
Health as a Social Movement

National
Seminar
Series

Birmingham
March 2017

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21st century enlightenment

Welcome

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

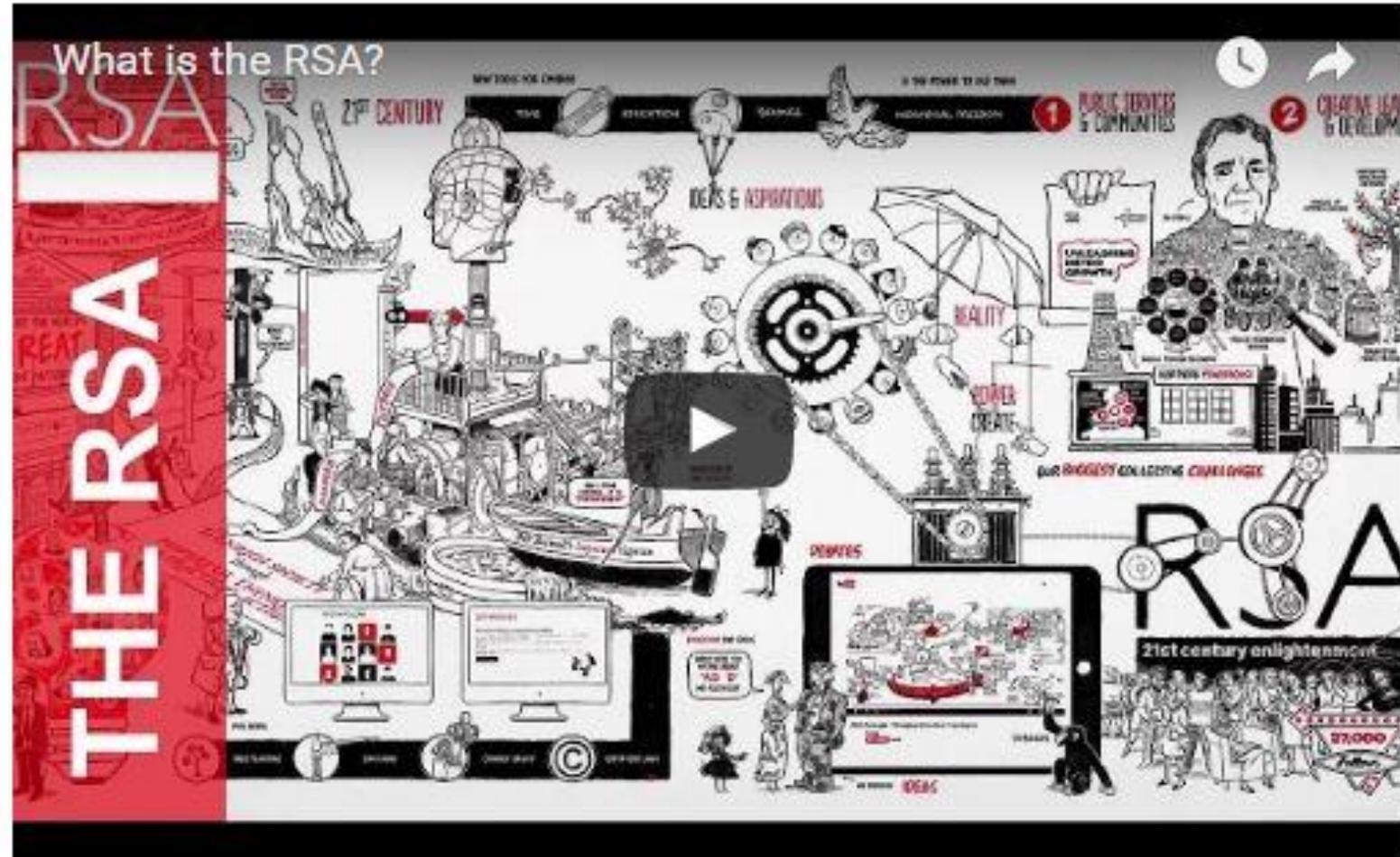
Founded 1754

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



WHAT DOES
THE RSA DO?

FOLLOW THE
LINK [HERE](#)



Overview

NHS England



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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?**
- Individual exercise (30 mins)
 - Table discussion (15 mins)
- 12.30 *Lunch*
- 13:15 **Growing Social Movements**
- Tools for growing social movements (30 mins)
 - Identifying Actions (Idea Generation) (15 mins)
 - Co-ordinating actions (45 mins)
- 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?**

RSA and NESTA

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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 in health exist currently?



Towards a social movement in health

Step 1

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Ian Burbidge

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YOUR LOCALITY

HEALTH VISION:

Health Goals / Priorities			

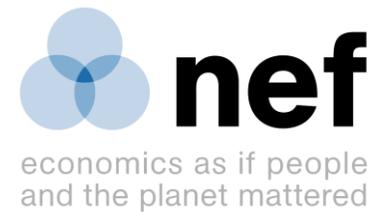
Understanding Social Movements

NESTA Research

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Health as a social movement



Nesta...



Health as a Social Movement

THE POWER OF PEOPLE IN MOVEMENTS

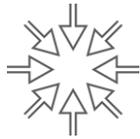
Jacqueline del Castillo, Halima Khan,
Lydia Nicholas, Annie Finnis

SEPTEMBER 2016

A health social movement EMPOWERS



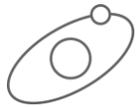
Empathises with people + communities



Mobilises people



Pressures systems



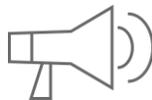
Orbits existing systems



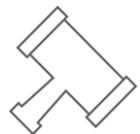
Waves in intensity over time



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.

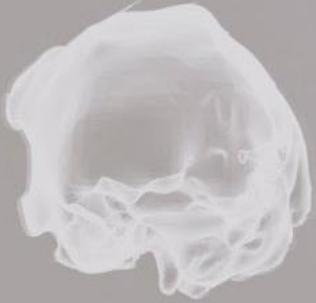
SHIRLEY TEMPLE



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



emotional



physical



sexual

NEGLECT



emotional



physical

HOUSEHOLD DYSFUNCTION



divorce



mother treated
violently



substance
abuse



incarcerated
relative



mental illness



Unhealthy behaviours

 <p>lack of exercise</p>	 <p>smoking</p>	 <p>alcoholism</p>	 <p>substance abuse</p>	 <p>missed work</p>
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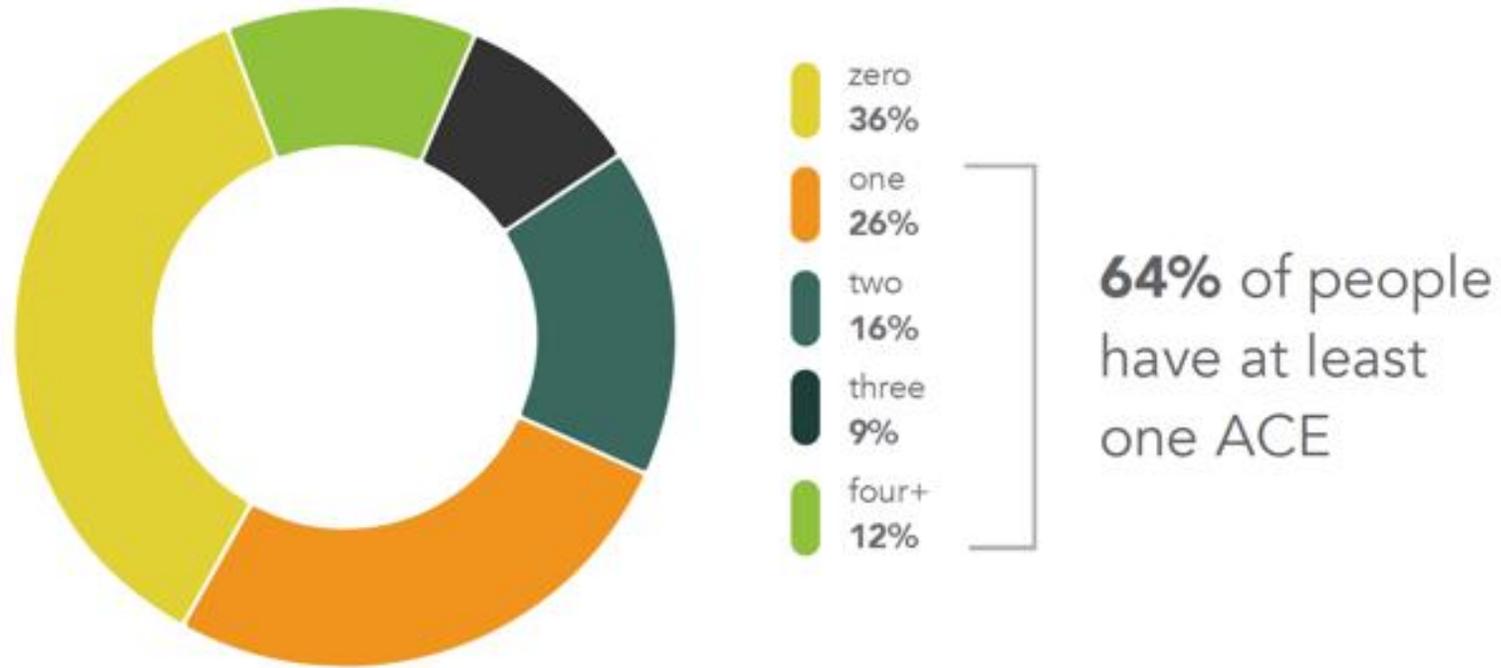
Health issues

 <p>severe obesity</p>	 <p>diabetes</p>	 <p>depression</p>	 <p>suicide attempts</p>	 <p>STDs</p>
 <p>heart disease</p>	 <p>cancer</p>	 <p>stroke</p>	 <p>COPD</p>	 <p>broken bones</p>

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



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

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

Learning from the Vanguards

Lucie Stephens, nef
[Wellbeing Erewash](#)
[Better Care Together](#)



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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

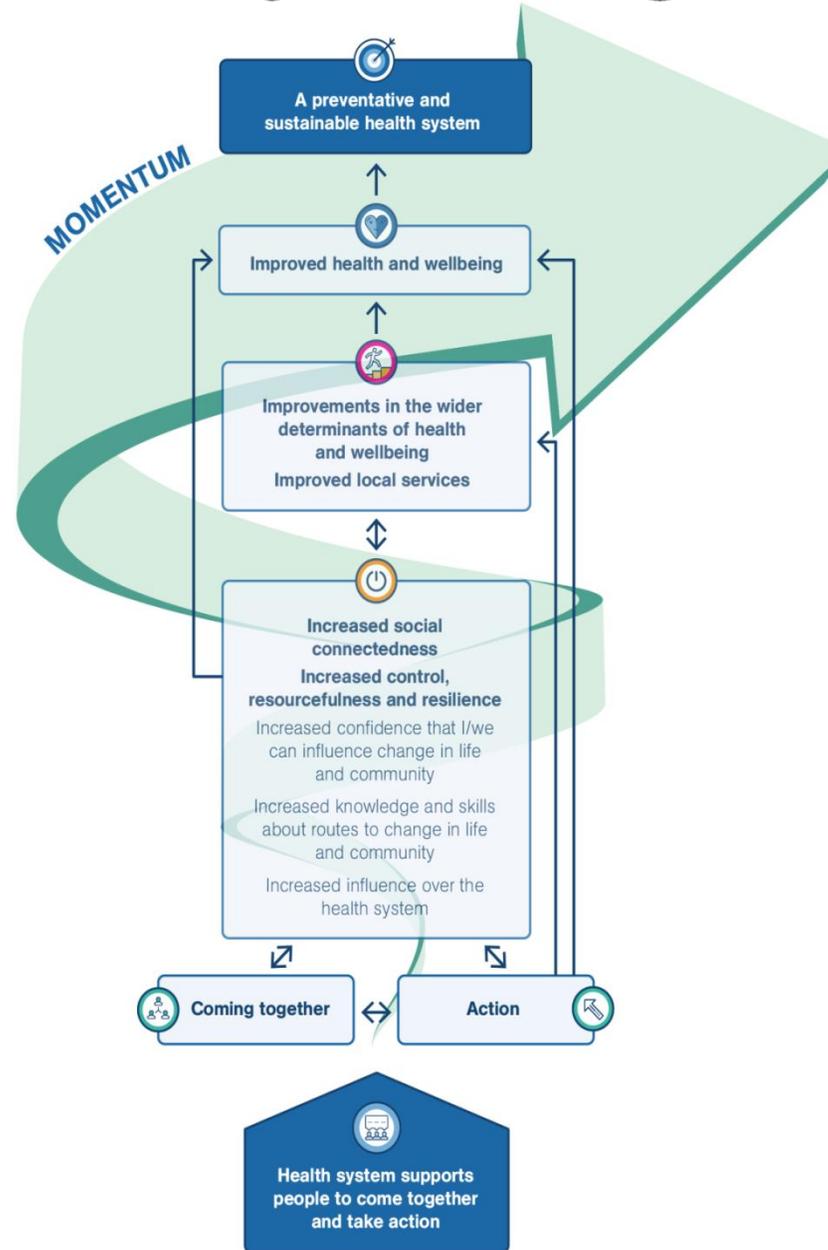
Evaluation:

- 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.

