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The gap in self-management support (SMS)

- Social & environmental influences on self-management central.
- Very few interventions work with people’s environments related to chronic illness management.
The need for a networked approach

• An exclusive focus on individual self-management support doesn’t tackle isolation and ignores reciprocity.
• Support for self-management which achieves desirable policy outcomes should be seen less as an individualised behaviour and more as a social network phenomenon
• Replace vision of activated individuals with activated networks
The surprising power of networks....

• Behaviour a collective phenomena in adopting health and unhealthy behaviour
• Nicolas Christakis John Fowler - weight gain in one person is associated with weight gain in others in networks.
• Smoking behavior spreads through close and distant social ties, groups of interconnected people stop smoking in concert
• CONTAGION The spread of ideas, attitudes, or behaviour patterns in a group through imitation and conformity.
• Apply to genesis of chronic illness but also management and public health interventions
“Self-help! Self-help!”
People with LTCs

- Spouse/Partner
- Children
- Grandchildren
- Parents
- Siblings
- Other relatives
- Friends
- Pets
- Neighbours
- Colleagues
- Classmates
- Acquaintances

Voluntary and community groups with health related and health relevant functions

Health professionals

Non-health professionals with health related and health relevant functions

Personal communities

Support groups
- Lunch/Tea clubs
- Internet-based discussion groups
- Religious groups
- Ethnic groups
- Sports groups
- Other social groups

Health trainers
- Social prescribers
- Traditional healers
- Faith healers
- Spiritualists
- Herbalists
- Social workers
- Legal agents (police, lawyers)
- Religious or spiritual leaders
- Supervisors (bosses, teachers)
- Community wardens

GPs
- Nurses
- Community matrons
- Psychiatrists
- Podiatrists
- Pharmacists
- Diabetologists
- Rheumatologists
- Cardiologists
- Neurologists
- Physiotherapists

Personal Communities of Support
1. Social involvement with a wider variety of people and groups supports personal self-management physical & mental well-being.

2. Support work undertaken by personal networks expands in accordance with health needs, helping people to cope with their condition.

3. Network support substitutes for formal care and can produce substantial saving in traditional health service utilisation costs. Health service costs significantly (p<0.01) reduced for patients receiving greater levels of illness work through their networks.

The resources of networks that matter

• Who are the members: partners, family, professionals, weak ties (friends & neighbours) groups, pets.
• The diversity of groups, activities things and activities you value in your network
• Accessibility, place and proximity
• Navigation, Negotiation and Collective Efficacy
• Community & Voluntary groups
Community & Voluntary Organisations

• Participation in community organizations associated with better physical and mental health and, in patients with low income, with more physical activity.

• Confirms: Greater involvement significantly related to better self-management ability & well-being a clear target for interventions and policies.

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Wider Potential

Who is it for?
People with long-term conditions
Frail elderly
Isolated people – because of illness, social reasons or social stigma
People at transition points e.g. from child to adult health services, point of discharge from acute care, prisoners prior to release
Those wanting to form new support networks – e.g. people with alcohol dependency, new mothers

Who might use it as a tool?
Link workers e.g. health trainers, care navigators, community workers
Health and social care professionals
Hub organisations – e.g. social housing, community organisations, bigger charities
Information services – libraries
Academics studying social networks
Commissioning organisations – as intervention, to map local resources

References:


Background and Evidence

• Individualised models of self-management support do not work in primary care, are not sustainable, promote isolation and ignore reciprocity
• There are social and environmental influences policy makers are reluctant or unable to regulate

Network Approach [Ref1-3]

• Replace vision of activated individuals with activated networks
• Network approach shown to significantly improve health and reduce health service costs
• Social involvement with a wider variety of people and groups supports personal self-management and physical and mental well-being

GENIE – An Online Social Network Intervention

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Genie: How does it work?

- Positive Disruption of existing practice (externalising away from self).
- Visualisation, Reconstruction, Mobilisation of network resources.
- Engagement with new or renewed activities.
- Mediation (facilitation/web).