



'Same but different: implementation of an evidence-based approach to supporting self-management (Bridges) across 4 European nations (UK, Estonia, Sweden, Portugal).'



Fiona Jones and Scott Ballard Ridley (UK), Mari-Liis Ööpik-Loks (Estonia), Erika Klockar (Sweden), Carla Pereira (Portugal)



1

Key evidence and principles in relation to self-management support in stroke services.

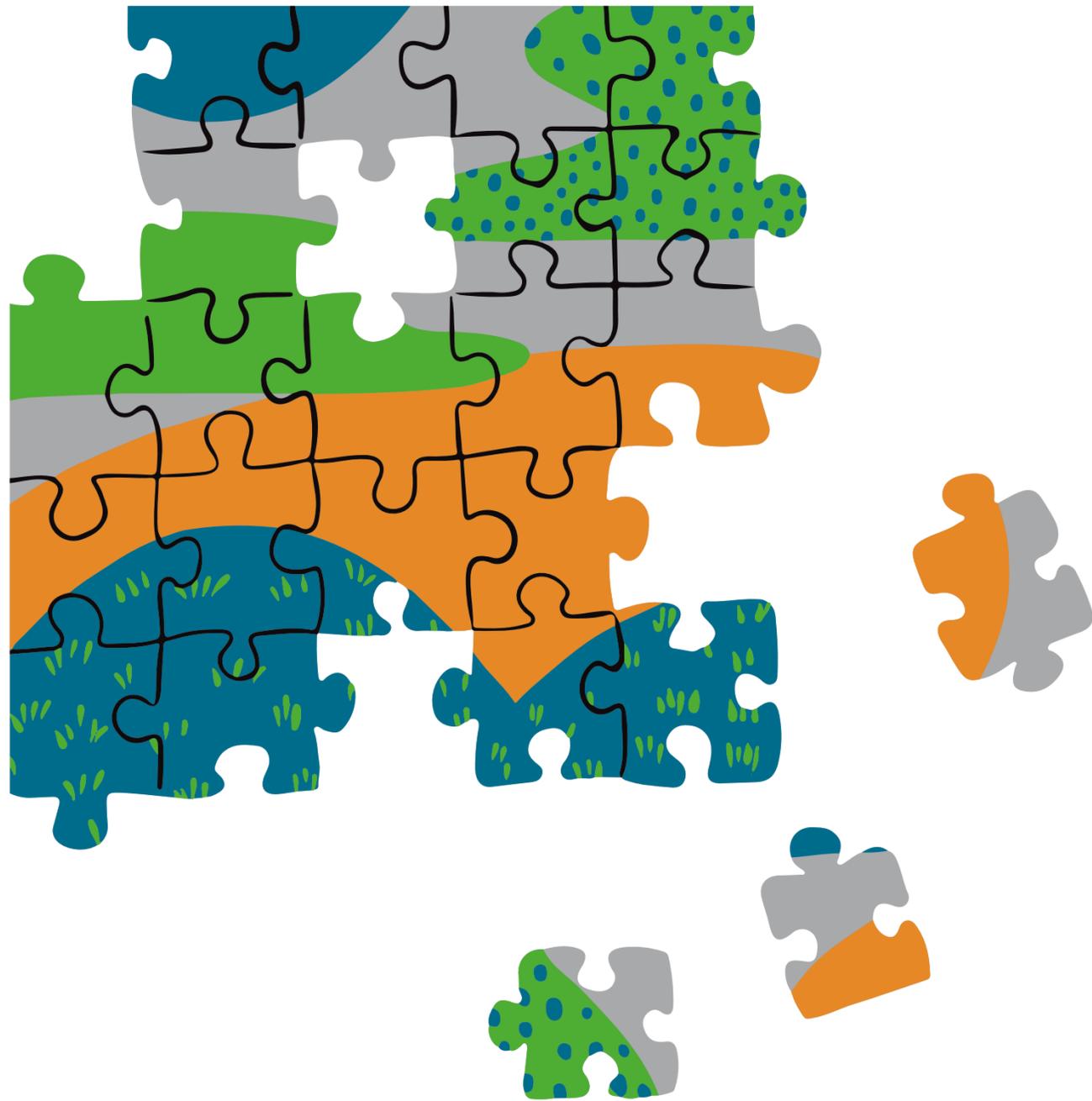
2

A comparison of successful self-management support in Estonia, UK, Portugal, and Sweden

3

The power of the collective expertise to raise the quality of self-management support

Key Evidence and Principles - underpinning self- management support



What is self-management 'support'?