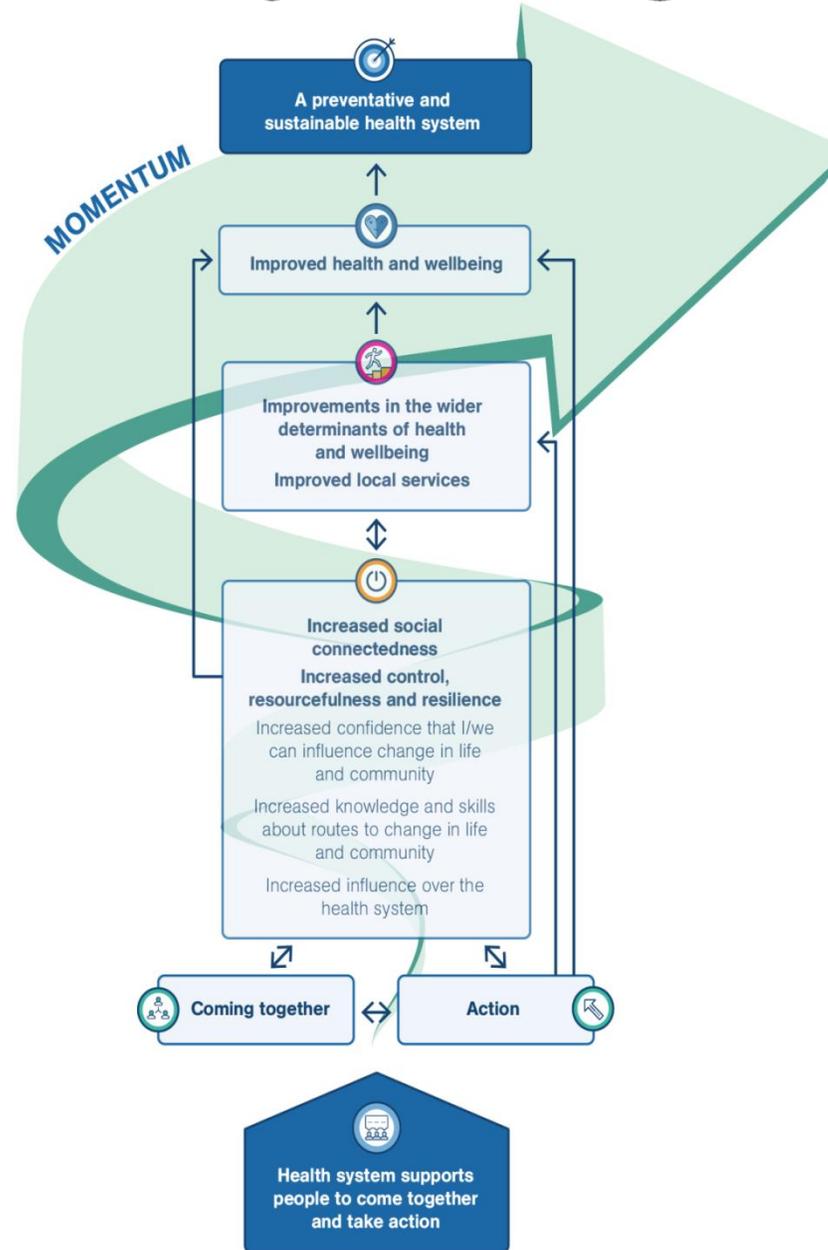
Theory of change



Theory of change



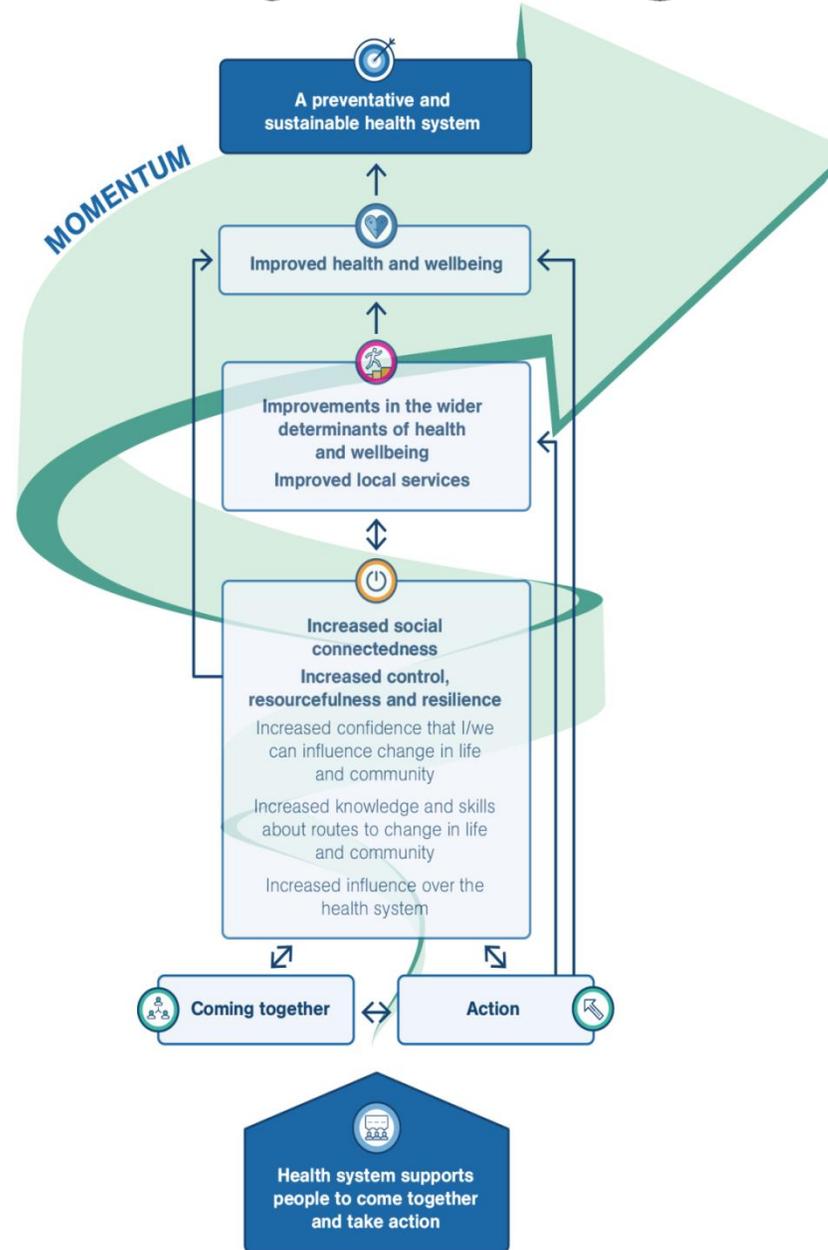
Theory of change



Theory of change



Theory of change



Theory of change



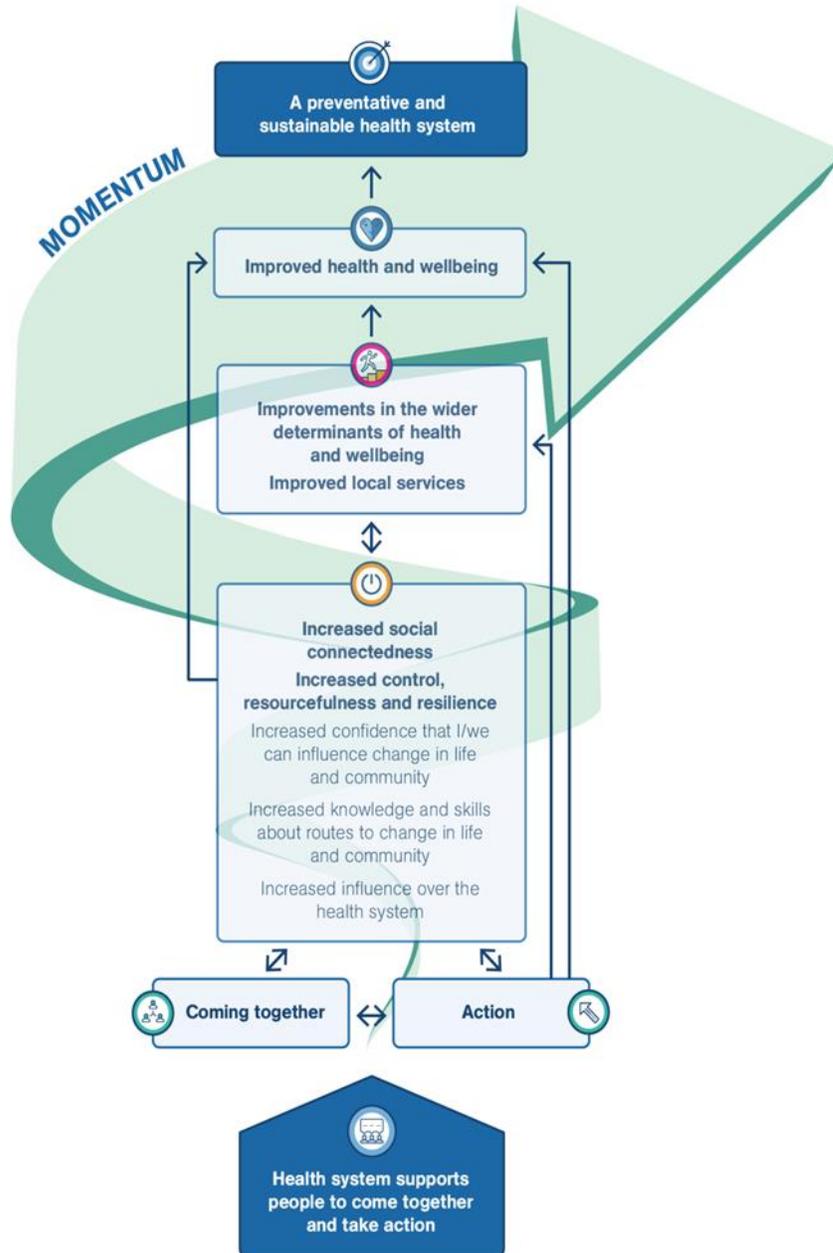
**Increased social
connectedness**

**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



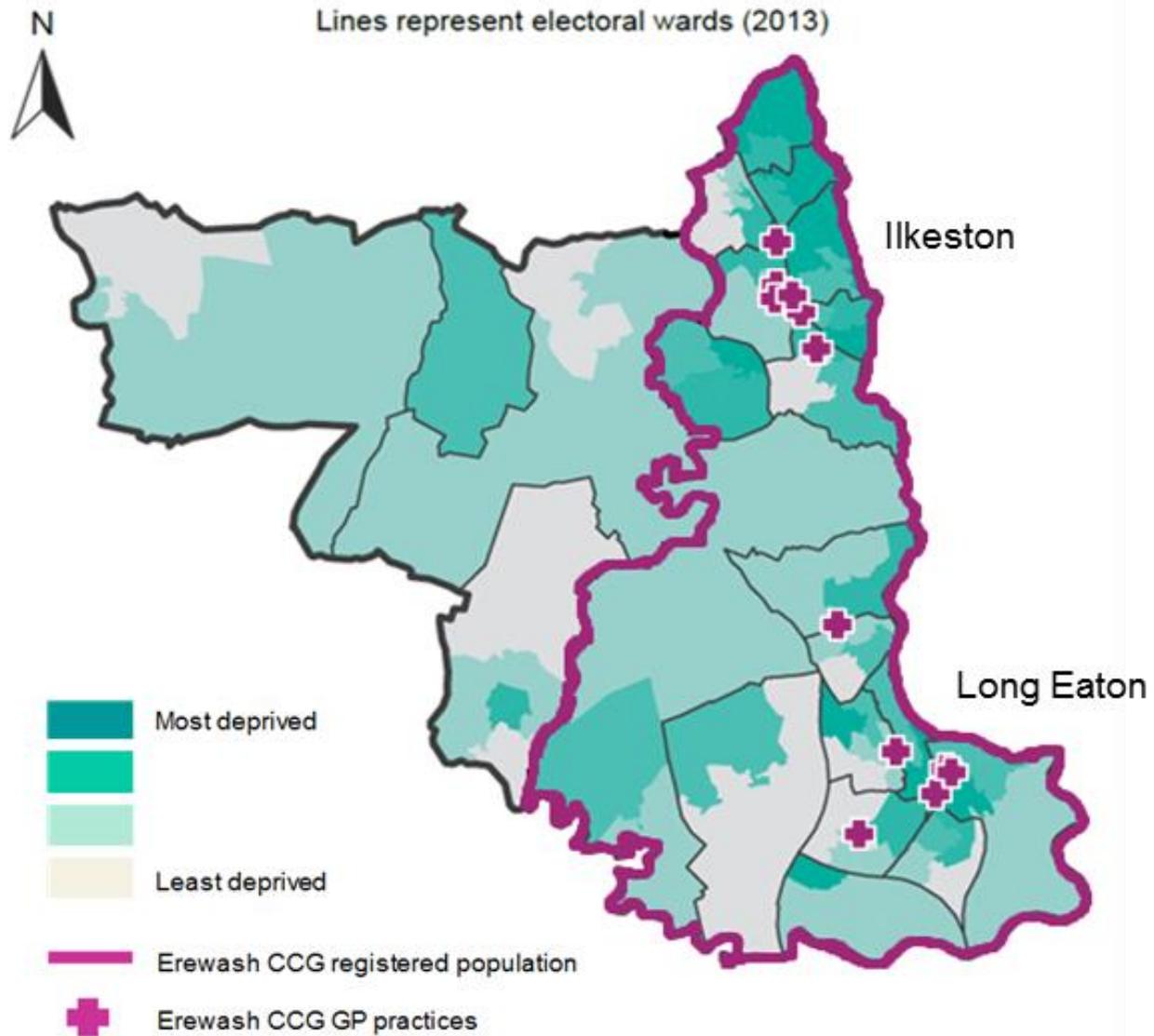


Wellbeing Erewash

Your Life Your Way

Health as a Social
Movement

Erewash- Derbyshire





Wellbeing Erewash

Your Life Your Way

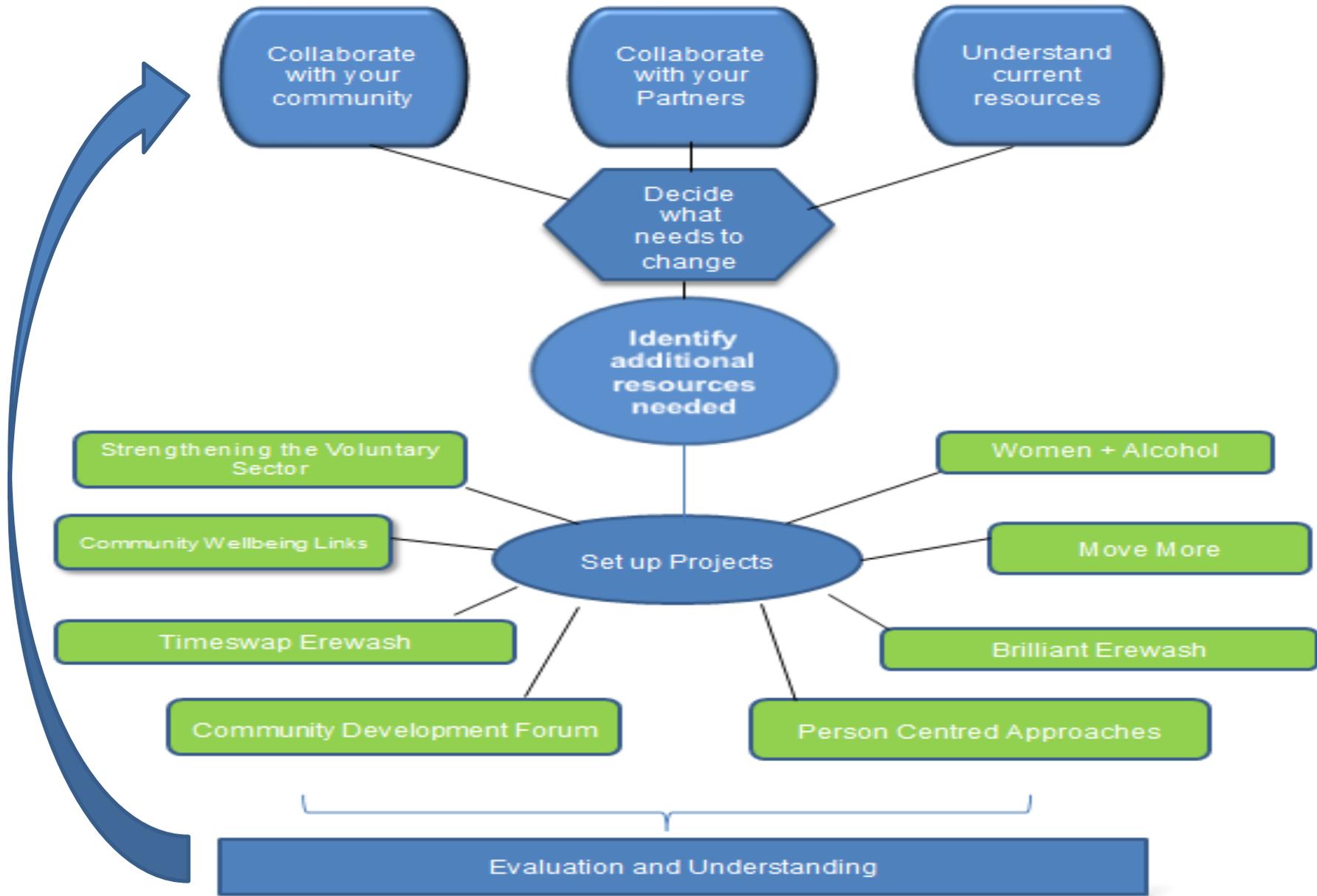
- **Our vision** is for thriving communities within Erewash, where you feel confident and supported to choose a healthier lifestyle, stay well, and know how to get help and support when you need it
- **Our mission** is to develop Thriving, Capable, and Healthier Communities



