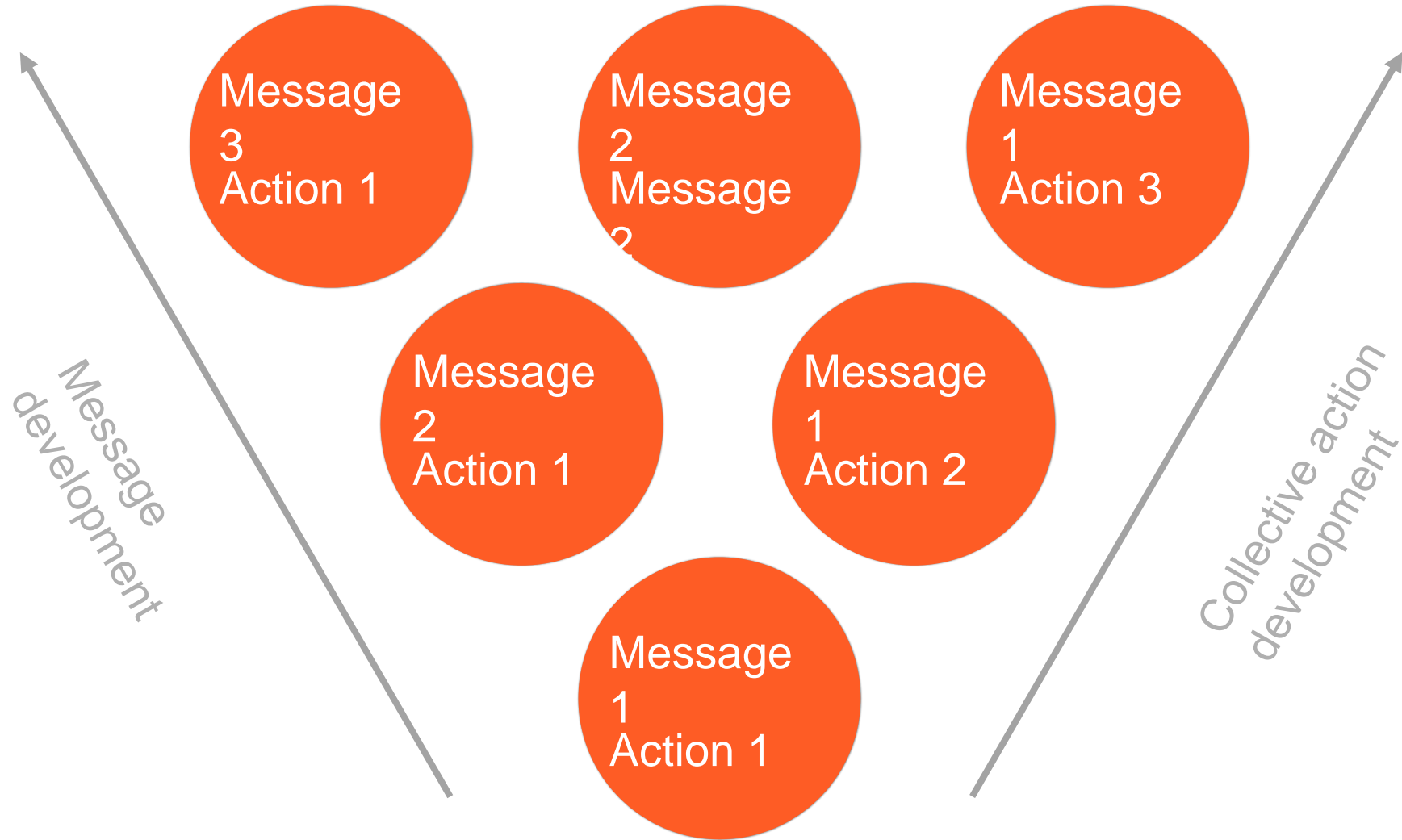
Dynamic positioning
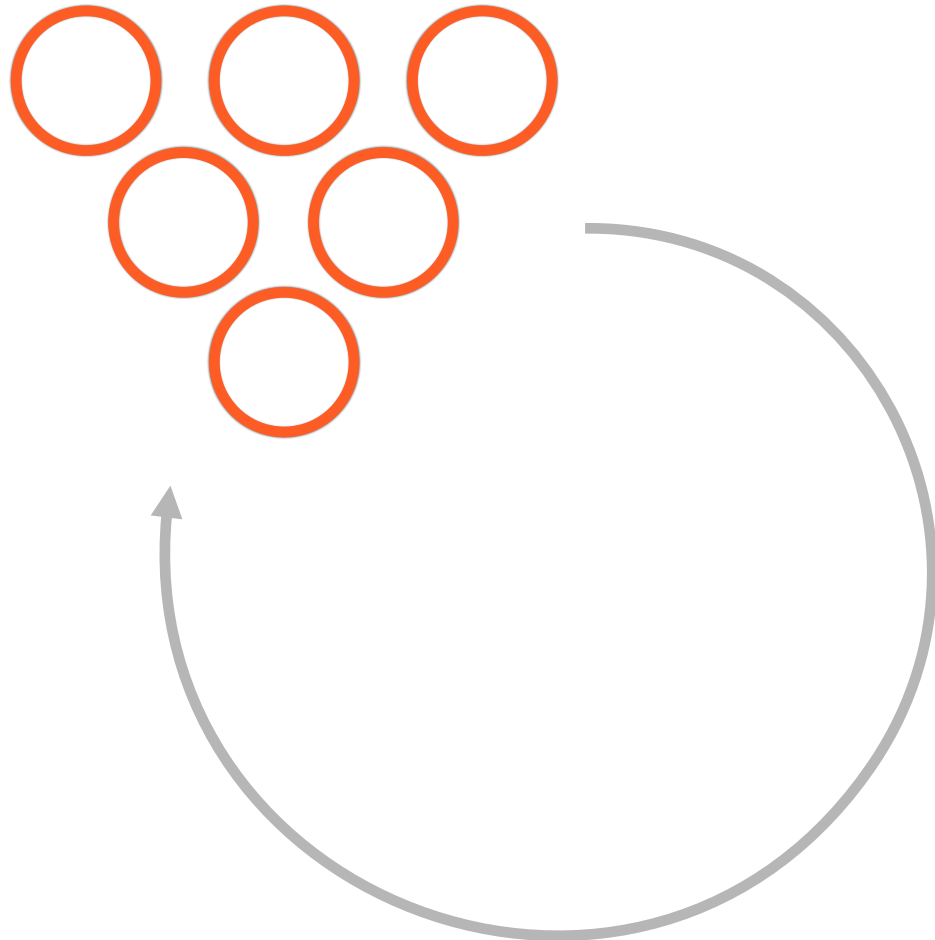
#1: What is your vision for your social movement?