What does it sound like, feel like and look like?

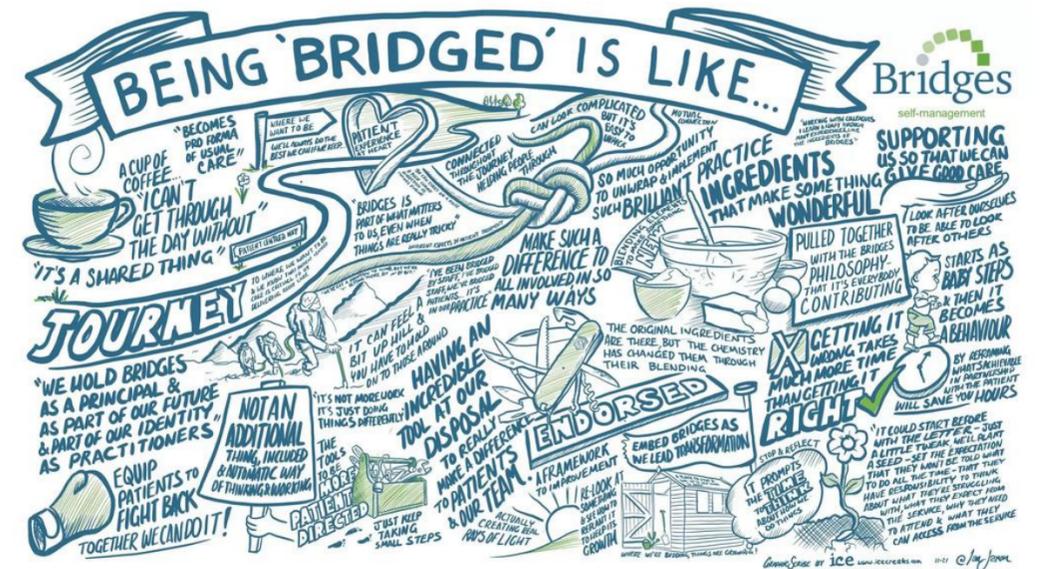
How does evidence inform self- management support after stroke ?

What are the unique ingredients?
How can the impact be measured

Beyond stroke services

How to integrate and sustain self-management
support beyond healthcare

Self-Management Support... the story of Bridges



2015

- Bridges social enterprise launched in 2013

15 years of research, codesign and innovation

Research informs training model and Bridges is the route into implementation

Now!

10,000+ healthcare practitioners trained to integrate personalised self-management support

What does self-management look, feel and sound like?



Evidence: what works?

The **strongest evidence** supports programmes that are **theory-based (self-efficacy driven)**, structured around goal-setting and problem-solving, and integrated into routine rehabilitation.

Standalone education without behavioural components is much less effective.

Most common active ingredients are;

- Building self-efficacy,
- Personalised goal setting and action planning,
- Supportive problem-solving,
- Tailored education,
- Emotional and psychosocial support,

Integrated NOT an add-on





Feeling success (mastery experience)

- Feeling of success through your own efforts



Learning from others (vicarious experience)

- Learning from someone you perceive to be similar



Feedback from your body and emotions

- Asking “How does that feel?”