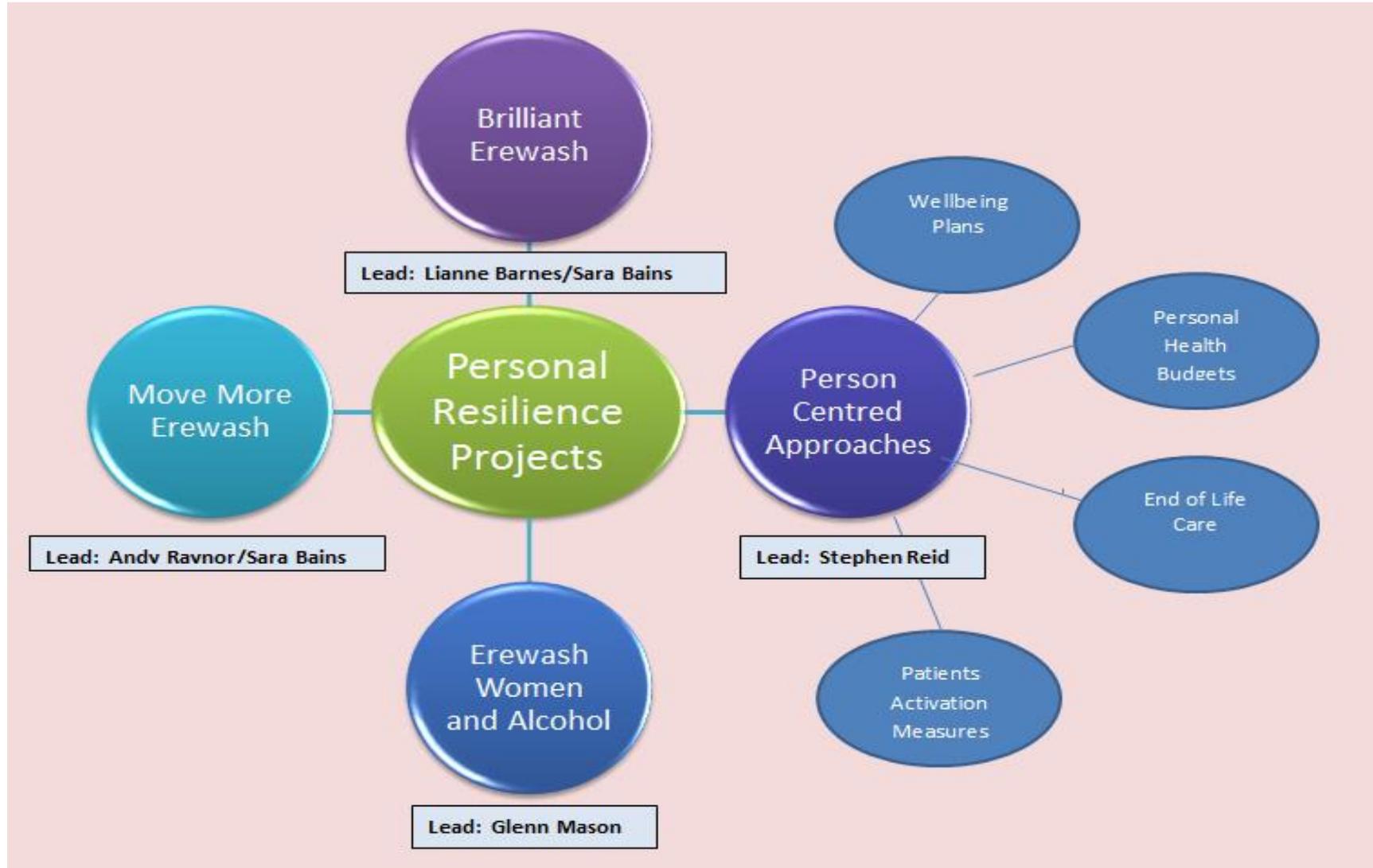
Wellbeing Erewash
Your Life Your Way

- **Personal Resilience**
- **Community Resilience**
- **Integrated Primary and Community Services**

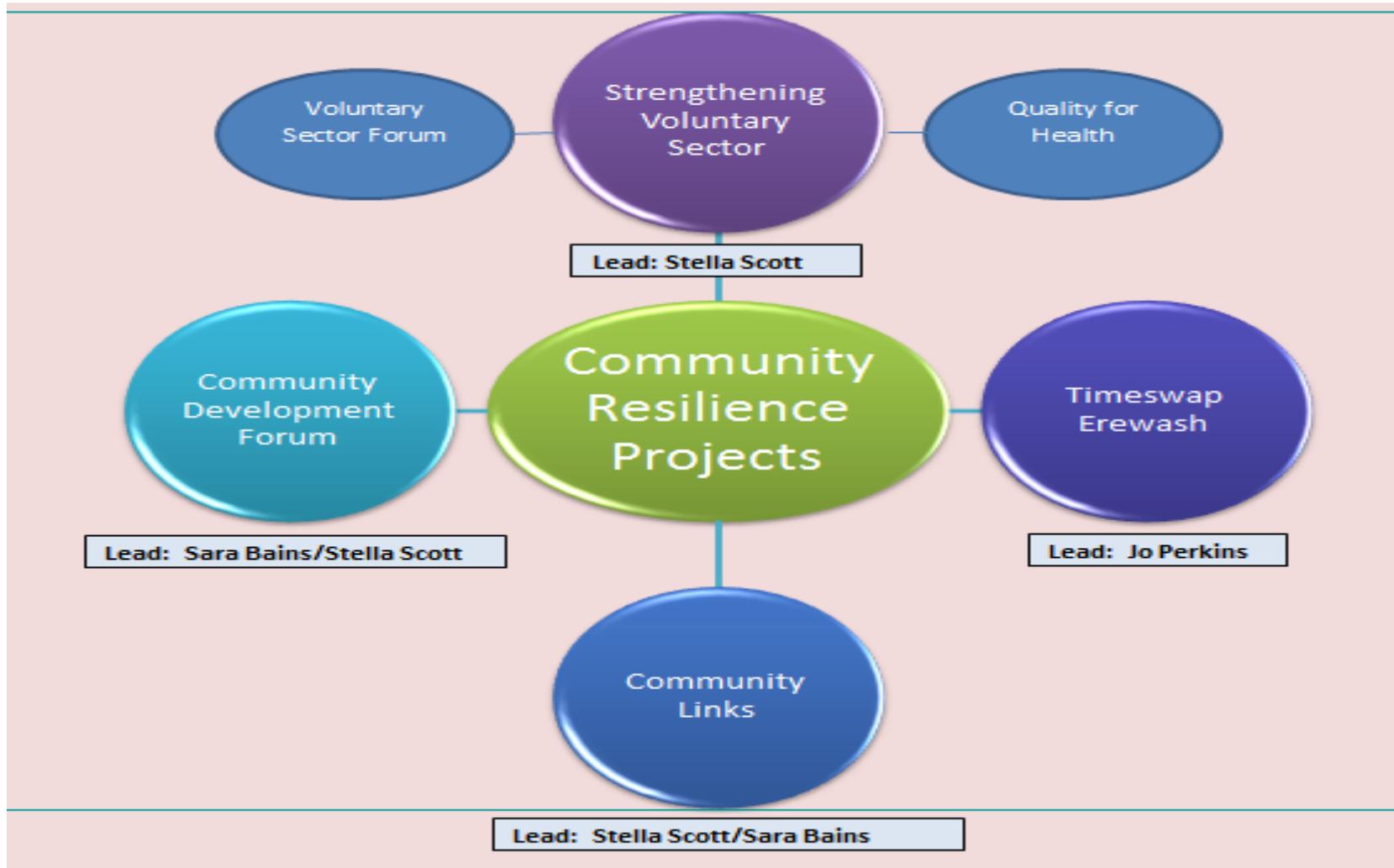
Community & Personal Resilience



Staying Well



Staying Well Together



Health as a Social Movement

- **Brilliant Erewash- Asset based** Resilience programme for young people, teachers and parents
- **Pride in Petersham** -Increasing physical activity and connectivity in communities of Erewash
- **Erewash Community Connectors**—Use of peer support in groups and communities
- **Person Centred Approaches**-Changing conversations in services

Key Challenges:

Duplication

Knowing what you don't know!

A deficit focused system



Wellbeing Erewash
Your Life Your Way

Going Forwards:

- Continue to encourage partnership working between health and education
- Help communities to trust in each other and see the assets in themselves
- Help people to have confidence in getting the right help when needed
- Help organisations to be person centred and asset focused



Wellbeing Erewash
Your Life Your Way



Wellbeing Erewash
Your Life Your Way

Contact us on:

Our Website: www.wellbeingerewash.org.uk

By phone: 01159316244

By email: wellbeing.erewash@erewashccg.nhs.uk

On Twitter: #WellErewash

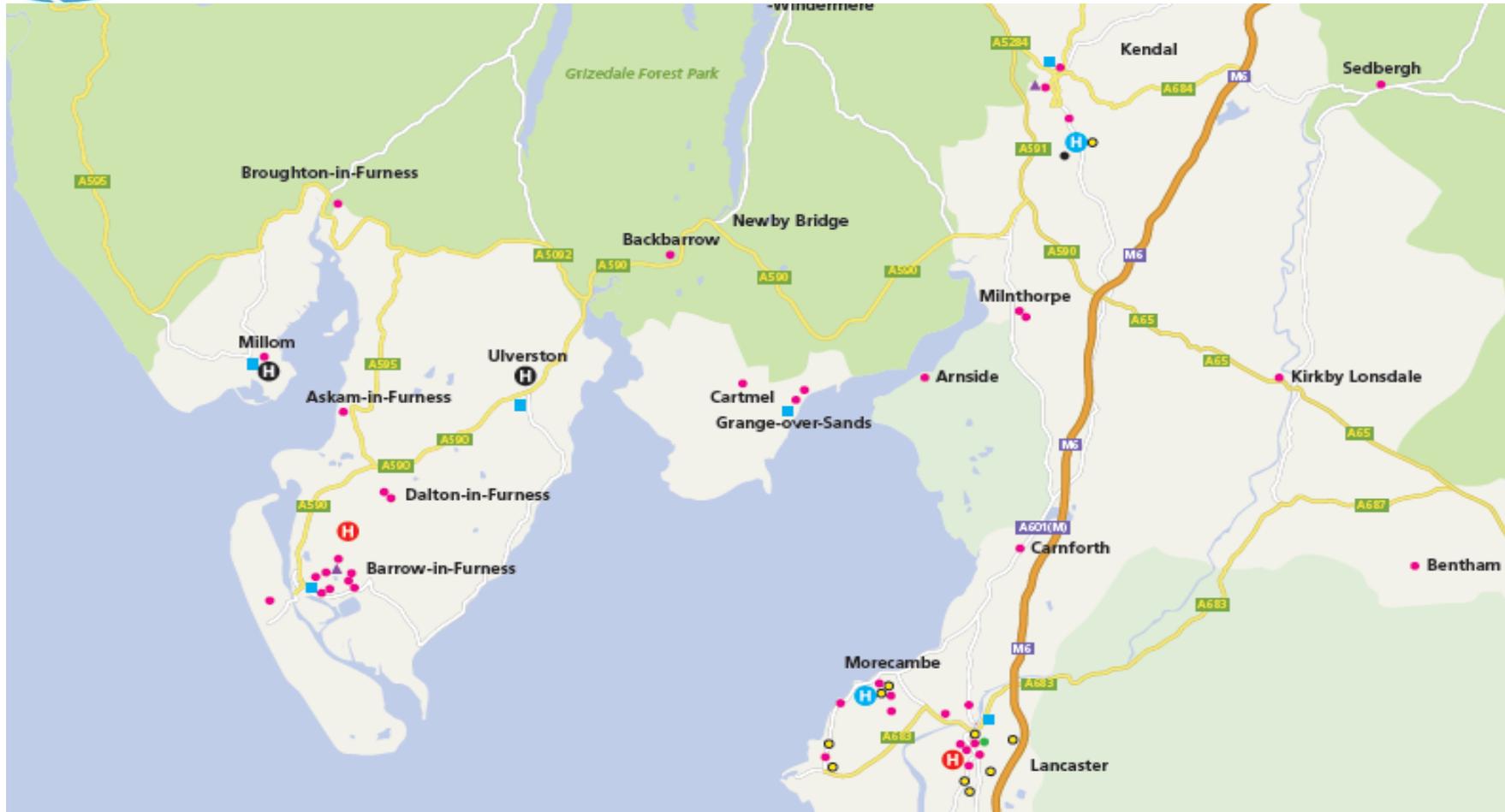
Bay Health &
Care Partners
delivering



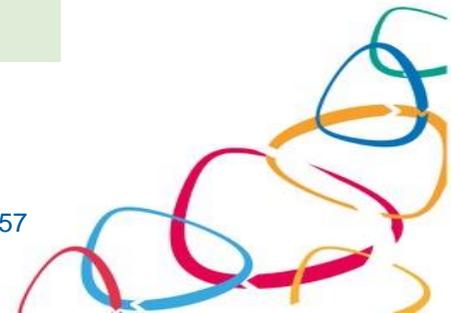
Better Care Together

Health as a Social Movement



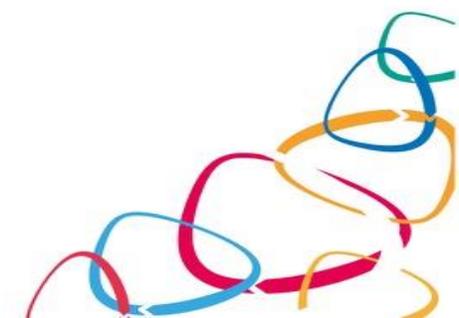


Barrow and Morecambe – miles apart, with striking similarities



Three Projects – learning from each other

Barrow in Furness	Whalney Island, Barrow	Morecambe
<p>The Animator Project</p> <ul style="list-style-type: none"> Animators – not the usual suspects Acting as a bridge between the NHS and communities at animation cafes` GP Surgery staff reflecting on their current practice and how they can change their behaviour to work with patients Working in partnership with the Third Sector 	<p>Furness Wellness Days</p> <ul style="list-style-type: none"> A programme of wellbeing activities built, led and delivered by community members: exercise, mindfulness, footcare, bowling etc. to reduce social isolation, improve health and move from a sickness culture to a wellness culture Numbers growing by the day – 112 new participants, 9 volunteer trainers! Neighbouring areas looking to adopt the model 	<p>Mobilising third sector providers</p> <ul style="list-style-type: none"> Working in partnership with the Third Sector and wider: community building training – 35 trained with more sessions planned Stewardship circle GP Surgery staff working differently and looking to the Altogether model



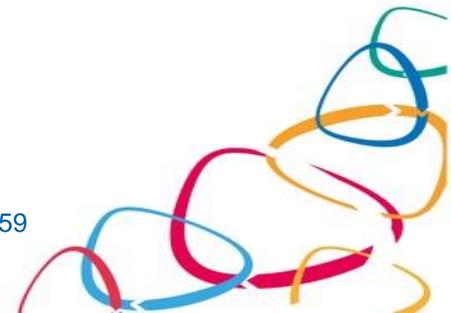
What are the opportunities you see as part of the programme?

