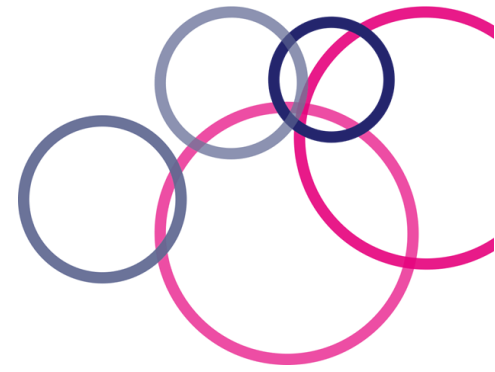


Bromley by Bow Centre

Translation not Replication



One of the most challenging and regular questions we have to answer at Bromley by Bow is about how our model can be replicated.

Put simply, trying to replicate something as complex and contextualised as the Bromley by Bow Centre is simply not possible. The reality is that the Centre is a response to a series of deep-seated and complicated social conditions and has evolved over a long period of time; not by following a clearly established recipe, but by trial and error and a great deal of experimentation. But that process of experimentation has not in itself led us to the "right" answer which then can be pinged out across the whole system and something magical will happen.

On the contrary, one of the reasons for our success is the process of experimentation itself and a whole range of diverse people co-creating a new way of doing things over an extended period of time. So it is in the design process that we have actually created the unique model that is Bromley by Bow.

The better way to frame the question is in terms of translation, rather than replication. This is a much better question and leads to a much richer answer. And the answer is significantly different in substance and content, not just tone.

There is a basic principle behind the Bromley by Bow model which is that you start small and grow things. It's a basic business model. Yet in public and statutory systems (often driven by politicians) the desire is to start big. They like big programmes. They like building two hundred City Academies across the country or over four hundred healthy living centres (that have not withstood the test of time). Our belief is that inventing something small and growing it in context, might be far more effective in the long-term; ie it might deliver much more bespoke and locally relevant services.

So how does this relate to the question about what can be "translated" from the model? Our thinking is not to start with the totality of the Bromley by Bow operation (ie its structures, systems, budgets, business plans), but to start with the small, subtle stuff that sometimes lies under the surface. When you spend any time with us, you very quickly begin to see that the most powerful influencers of our model are very simple human principles. We are talking about a range of features that are often overlooked when new services are being designed, or they are put into a neat box to one side and treated like they're the icing on the cake, when in fact they are the cake. What things am I talking about? Here's my top ten to start with:

1. **The quality of the human relationships** - how people interact with each other
2. **Compassion** - an in-built sense of caring between people...there is a close correlation with the sense that we are here to serve
3. **Generosity** - the idea that giving freely to people creates a sense of self-worth for both the giver and the receiver
4. **Mutual need** - recognising that none of us are fully well and that we can share our humanity together and not be compromised as "professionals"
5. **Positive design and environments** - creating spaces that engage and provide a sense of welcome or safety...like being "at home"
6. **Blurring the boundaries** - services work best when they're not in silos...we all live complex and sometimes chaotic lives, so neat solutions don't always work
7. **Long journeys** - we're committed to generational change...so many health services seem to be obsessed with moving people on or getting them out the door...we believe in sticking with people
8. **Built-in fun** - having fun is often seen as having nothing to do with work - that's a very big mistake, it's essential for success
9. **Have big expectations** - the model is all about raising aspirations and encouraging everyone (staff and clients alike) to "assume it's possible"
10. **Let go** - encourage freedom to innovate and provide resources for people to be entrepreneurial

These key features of the Bromley by Bow model absolutely lend themselves to translation. Every health service organisation could grapple with these features and find ways of translating them into practical changes in their own contexts. It wouldn't lead to replications of the Bromley by Bow Centre model, but it would lead to services being transformed by shifts in culture and values. And, of course, none of this is really about money or resourcing; most of it is about attitude and behaviour.

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