#2: Who are you trying to recruit to your movement?

#3 How will you frame the message to reach them?

#4 What collective action do you want your members to take?

ELEMENTS INFLUENCING DIFFUSION

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ELEMENTS INFLUENCING DIFFUSION

INDIVIDUALS

1. Change Agents
Who are the innovators?

2. Expert Opinion Leaders
Those with Authority, status, credibility

3. Boundary Spanners
Those with ties across social or organsiational networks and boundaries

4. Champions / Early Adopters
Influenced by / following lead of those in your network

COMMUNITY

1. Social Networks
Influenced by structure and quality of your social network

2. Peer Opinion
Identify the true opinion leaders

3. Homophily
People like me (in terms of background, culture)

COMMUNITY

THE POWER OF SOCIAL NETWORKS

Hubs are people who are highly and directly connected with many people; communicating and disseminating knowledge throughout the organisation

Gatekeepers link people and customers together acting as information gateways and brokering knowledge between critical parts of the organisation

Pulsetakers are subtle, having the maximum influence using the minimum number of direct contacts; they work through indirect means

Together these network positions account for the stability and flexibility of organisational culture
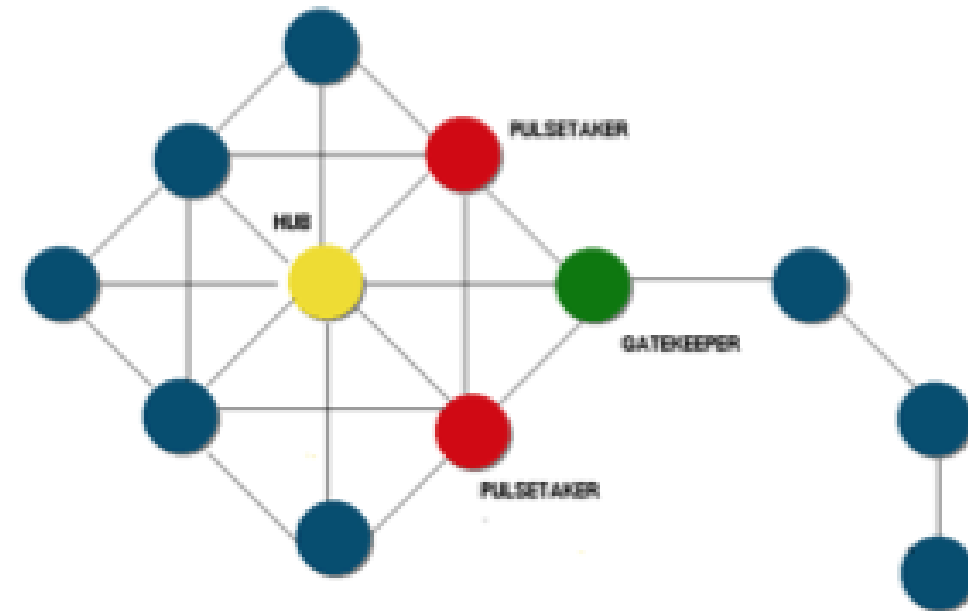
People's support systems are interconnected…
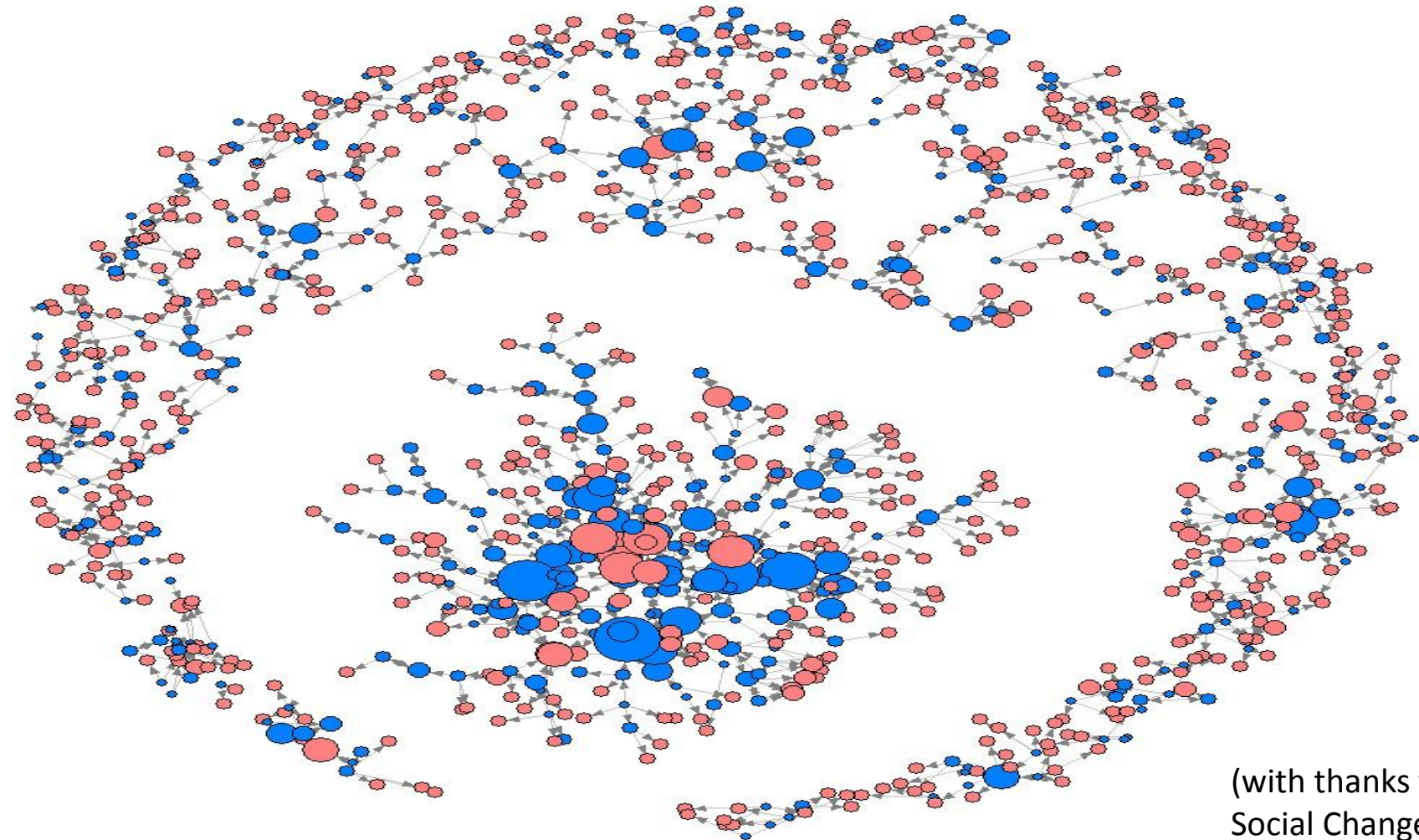
Blue= respondent,
Pink= named person.
Size= times
mentioned