Building a valued and effective sustainable network between the NHS and the community so the needs of the community can be more responsively met and the challenges in the NHS can be offset through mobilising community resources

Learning:

- Being able to compare different projects in different areas with similar demographics – does it mean that what works in one area will work for all?
- What happens when you look to a different relationship with the Third Sector?
- What happens when staff look to a different relationship with the local community?
- What happens when you “let go”?
- Can we prove effect on primary and secondary care usage?

...and when there is no more money; did we make it sustainable?



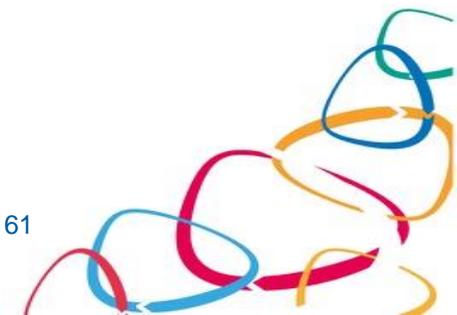
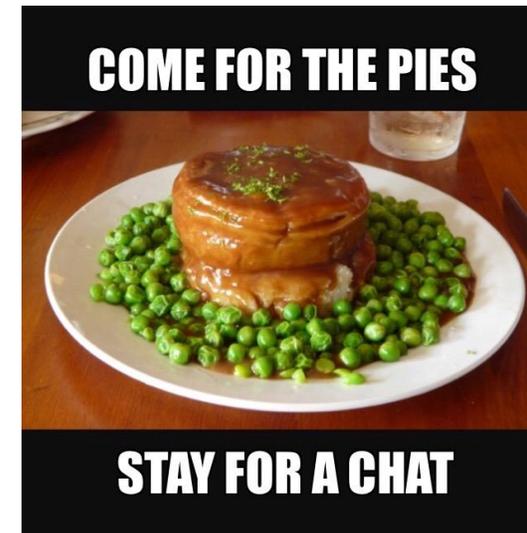
What are the barriers to success?

1. Time – bring people together who already have busy schedules, making space in busy clinical schedules, busy periods such as school holidays when workloads increase and people are not always available
2. Gaining trust: “is this something else that you`ll start and then close when we run out of funding?”
3. Engagement exhaustion and a history of “nothing changed when we did this last time”?
4. Feeling under pressure to prove results in a short period of time
5. Culture and expectation from professionals, politicians and public who are not used to an equitable relationship between partners. All have anxieties that they must deliver results that depend on complex, multifactorial factors and therefore can prefer “quick wins” over wise long term investment building resilient infrastructure which is this projects strength.



How have you approached the barriers?

- ✓ Time: telecoms, virtual working
- ✓ Gaining trust: more transparency about what we are and are not working with
- ✓ Engagement exhaustion: different venues, different approaches, different questions, access to NEF expertise
- ✓ Proving results: celebrating success, however small, however large...and ensuring the big cheeses on board!
- ✓ We need to work with wider partners, e.g. academic institutions, to ensure that the evidence supporting the benefit of the approach we are taking is clear and applied well
- ✓ And we need to start promoting the value of more qualitative evidence to support the work, decisions and direction we are going in.



What help do you need to overcome them?

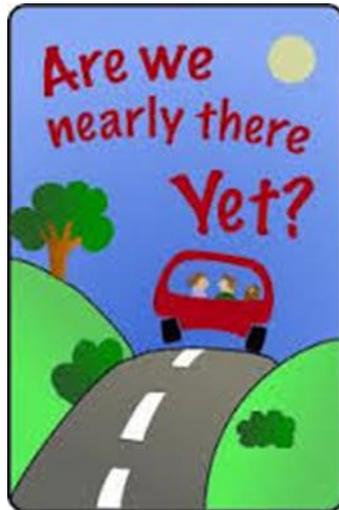
- Everyone to be honest about what does and doesn't work... "if I had my time again..."
- A recognition that this work is organic and doesn't always align with traditional project management
- Trust – you need people to trust in you, and to trust a project that "lets go" of control
- Minimum paperwork and reporting – this can turn people off, especially "creatives", "implementers" and "paperwork-phobics"
- A title or a project name! This title gives social movements the legitimacy they need



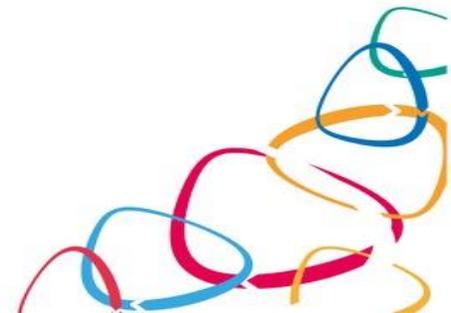
...and....



And time...



"Of course we're not there yet! —
it's 127 light years, for pete's sake!"



Thank you

AND THAT IS HOW CHANGE HAPPENS.
ONE GESTURE.
ONE PERSON.
ONE MOMENT AT A TIME.

LIBBY GRAY



Break

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Towards a social movement in health

Step 2

RSA

Ian Burbidge

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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	<ul style="list-style-type: none">• Schools• Parents forums• Young people	<ul style="list-style-type: none">• Availability of affordable healthy food• Advertising	
Reducing social isolation	<ul style="list-style-type: none">• Care homes & sheltered accommodation• Carers• Carer companies	<ul style="list-style-type: none">• 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	<ul style="list-style-type: none">• Local CVS• CCGs• Health practitioners	<ul style="list-style-type: none">• Lack of awareness• Caution related to risk• Time commitment (volunteer management)	
Reduce admission to acute services	<ul style="list-style-type: none">• Primary care staff• Local gov.• CCG• NHS Trusts	<ul style="list-style-type: none">• Pressure on GP services• Pressure on pharmacies• Medical model of health	

Lunch

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**Tools for
Growing
Social
Movements**

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TOOLS FOR GROWING SOCIAL MOVEMENTS

- Social moments
- Adoption and diffusion
- Networks
- Norms
- Narrative

**SOCIAL
SYSTEMS:**

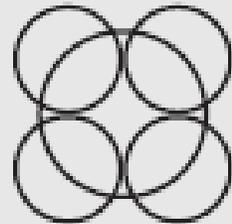
INDIVIDUAL



People
Individuals

SOCIAL SYSTEMS:

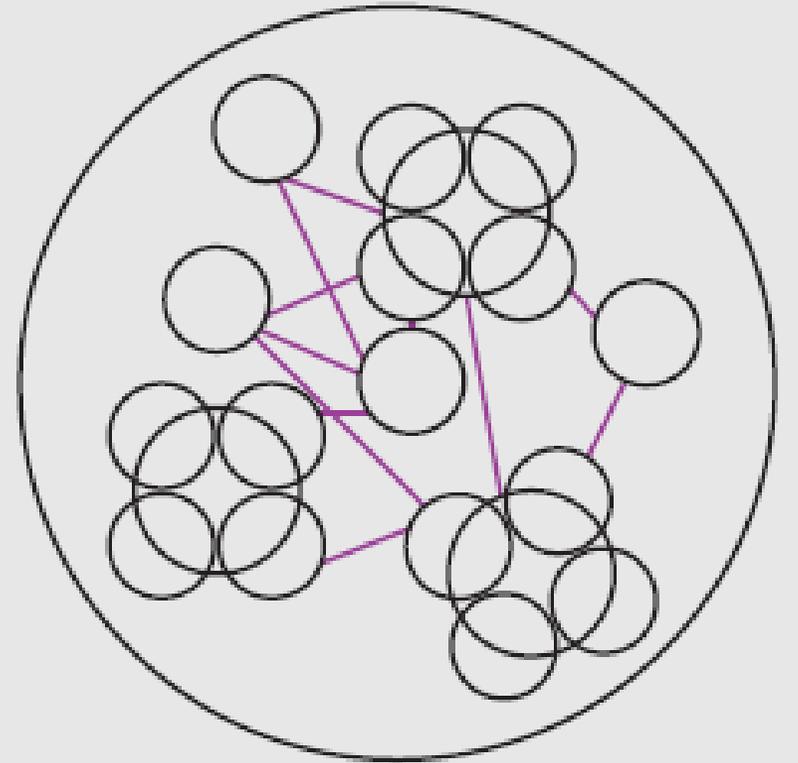
COMMUNITY



Groups

A collection of two or more individuals – a team, group, organisation, even a coffee morning

**SOCIAL
SYSTEMS:
SYSTEMS**



Systems

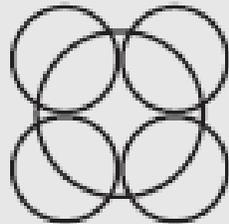
Connections of and between
individuals and groups

COMPLEX SOCIAL SYSTEMS:

SEEING THE WHOLE AS MORE THAN THE SUM OF ITS PARTS

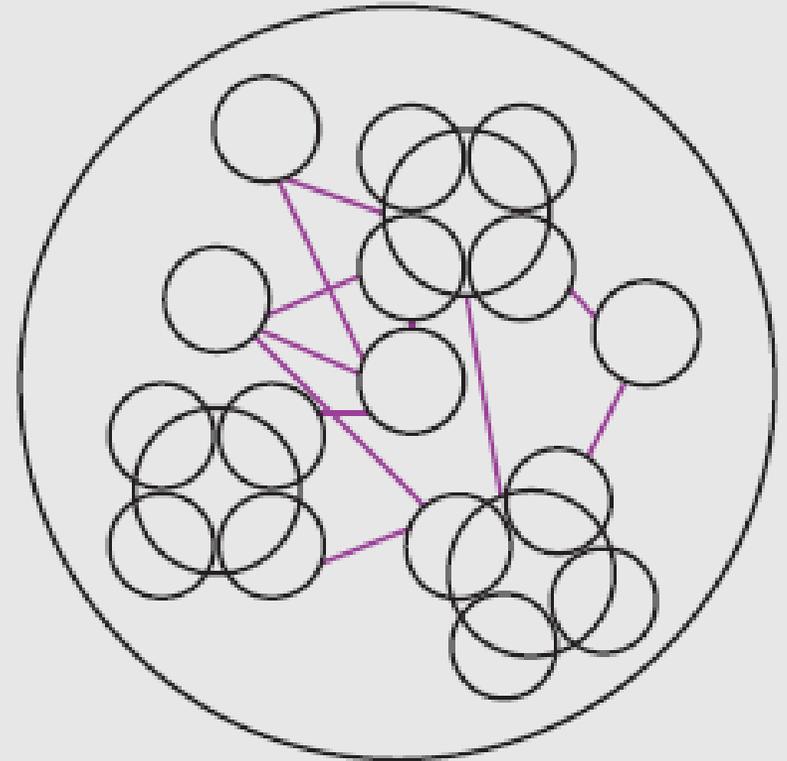


People
Individuals



Groups

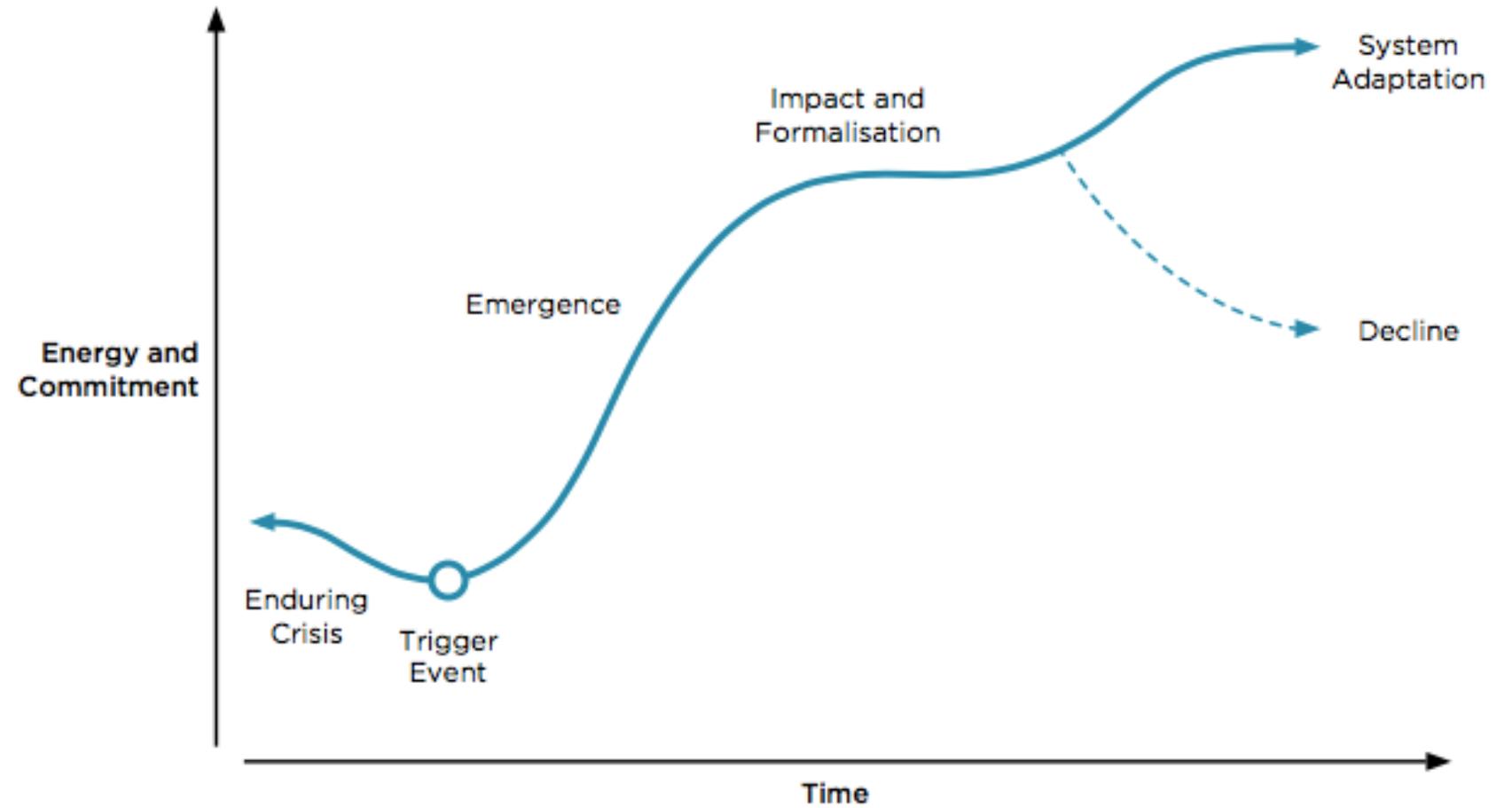
A collection of two or more individuals – a team, group, organisation, even a coffee morning