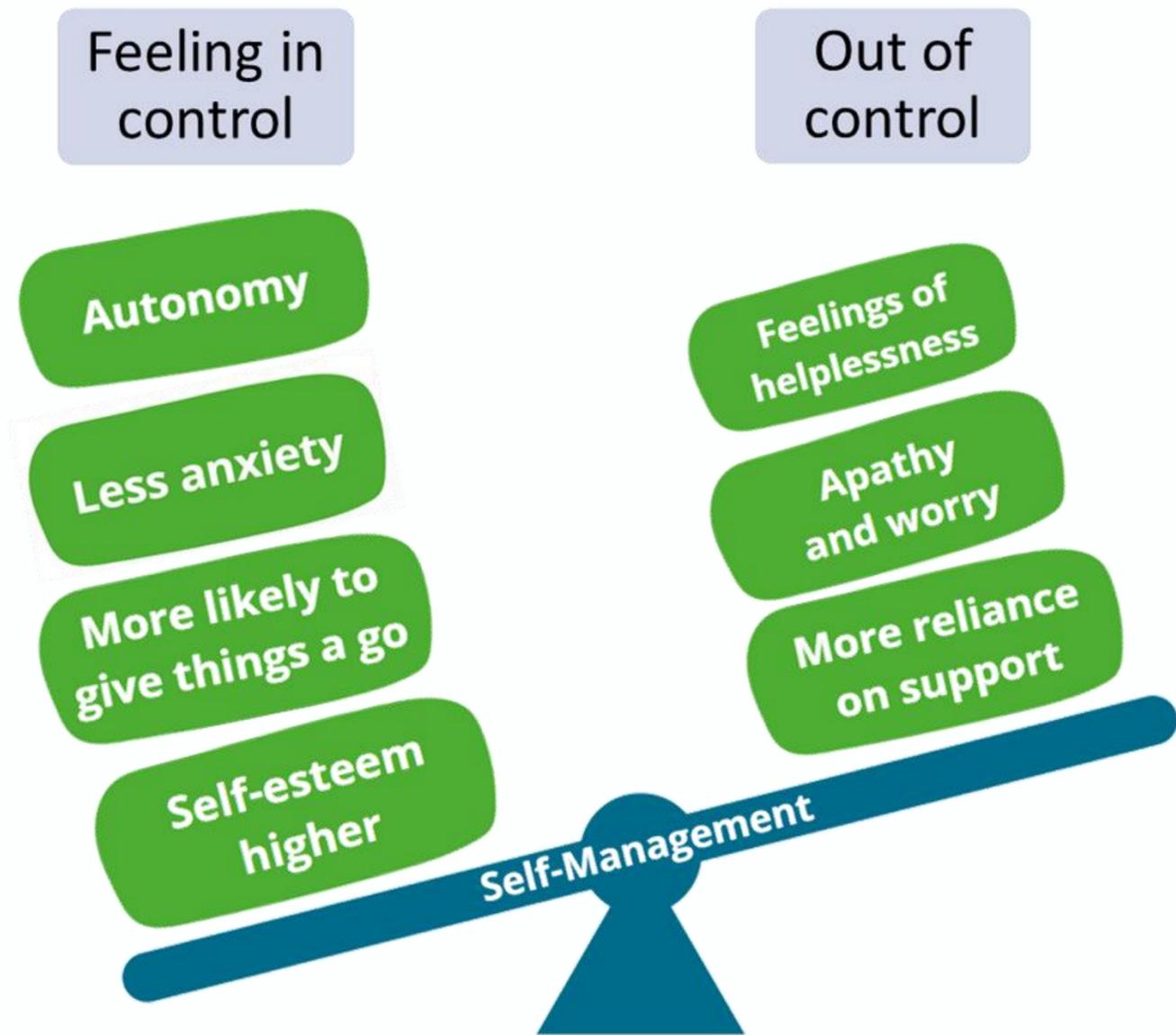


Feedback from a credible person

- What other people say to you e.g. “Well done, you’re doing great!”



Self-efficacy is the magic thread



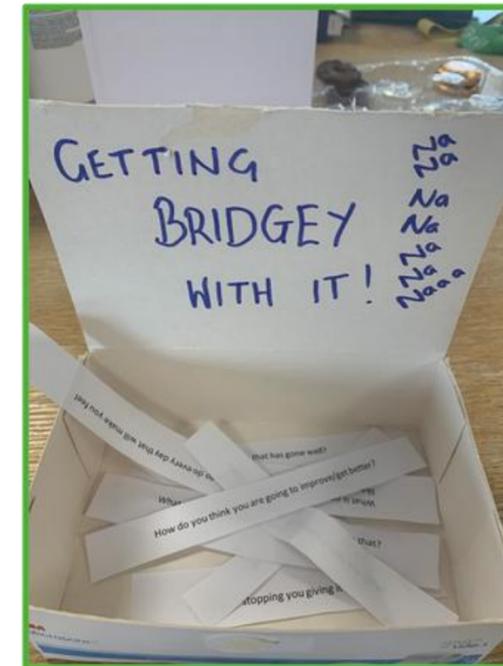
Success means the patients would have the confidence to express what's meaningful for them, how they felt supported through life as a stroke patient, and ultimately provide space where could be heard and, finally consolidate all of these and help more stroke patients.