(with thanks to Inst for
Social Change,
University of
Manchester)

Case Study: Murton Mams, East Durham

UNDERSTAND — Survey data showed that single parents had lower wellbeing on average and women were more isolated

INVOLVE — Focus groups were held with single mothers, who said they needed a relaxing social club

CONNECT — 'Murton Mams' social group meets weekly and provides mutual social support and recreation for mothers in the village

A wellbeing dividend

Feeling part of a community

Greater life satisfaction due to enhanced relationships

Social support protecting against harm to mental and physical health

WELLBEING DIVIDEND

Participants' average increase in wellbeing measures after Connected Communities pilot interventions

25%
20%
15%
10%
5%
0

■ Life satisfaction   ■ Feeling that life is worthwhile   ■ SWEMWBS mental wellbeing
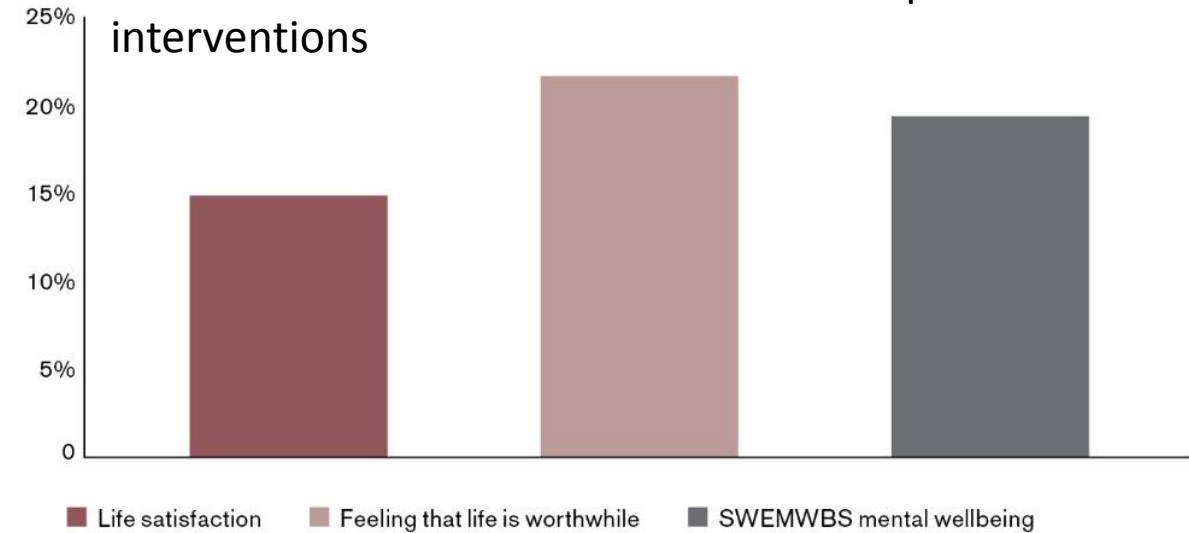
COMMUNITY

THE POWER OF SOCIAL NETWORKS

Networks are the invisible connections forming communities; a strong community is therefore one that is highly networked.