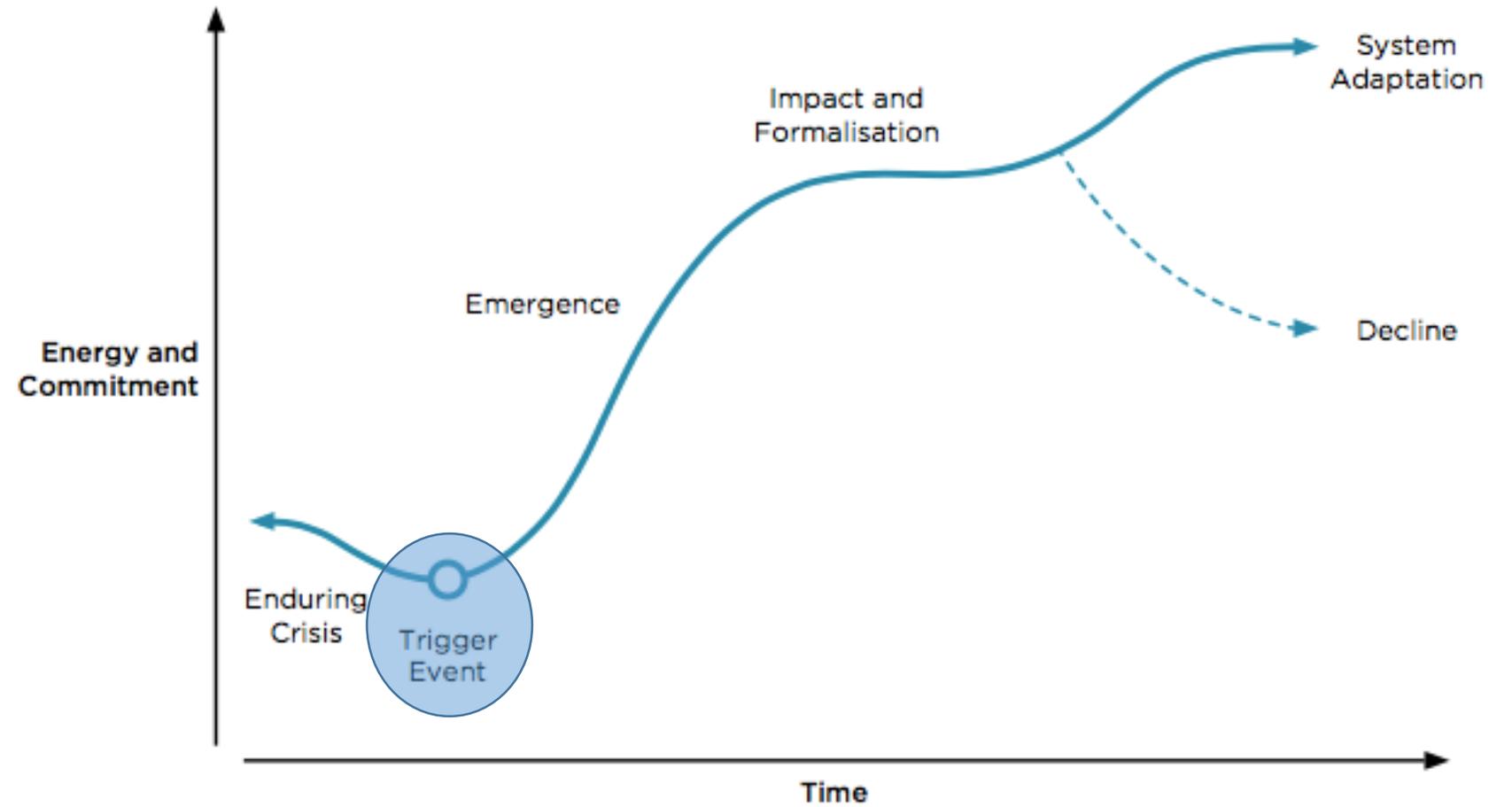
Systems

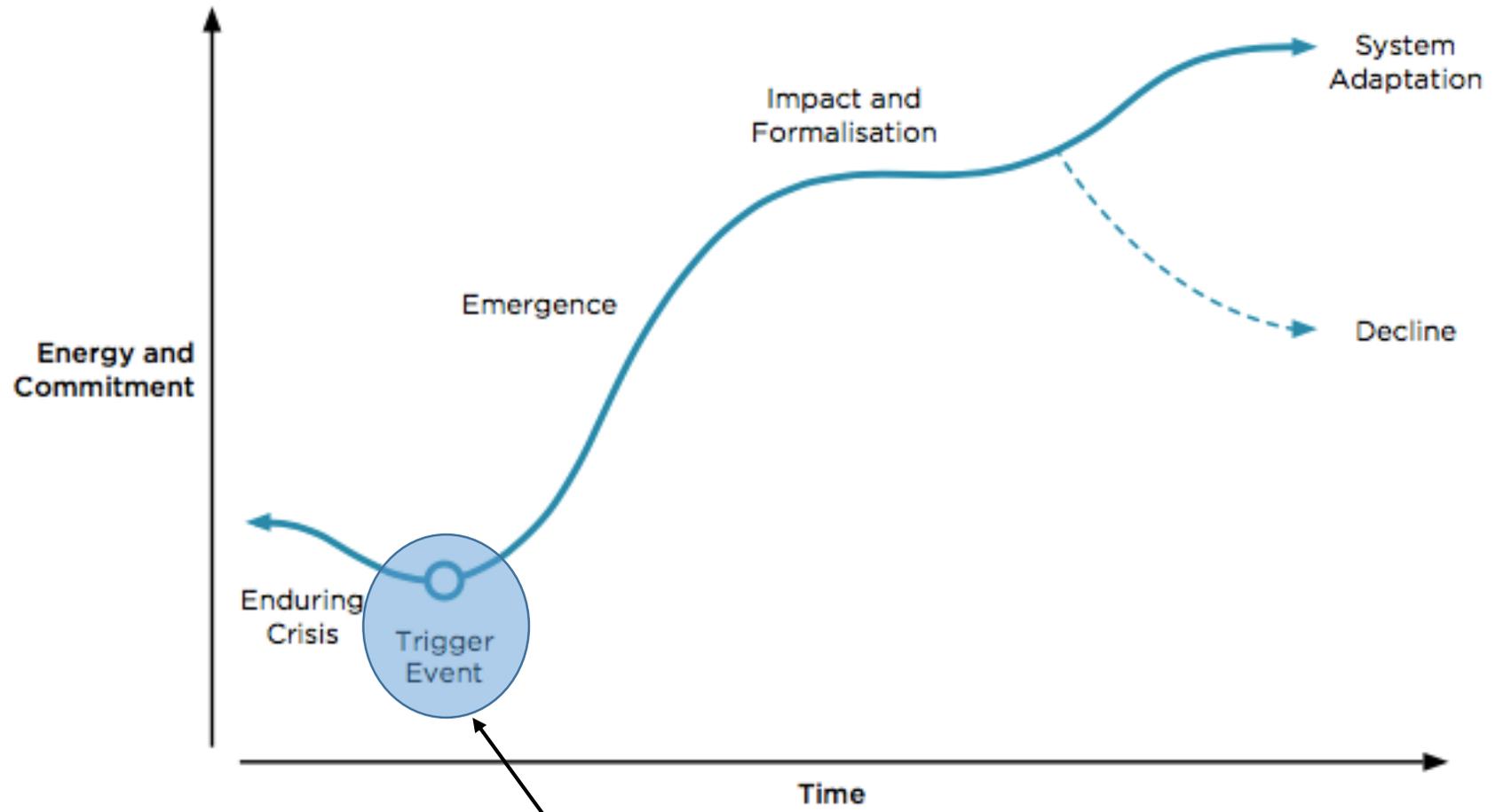
Connections of and between individuals and groups

SOCIAL MOVEMENTS LIFECYCLE: REPRISE



SOCIAL MOVEMENTS LIFECYCLE





Social moment?

WHAT ARE SOCIAL MOMENTS?

'Social Moments' are opportunities for change

They can be small or large opportunities

They can manifest in both predictable and unpredictable ways

The hierarchy can play a role in socialising/mobilising these 'moments'

WHAT ARE SOCIAL MOMENTS?

Different 'Moments' present themselves to us each and every day, but many - and frequently all - of these moments' pass us by

Raising our consciousness of these 'moments' is a good step to take

But awareness is not the end goal, **doing something with them is**

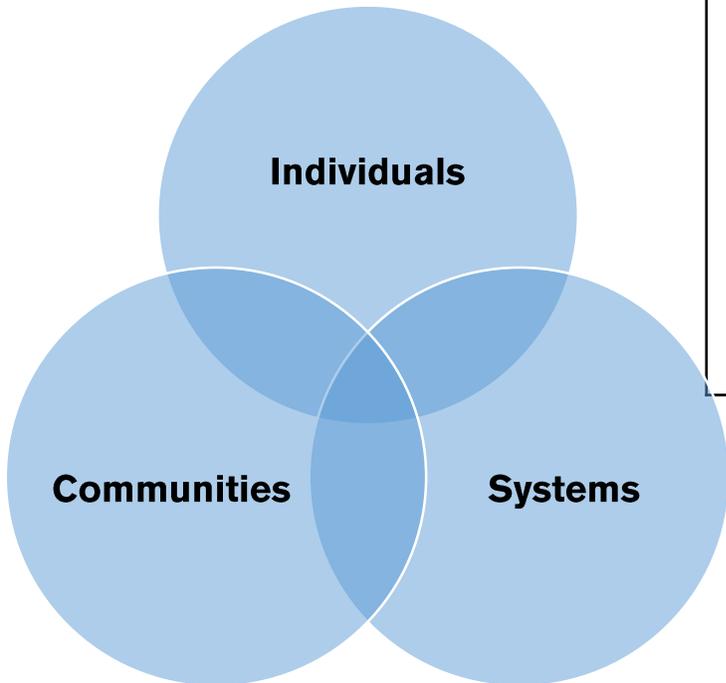
LEVERAGING SOCIAL MOMENTS

Social moments are **leverage points** where the equilibrium or paradigm is challenged
This can be challenged at 3 levels:

- 1) Individuals
- 2) Communities
- 3) Systems

Moments can also be created/manufactured
The combined effort to maximise the benefits of social moments creates **social capital**