Connection has to do with who is connected to whom (network structure).

When a group is constituted as a network, there is a particular pattern of ties that connects the people involved.

CONTAGION

Contagion pertains to what, if anything, flows across the ties (network function).

One fundamental determinant of flow is the tendency of human beings to influence and copy one another.
Each and every one of these ties offers opportunities to influence and be influenced.
This is the power of social norms.

THREE DEGREES OF INFLUENCE

'Three degrees of influence' rule.

Everything we do or say tends to ripple through our network, having an impact on our friends (one degree), our friends' friends (two degrees), and even our friends' friends' friends (three degrees).

Do the maths…

MESSENGER EFFECT

- We are heavily influenced by who communicates the message. Three characteristics of a successful messenger.
  - Perceived authority or expertise (eg GP)
  - Someone like me (which is why celebrity messengers often don't work)
  - Someone I trust (e.g Cialdini shows we don't believe what people we don't like say, even if it's true)

Public Narrative

HEAD

HEART

POWER OF STORIES AND NARRATIVE

Stories are an important method of spread

(Herndon, Kaufman, Larkin & McGahan)

How are you enabling people to tell stories?

ORGANISATION

WHAT DOES THIS MEAN FOR THE WAY WE WORK?

Dissemination

"MAKE IT HAPPEN"

Formal, Planned, Regulated, Managed

Vertical (Hierarchical)

More structured approach E.g. Comms, Training, Marketing, public engagement, social media, consultation etc

'NPM'

ORGANISATION

WHAT DOES THIS MEAN FOR THE WAY WE WORK?

Diffusion

"LET IT HAPPEN"

Informal, Unplanned

Horizontal

Unpredictable, emergent

Adaptive, self-organising

More behavioural approach

Power of networks

Greenhalgh T, et al (2004)

Diffusion ⟷ **Dissemination**

"HELP IT HAPPEN"
Negotiated, Influenced, Enabled

Co-production

"LET IT HAPPEN"

Informal, Unplanned

Horizontal

Unpredictable, emergent

Adaptive, self-organising

More behavioural approach

Power of networks

"MAKE IT HAPPEN"

Formal, Planned, Regulated, Managed

Vertical (Hierarchical)

More structured approach E.g. Comms, Training, Marketing, public engagement, social media, consultation etc

'New Public Management'