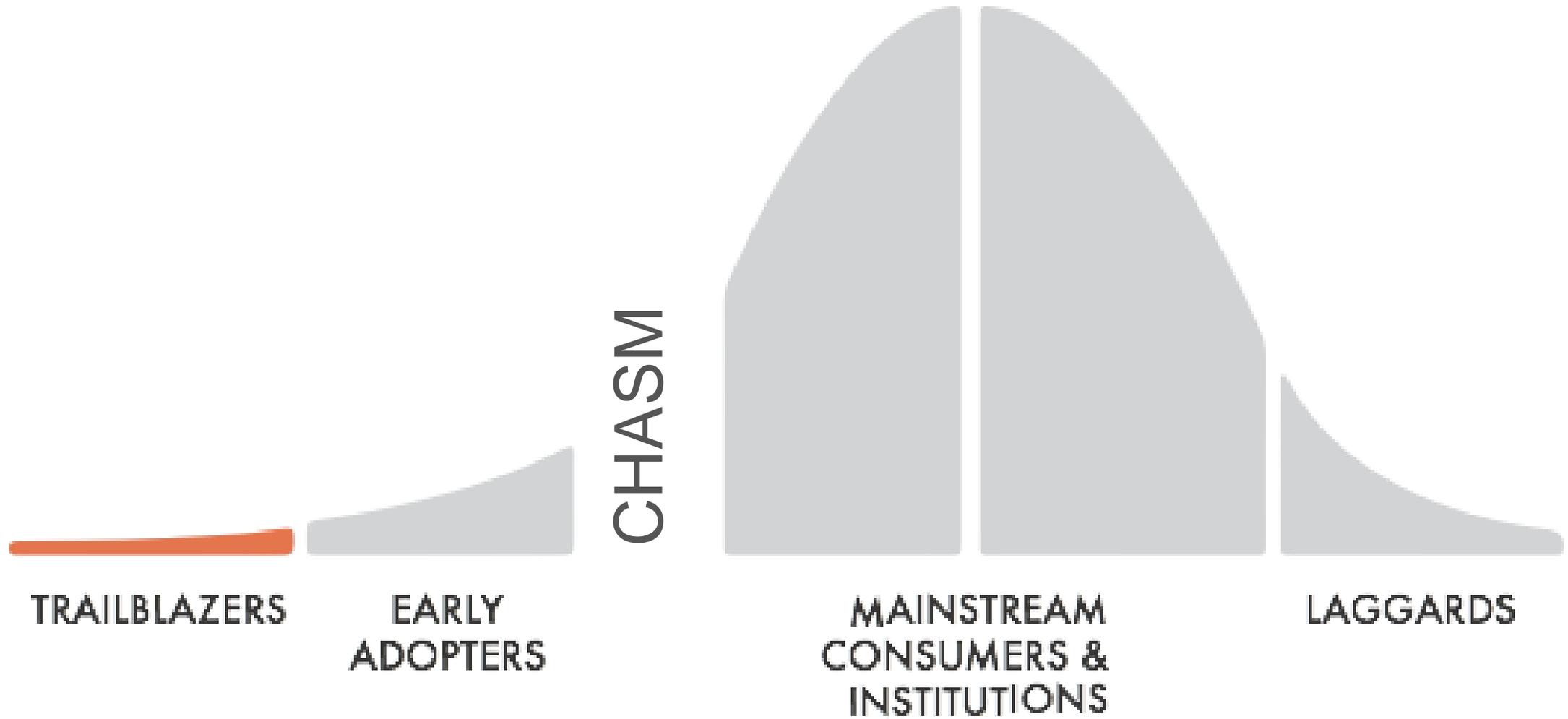
WHERE SOCIAL MOMENTS ARISE



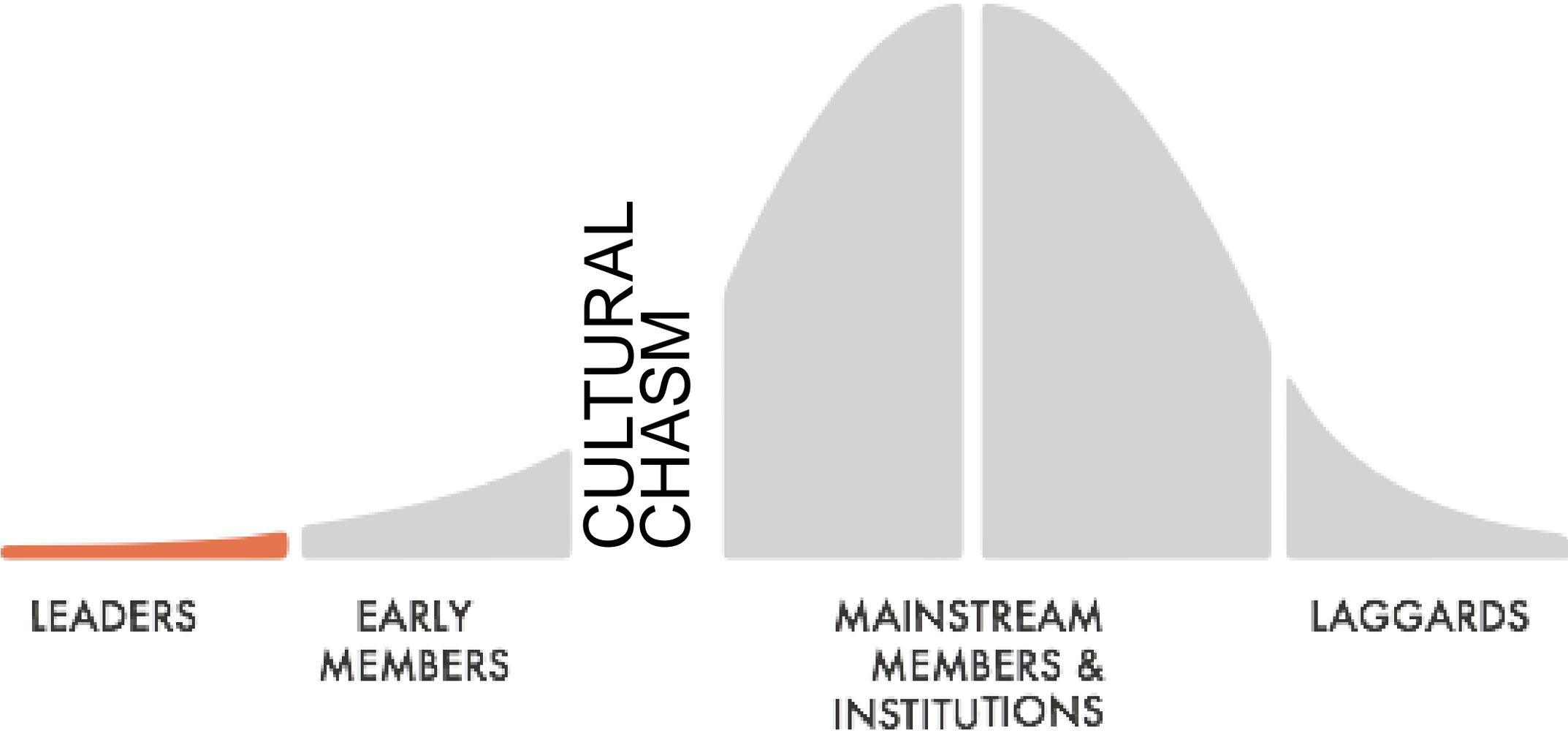
	In organisations and Systems	In communities	In people's lives
Examples...	<p>Interactions between organisations</p> <p>E.g.</p> <ul style="list-style-type: none"> • GPs and Hospitals • Public Health and Commissioners • Health and social care • Commissioners and the voluntary sector • Social prescribing • Involving service users in their care; co-production 	<p>Community activism, issues, responses</p> <p>E.g.</p> <ul style="list-style-type: none"> • Local pressure groups • Patient participation groups • Community groups, assets • Narrative and norms • Networks • History and culture 	<p>Relationships</p> <p>E.g.</p> <ul style="list-style-type: none"> • GP and patient • Care worker and patient • People helping people • Good neighbours • Family interactions • Agency and ability to meet your own needs • Behaviours and habits

Actively liberating this social capital across a community can create a 'social movement'

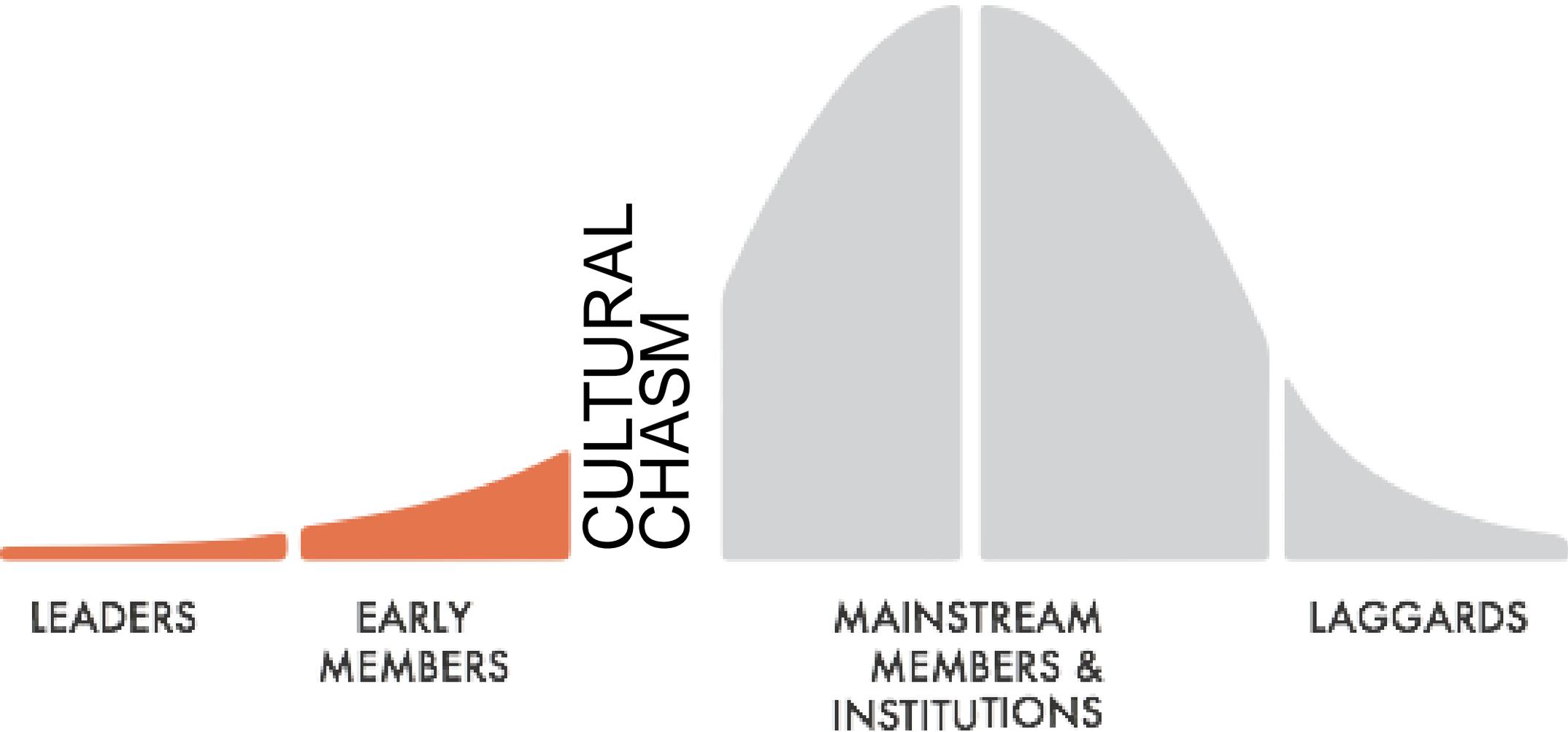
Diffusion of innovations



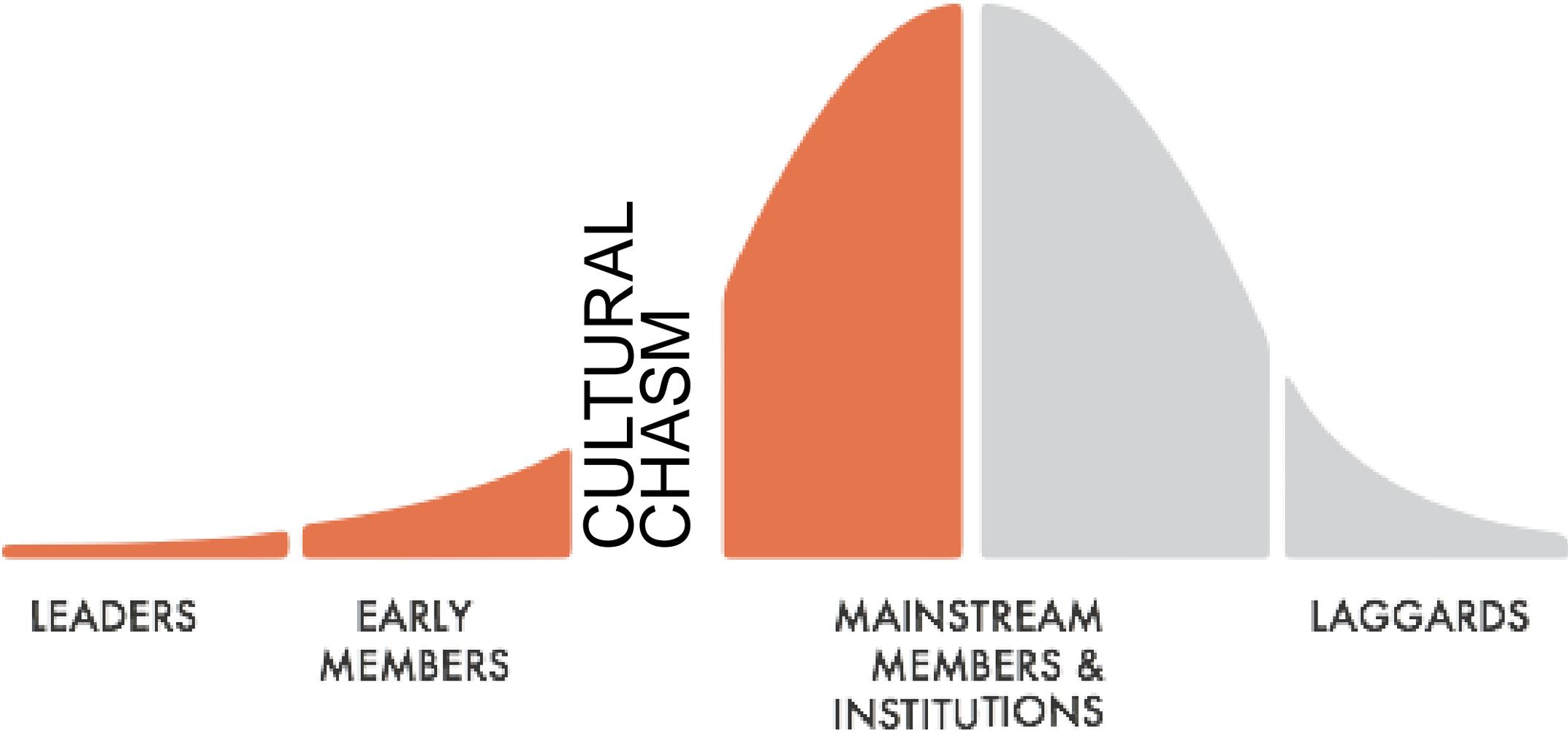
Diffusion of social movements



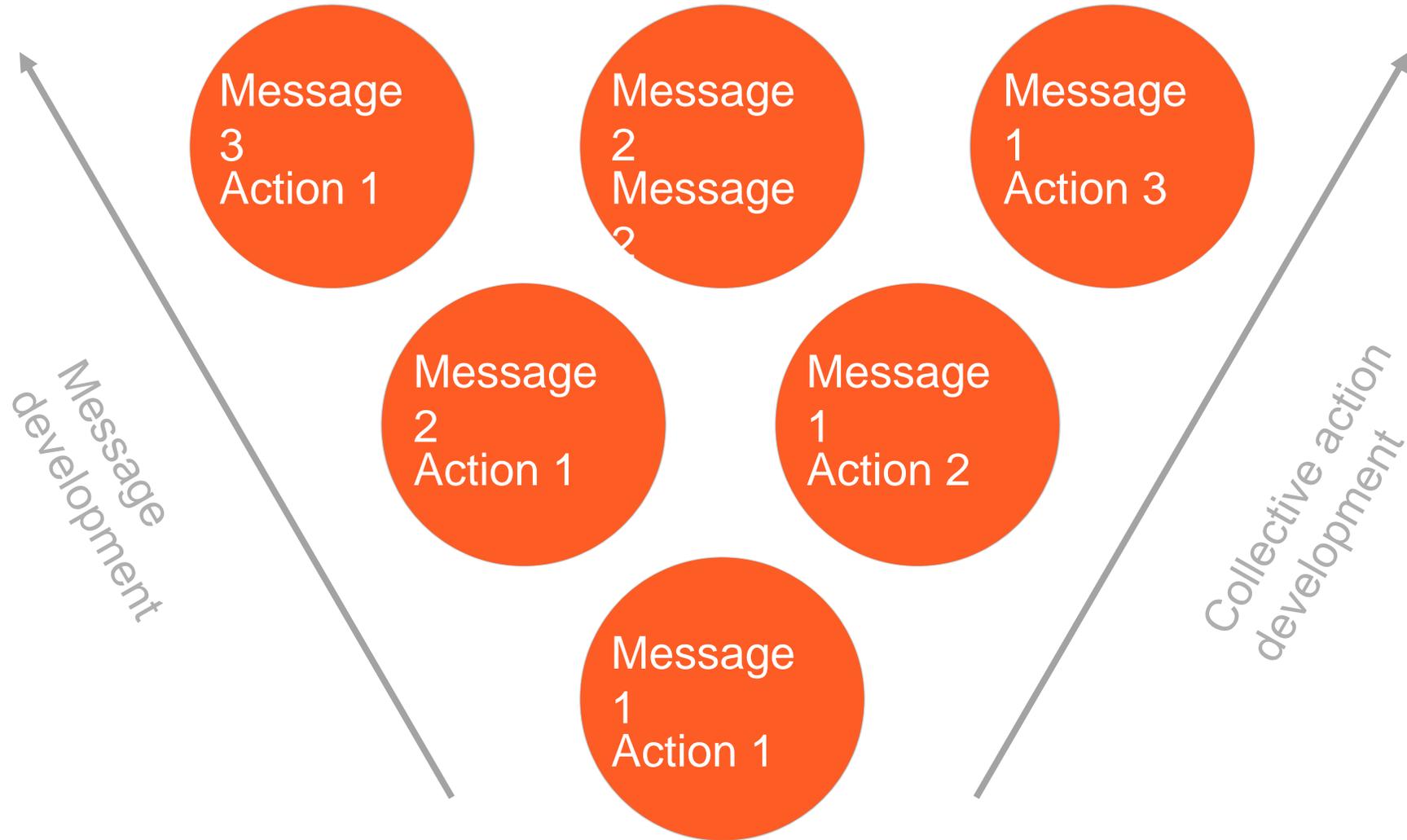
Diffusion of social movements



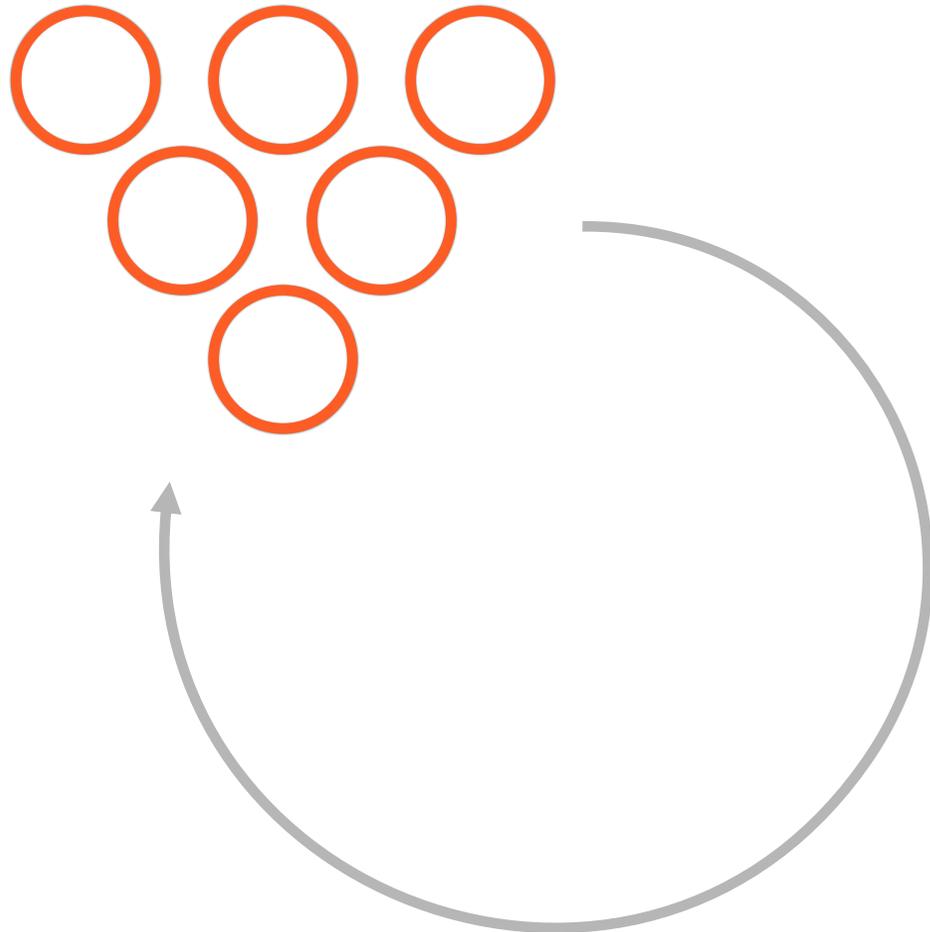
Diffusion of social movements



The bowling pin strategy



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

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 organizational 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

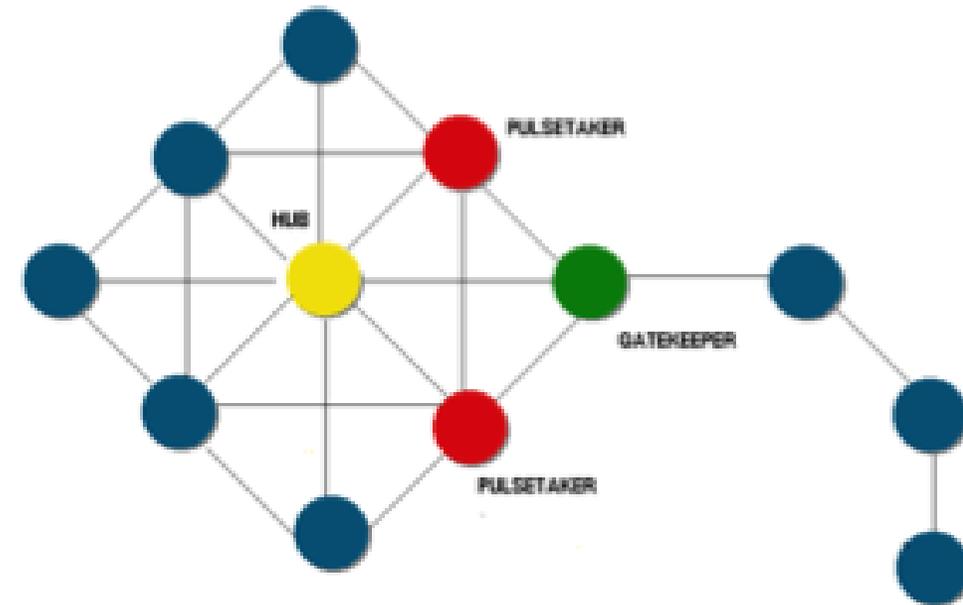
THE POWER OF SOCIAL NETWORKS

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



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).

ORGANIC NETWORKS

Organic networks have a structure, complexity, function and spontaneity not found in organized networks.

- There is no central control of the movement of the group
- But organic networks manifests a kind of collective intelligence that leads to behaviour which does not reside within individual creatures but, rather, is a property of groups.

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

Diffusion

“LET IT HAPPEN”

Informal, Unplanned

Horizontal

Unpredictable, emergent

Adaptive, self-organising

More behavioural approach

Power of networks



Dissemination

“HELP IT HAPPEN”

**Negotiated,
Influenced, Enabled**

Co-production

“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’



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>

**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?

ACTION PLANNING

WORKED EXAMPLE

VISION

Goals	Stakeholders	Barriers to change	Opportunities (social moments)
Reducing childhood obesity	<ul style="list-style-type: none">• Schools• Parents forums• Young people	<ul style="list-style-type: none">• Availability of affordable healthy food• Advertising	Sports Days
Reducing social isolation	<ul style="list-style-type: none">• Care homes & sheltered accommodation• Carers• Carer companies	<ul style="list-style-type: none">• 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	<ul style="list-style-type: none">• Local CVS• CCGs• Health practitioners	<ul style="list-style-type: none">• Lack of awareness• Caution related to risk• Time commitment (volunteer management)	Step Up To Serve campaign
Reduce admission to acute services	<ul style="list-style-type: none">• Primary care staff• Local gov.• CCG• NHS Trusts	<ul style="list-style-type: none">• Pressure on GP services• Pressure on pharmacies• Medical model of health	Press campaign 'Over bed-blocking'

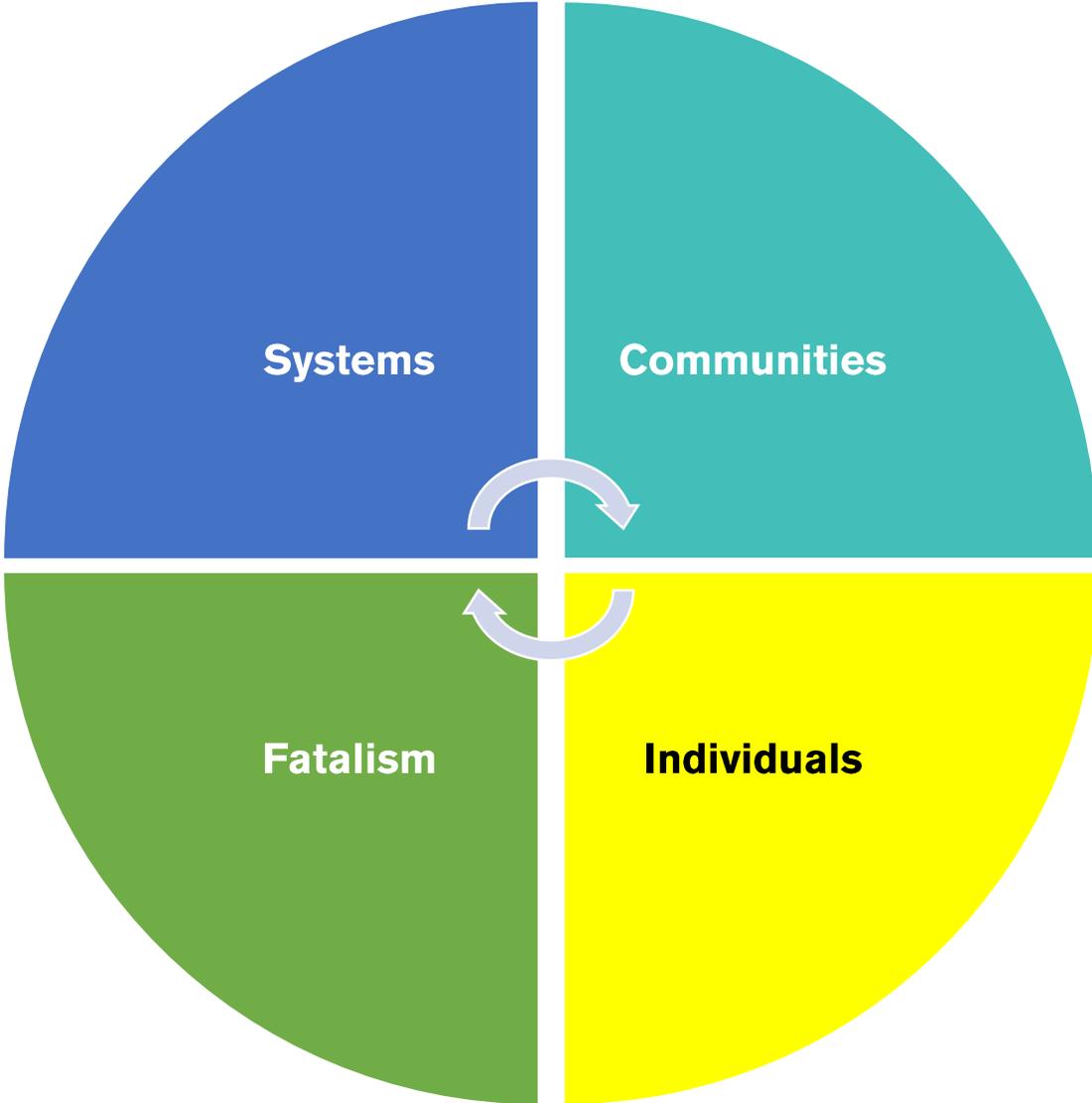
**Growing
Social
Movements:
Co-ordinating
Actions**