NEW AND OLD POWER

old power		new power
Currency		Current
Held by a few		Made by many
Pushed down		Pulled in
Commanded		Shared
Closed		Open
Transaction		Relationship
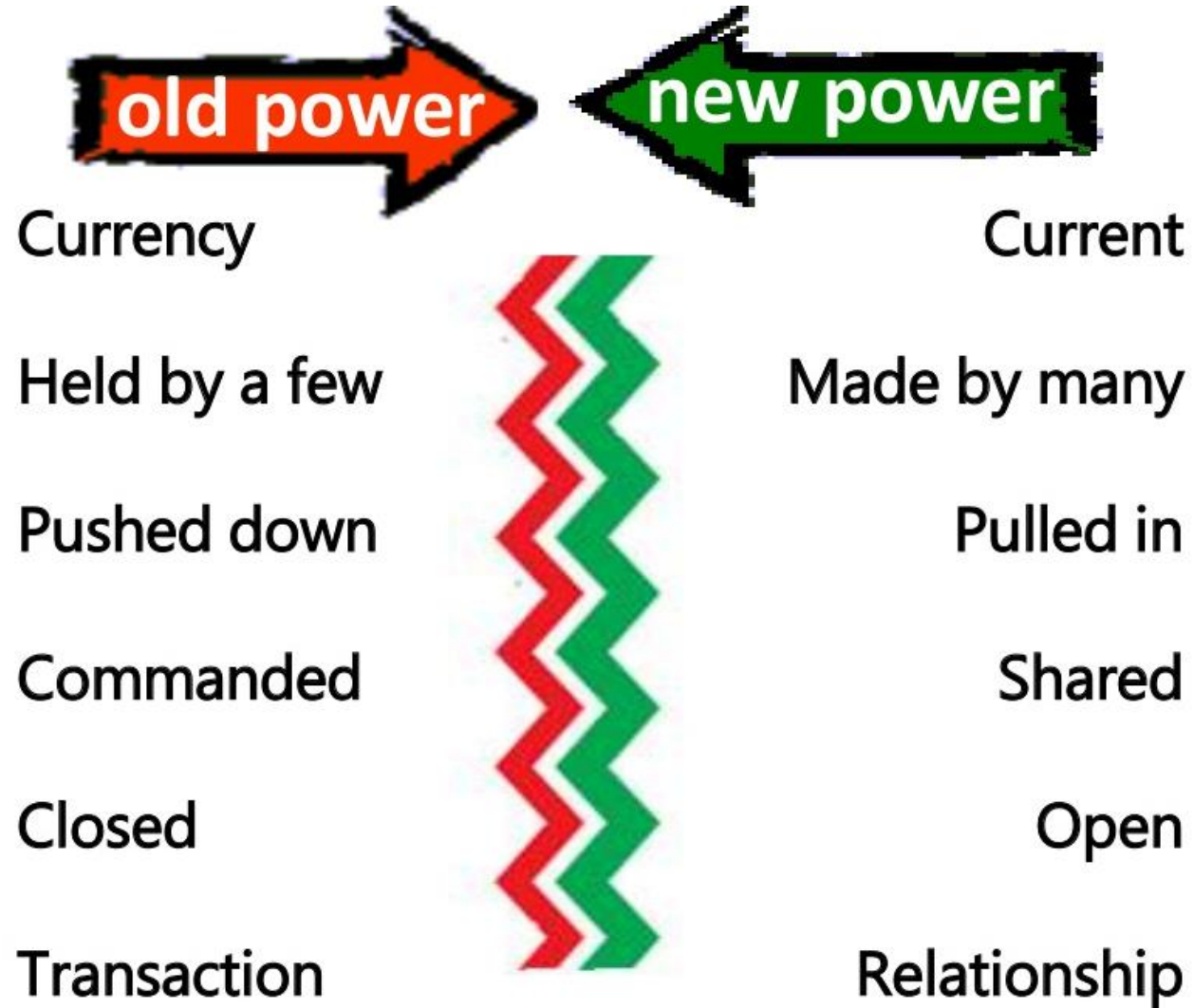
Jeremy Heimens TED talk "What new power looks like"
https://www.youtube.com/watch?v=j-S03JfgHEA

@HelenBevan ##HACWEnergisingForChange

Towards a social movement in health

Step 3

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UNDERSTANDING SYSTEMS

Where are the priorities?

- What are the drivers? (eg: lack of affordable healthy food, pressure of health services due to demographic change) Which priorities compete with each other?

What are the barriers to change?

- What are the regulatory and policy binds? What are the repeating problems?

Who are the stakeholders?

- Power dynamics: Who has the power? What kind of power?

Where are the opportunities?

- What is the appetite for change? Which levels can be pulled? Where should we set challenges to proactively make change? What are the social moments?

YOUR LOCALITY:

**OPPORTUNITIES
AND ACTIONS**

VISION:

_____

_____

_____

Health Goals / Priorities	Barriers / Challenges	Stakeholders	Opportunities and actions

ACTION PLANNING

WORKED EXAMPLE

VISION

Goals	Stakeholders	Barriers to change	Opportunities (social moments)
Reducing childhood obesity	• Schools • Parents forums • Young people	• Availability of affordable healthy food • Advertising	Sports Days
Reducing social isolation	• Care homes & sheltered accommodation • Carers • Carer companies	• Social norms related to ageing or discriminations • Time pressures on carers and care homes staff • Limited finance for social activities	Targeted support for the recently bereaved
Increase volunteer involvement in health system	• Local CVS • CCGs • Health practitioners	• Lack of awareness • Caution related to risk • Time commitment (volunteer management)	Step Up To Serve campaign
Reduce admission to acute services	• Primary care staff • Local gov. • CCG • NHS Trusts	• Pressure on GP services • Pressure on pharmacies • Medical model of health	Press campaign 'Over bed-blocking'