RSA

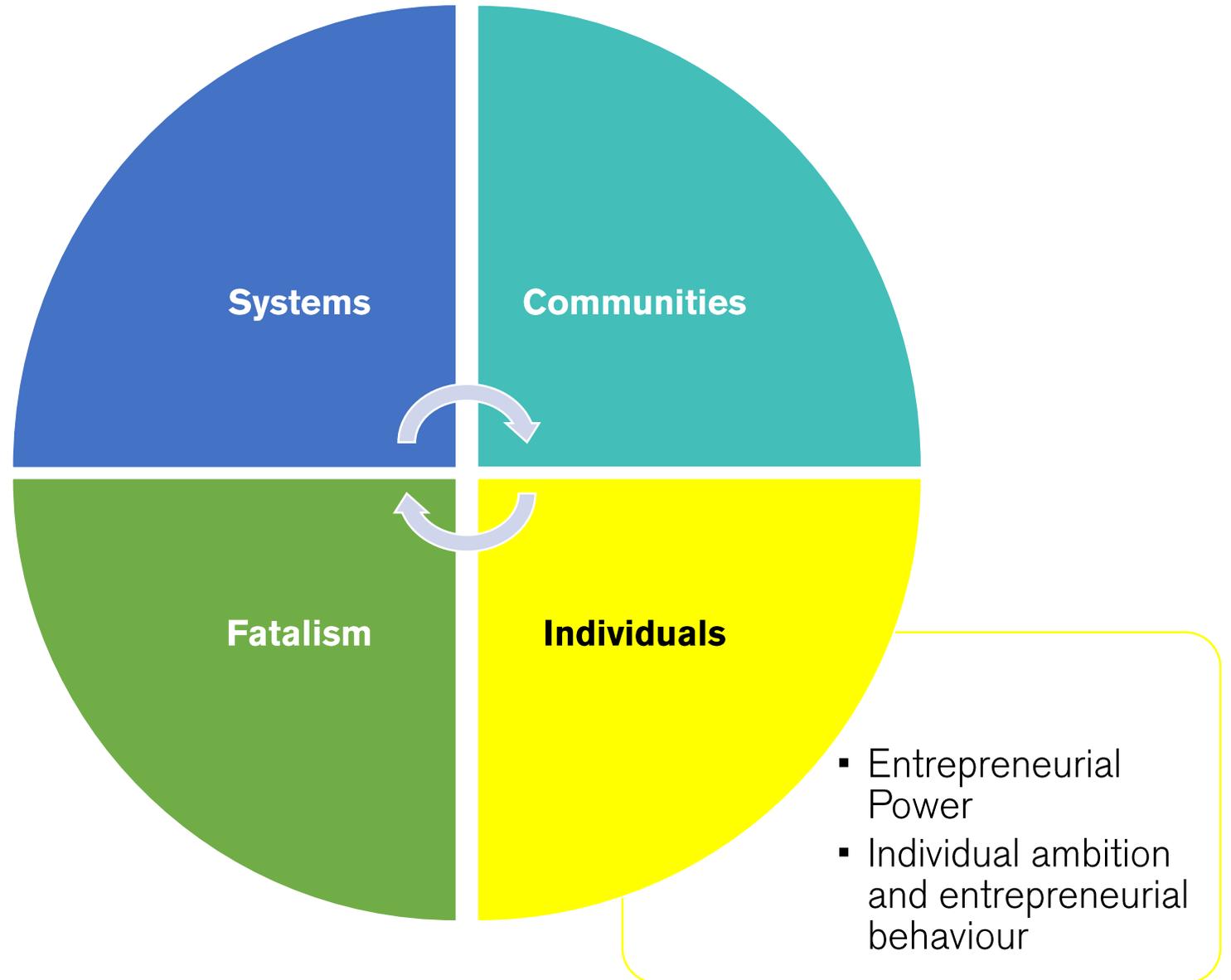
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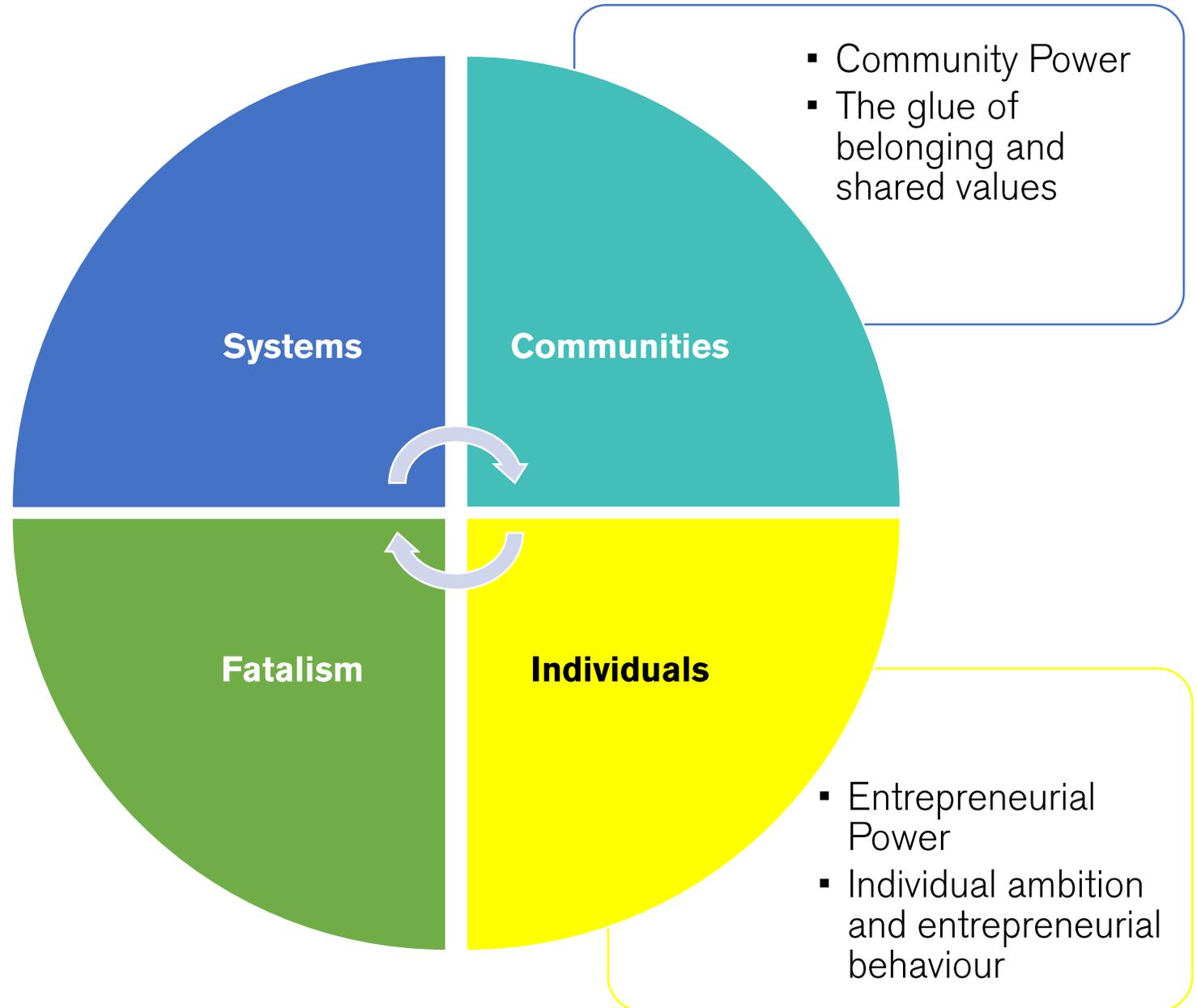
HARNESSING POWER WITHIN SOCIAL SYSTEMS



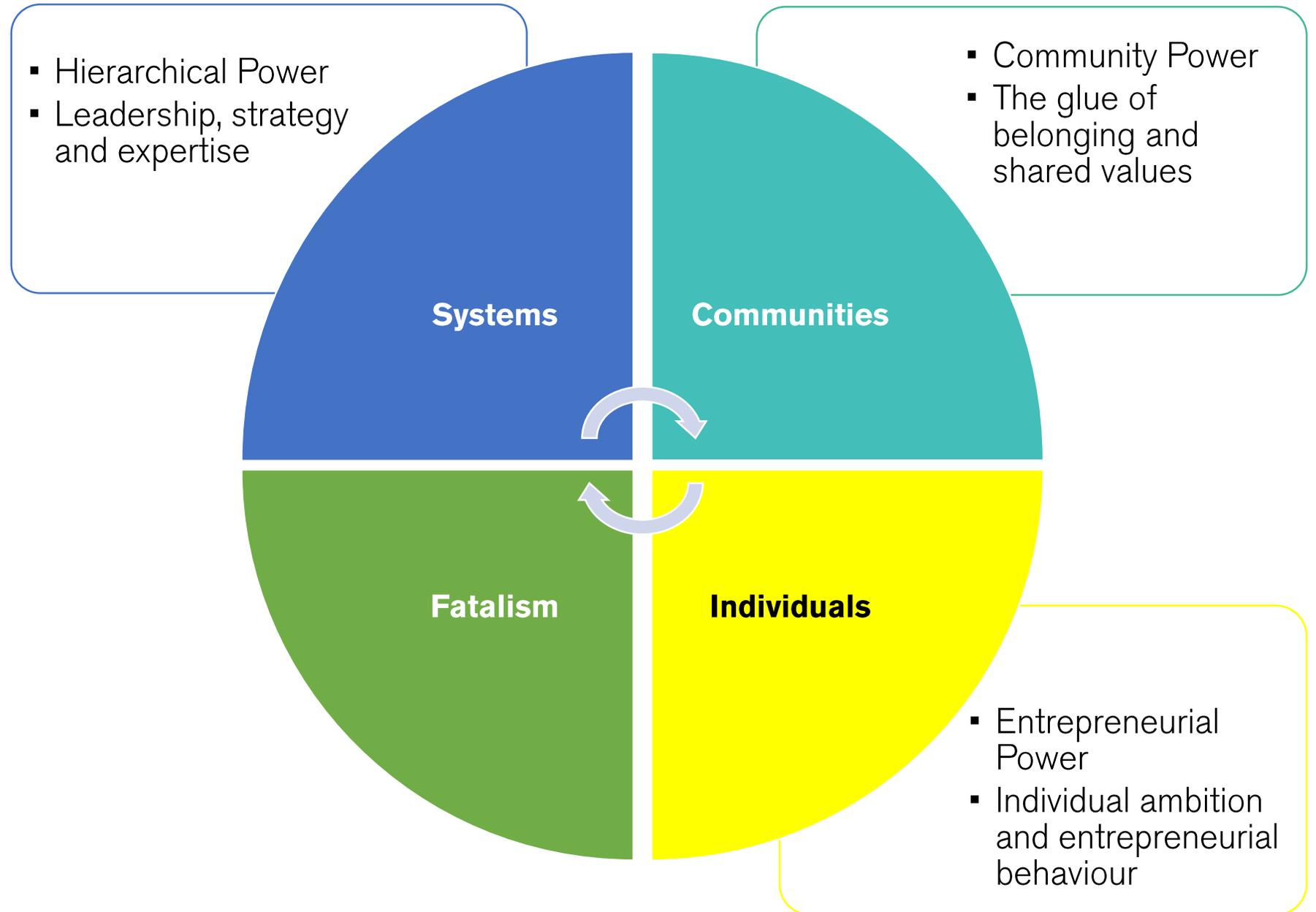
HARNESSING POWER WITHIN SOCIAL SYSTEMS



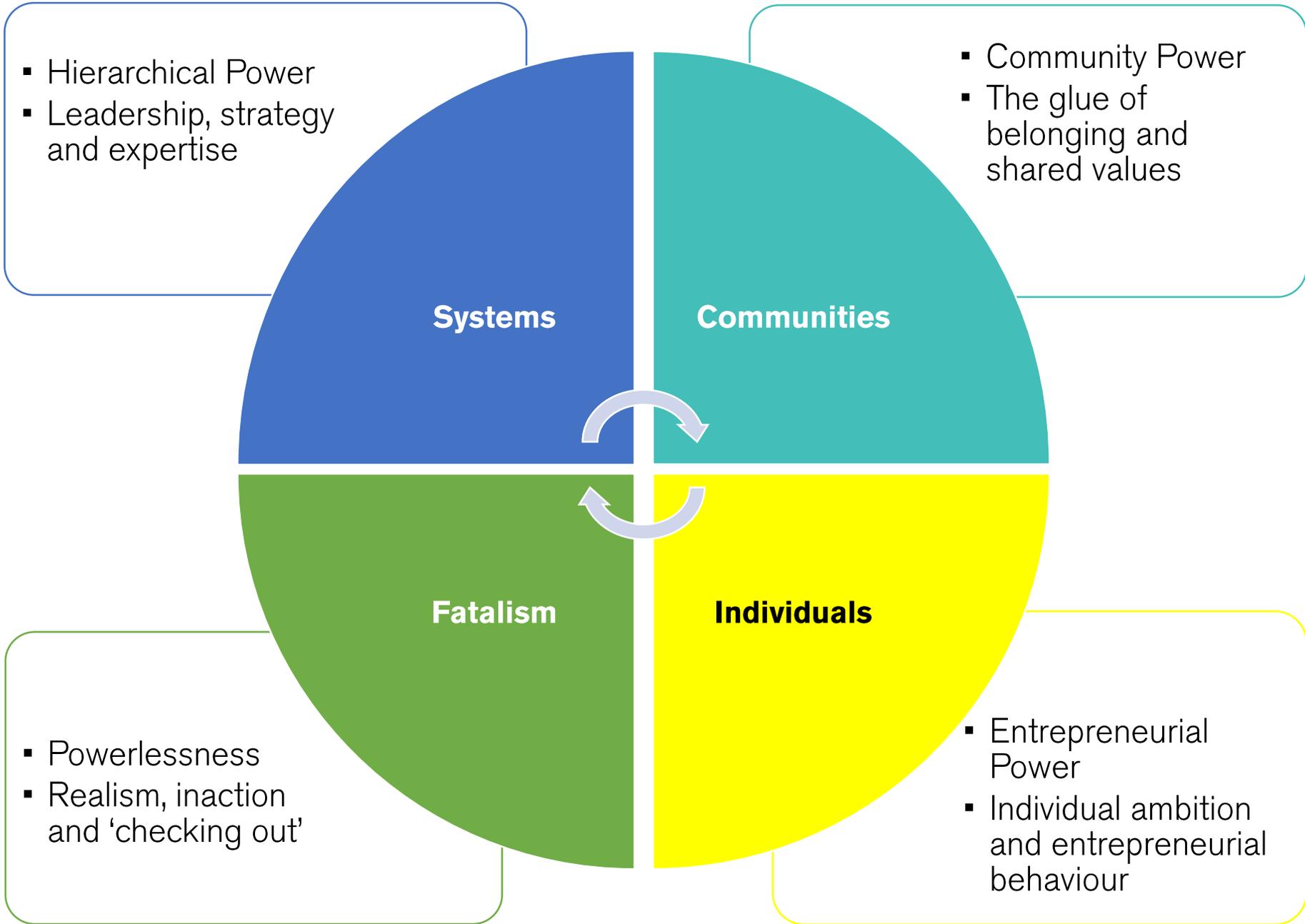
HARNESSING POWER WITHIN SOCIAL SYSTEMS



HARNESSING POWER WITHIN SOCIAL SYSTEMS



HARNESSING POWER WITHIN SOCIAL SYSTEMS



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...	<p>Clear, consistent strategy, transformative, at scale, purposeful</p> <p>Listens, trusts, empowers</p> <p>Ethical and brave</p>	<p>Altruistic, values-based, co-ordinated, collective, collaborative, community, norms, tribes</p> <p>Commitment to vision</p> <p>External focus, celebrates achievement</p>	<p>Responsible, accountable</p> <p>Empowering others and self</p> <p>Energised, ambitious, creative, resourceful, dynamic, agency and control</p>
At its worst...	<p>Communities done-to, paternalistic, professionals know-best</p> <p>Top down, bureaucratic, lack of choice and voice</p> <p>Inflexible, inefficient, illegitimate, poor leadership, lack of vision</p>	<p>Actively fighting against vision, strategy, approach</p> <p>Discursive, moored, factional</p> <p>Internal focus, wrapped up in in-fighting or other such distractions</p>	<p>Disempowering, undermining, not engaging in community</p> <p>Irresponsible, short-termism</p> <p>Defensive, reactive, conflictual</p>

INTERACTIONS



Towards a social movement in health

Step 4

RSA

Ian Burbidge

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YOUR LOCALITY:

	ACTIONS			
Health Goals / priorities	For Organisations	For Groups	For Individuals	Other ideas

CO-ORDINATING ACTIONS

VISION

SOCIAL MOVEMENTS IN YOUR LOCALITY:

WORKED EXAMPLE

	ACTIONS			
Health Goals / Priorities	For Organisations	For Groups	For Individuals	Other ideas
Increase HIV testing	<ul style="list-style-type: none"> Encourage NHS Trusts to share information + resources with voluntary sector (e.g. Terrance Higgins Trust) relating to those living with HIV Public messaging campaign (using Bowling Pin strategy) 	<ul style="list-style-type: none"> Capacity build support groups of people with lived experience (particularly outside urban areas) 	<ul style="list-style-type: none"> Display awareness E.g Wearing Red ribbons - Raising awareness E.g. Social media posts 	<ul style="list-style-type: none"> Campaign for drug companies reduce costs of testing kits
Decrease knife violence	<ul style="list-style-type: none"> 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

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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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