Growing Social Movements: Co-ordinating Actions

RSA

HARNESSING POWER WITHIN SOCIAL SYSTEMS

Hierarchies

Communities

Fatalism
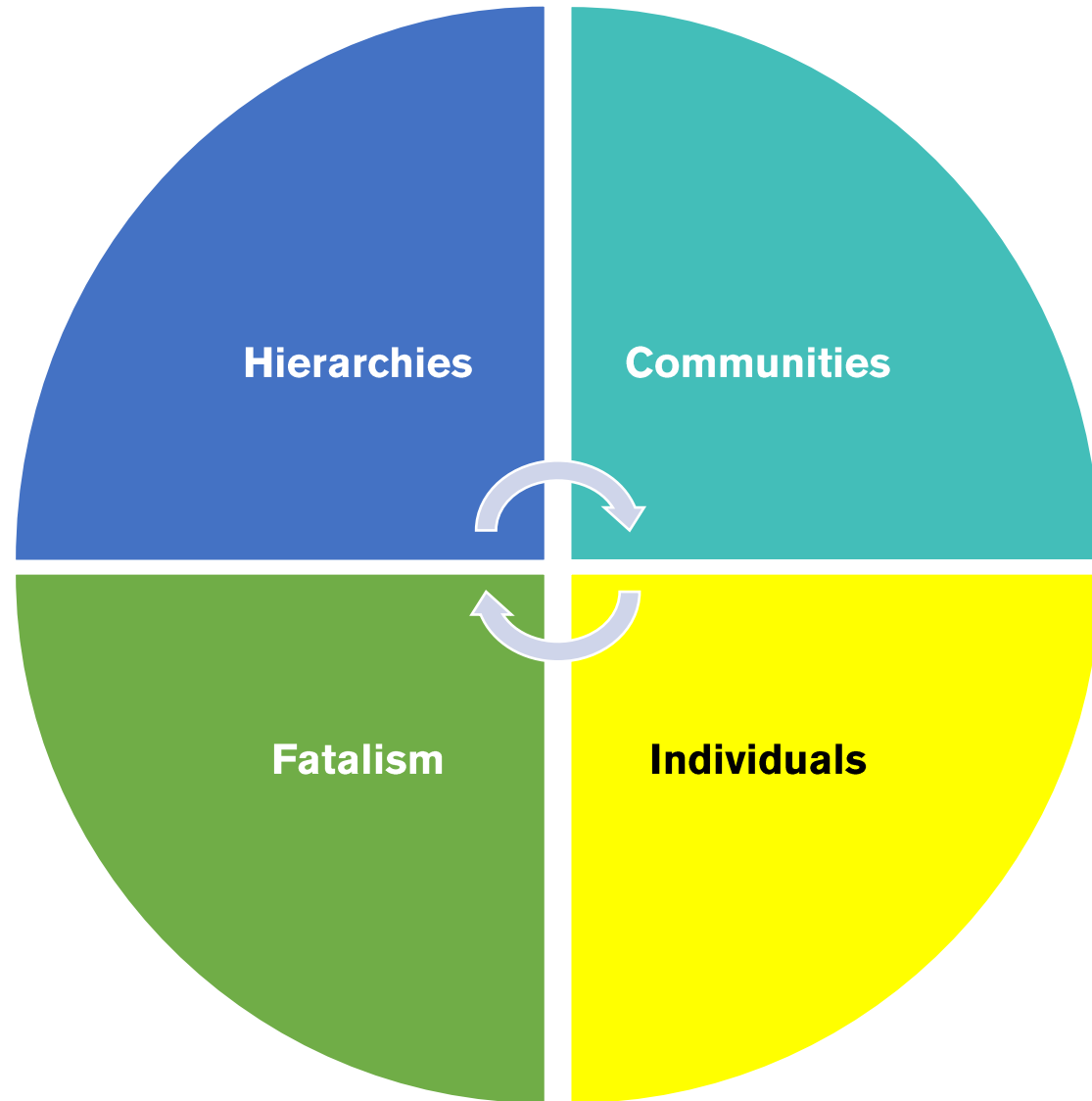
Individuals

HARNESSING POWER WITHIN SOCIAL SYSTEMS

HARNESSING POWER WITHIN SOCIAL SYSTEMS

- Community Power
- The glue of belonging and shared values

Hierarchies

Communities

Fatalism

Individuals

- Entrepreneurial Power
- Individual ambition and entrepreneurial behaviour

HARNESSING POWER WITHIN SOCIAL SYSTEMS

- Hierarchical Power
- Leadership, strategy and expertise

- Community Power
- The glue of belonging and shared values

Hierarchies

Communities

Fatalism

Individuals

- Entrepreneurial Power
- Individual ambition and entrepreneurial behaviour

HARNESSING POWER WITHIN SOCIAL SYSTEMS

- Hierarchical Power
- Leadership, strategy and expertise

- Community Power
- The glue of belonging and shared values

Hierarchies

Communities

Fatalism

Individuals

- Powerlessness
- Realism, inaction and 'checking out'

- Entrepreneurial Power
- Individual ambition and entrepreneurial behaviour

AN OVERVIEW

	Systems, Hierarchy	Communities, Groups	Individuals, People
Emphasis on co-ordination through…	leadership, strategy and expertise	the glue of belonging and values	individual ambition and competitive endeavour
At its best…	Clear, consistent strategy, transformative, at scale, purposeful Listens, trusts, empowers Ethical and brave	Altruistic, values-based, co-ordinated, collective, collaborative, community, norms, tribes Commitment to vision External focus, celebrates achievement	Responsible, accountable Empowering others and self Energised, ambitious, creative, resourceful, dynamic, agency and control
At its worst…	Communities done-to, paternalistic, professionals know-best Top down, bureaucratic, lack of choice and voice Inflexible, inefficient, illegitimate, poor leadership, lack of vision	Actively fighting against vision, strategy, approach Discursive, moored, factional Internal focus, wrapped up in in-fighting or other such distractions	Disempowering, undermining, not engaging in community Irresponsible, short-termism Defensive, reactive, conflictual

INTERACTIONS

London Evening Standard

Monday 20 February 2017 | FREE | standard.co.uk

FAMILIES URGED TO CHALLENGE CHILDREN THEY SUSPECT ARE CARRYING WEAPONS

MET PLEA: PARENTS MUST ACT TO STOP STABBINGS

EXCLUSIVE

Justin Davenport Crime Editor

PARENTS must challenge children suspected of carrying weapons to help stop the carnage of knife crime on London's streets, a senior Scotland Yard detective said today. Detective Chief Superintendent Mick Duthie, head of the Met's homicide squad, said police and other agencies alone could not tackle the problem of youths carrying knives.

In an interview with the Standard, he said: "If you know your kid's got a knife then what are you doing about it?" He spoke of how 13 teenagers had been

Towards a social movement in health

Step 4

RSA
Ian Burbidge

RSA
21st century enlightenment

YOUR LOCALITY:

CO-ORDINATING ACTIONS

VISION

_____

_____

_____

Health Goals / priorities	ACTIONS			
	For Hierarchies / Systems	For Groups	For Individuals	Other ideas

SOCIAL MOVEMENTS IN YOUR LOCALITY

WORKED EXAMPLE

Health Goals / Priorities	ACTIONS			
	For Hierarchies, Systems	For Communities	For Individuals	Other ideas
Increase HIV testing	Encourage NHS Trusts to share information + resources with voluntary sector (e.g. Terrance Higgins Trust) relating to those living with HIV Public messaging campaign	Capacity build support groups of people with lived experience (particularly outside urban areas)	Display awareness E.g Wearing Red ribbons - Raising awareness E.g. Social media posts	Campaign for drug companies reduce costs of testing kits
Decrease knife violence	Increase fines for illegal sale of knives	Support family groups i.e. 'Mothers Against Violence'	Knife amnesty take up	

WHAT DOES THIS ALIGNMENT ACHIEVE?

Systems	Communities	Individuals
Public Value	Social Capital	Individual Agency

= Wellbeing?

Wrap-up

RSA

WHAT HAPPENS NEXT?

- Write up from these sessions
- (Manchester, Birmingham, Newcastle, London) disseminated to all

- Content on the RSA website
- https://www.thersa.org/action-and-research/rsa-projects/public-services-and-communities-folder/health-as-a-social-movement

- Opt-in for RSA Fellowship (Engage events around the country to follow)

Next year focus:

- nef – impact within the Vanguards
- Nesta – the institutional response to social movements
- RSA – spreading change with and beyond the Vanguards

Close

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