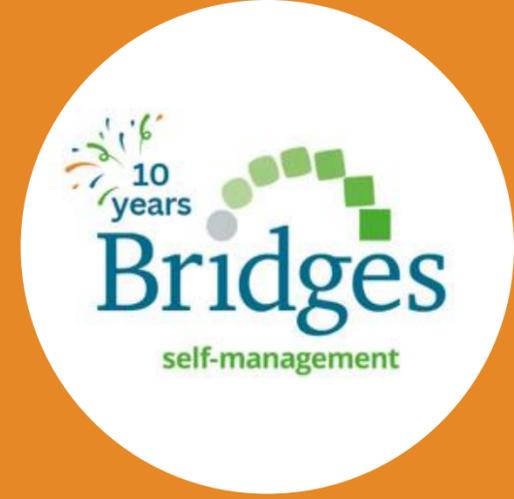


Self-efficacy is the magic thread

How to put 'personal' into self-management support

1. Starting with curiosity
2. Not holding the power and expertise
3. Super-Listening
4. Sharing knowledge and ideas
5. Exploring life before stroke
6. Building a personal community
7. Small steps (mastery experiences)
8. Reflection and noticing changes
9. Exploring hopes and fears





As a nurse I wanted to 'fix' every issue for the patient, however Bridges has taught me that it is a combined effort between patient and professional to ensure personalised care is provided.

Bridges Training Participant, 2023



Self-efficacy

Confidence in your own personal capability



Collective Efficacy

Confidence in your personal community



Co-design

Community, collaboration and building capacity

Making Bridges “Business as Usual”?

Bridges is a complex intervention

It takes time, effort and creativity

“Business as usual” comes from
many small steps



Normalization Process Theory (NPT) can help to make (Bridges) Personalised self-management 'business as usual'

Coherence

All staff are inducted into this 'way of working'

Collective Action

Regular reminders and Bridges drop in discussion sessions



Cognitive Participation

Initial assessments incorporating Bridges language

Reflexive Monitoring Use in staff supervision e.g. *Bridges scale: how Bridgely have you been in practice 1-10– what would it take to increase by 1?*

What is the impact of making Bridges “Business as Usual”?

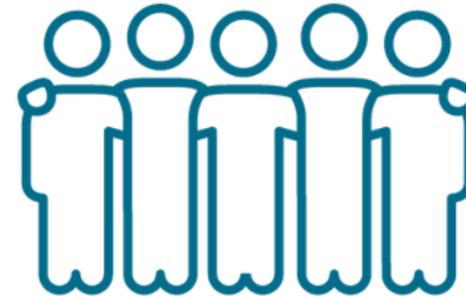
Feel abandoned and unsure of where to turn for support



Patient/Family

Feel more confident, in control, hopeful, supported, less alone

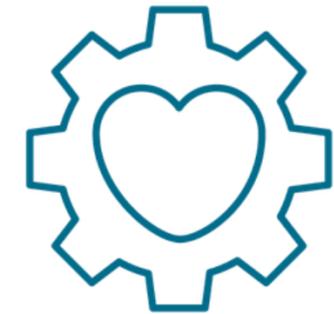
Feel overwhelmed, burnt out & disconnected from their purpose



Staff/Team

Increased knowledge, skills & confidence in providing self-management support

Health & care services are stretched & need different ways of working



Service/System

Team works more efficiently

Measuring the impact



Whose outcome is it?

Doing the things that make you feel like you

e.g Stroke and Aphasia QOL Hilari et al, 2003



Confidence/Self-Efficacy

Navigating setbacks, attributing change to personal efficacy, achieving small steps

e.g SSEQ Jones et al, 2028, 2014



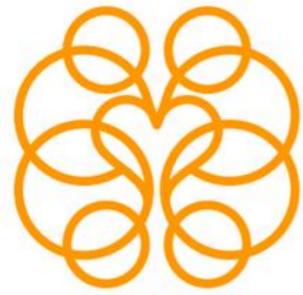
Business as usual?

Making Personalised Self-Management Support part of all you do

e.g NOMAD Finch et al, 2018

**“ Same but
different..
Estonia... ”**





Haapsalu Neuroloogiline Rehabilitatsioonikeskus

- the only rehabilitation hospital in Estonia
- 102 beds
- TBI, stroke, SCI, pediatric patients

Considerations in Estonia:

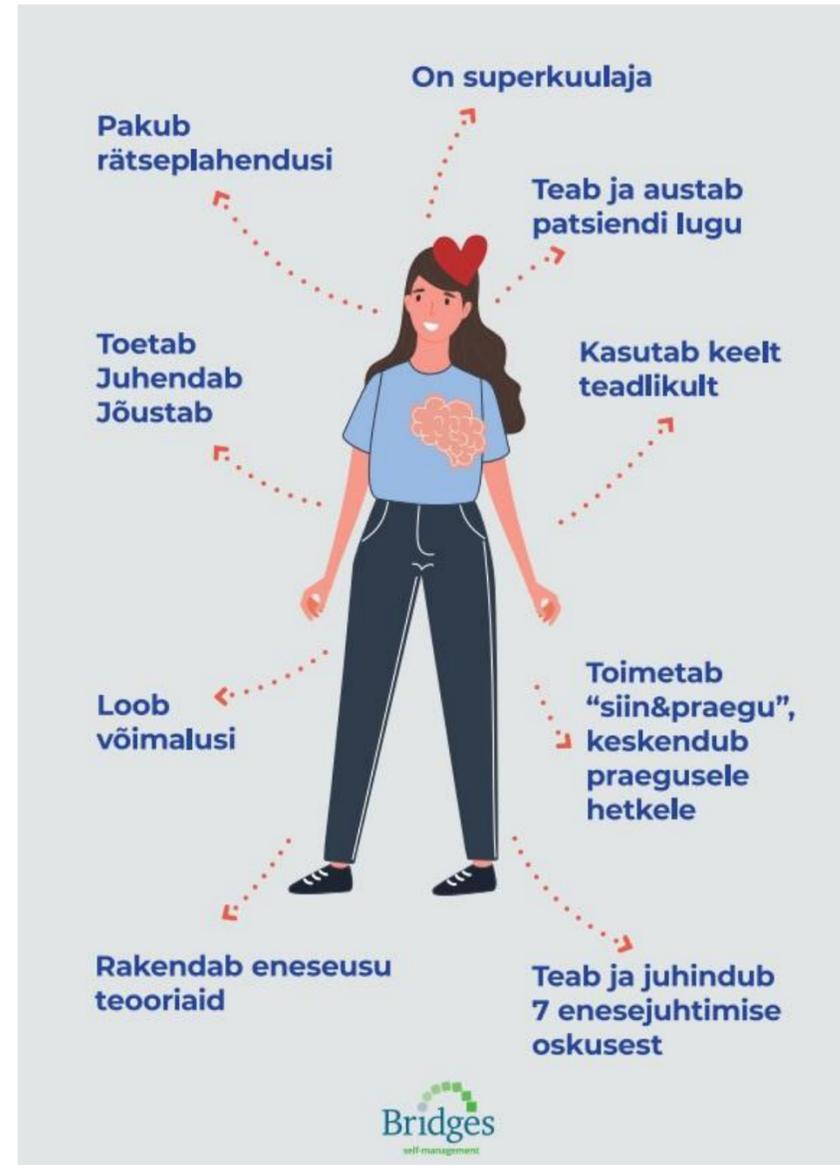
- fee for service system
- history of passive approach to rehabilitation
- paternalism



The timeline

- 2019 - the fateful encounter in NZ
- 2021 - introduction of the concept
- 2023 - Bridges ' Summer
- 2025 - Refresher Training + group of 13 trained
- 2026 - Quality Framework process

- introductory lectures for new members of staff
- Bridges posters
- champions meetings
- team meetings form
- pre-admission form
- finding a way to spread Bridges further



BRIDGES ENESEJUHTIMISE LÄHENEMINE – 7 ENESEJUHTIMISE OSKUST JA SALAKEEL

Enesejuhtimise (ingl. keeles *self management*) toetamine on töötamise viis, mida rakendatakse inimestega, kes elavad krooniliste terviseprobleemidega, mis nende igapäevast hakkamasaamist mõjutavad ning kel on tarvis õppida oma terviseloos korras võimalikult täisväärtuslikult ja hästi elama ja sellega toime tulema. Enesejuhtimise alased uuringud tõendavad selle positiivset mõju inimeste enesekindlusele, teadmistele ja oskustele, samuti psühhosotsiaalsele ja füüsilisele tervisele.¹

Bridges enesejuhtimise lähenemine keskendub spetsialisti ja patsiendi vahelise suhtlemise ja suhestumise kvaliteedile, et suurendada pikaajaliste terviseprobleemidega inimeste enesekindlust, teadmisi ja oskuseid.² Bridges enesejuhtimise lähenemine rõhutab, et igal tervisehoiust toimival interaktsioonil, keelel, mida kasutatakse ja küsimustel, mida küsime saab olla positiivne mõju. Samuti on oluline oma meeskonnaga ja töökoostöödega koostööd teha, et iga patsiendi lugu saaks kuulda ja me päriselt teaksime, mis on neile oluline.³

„Vähikesed edusammud aitavad kaarvada enesekindlust.“ kinnitavad patsiendid, kes on Prof Jones'i ja kolleegide usinatega osalenud. Samuti rõhutavad nad, et oluline on tunnetada edusamme läbi teema, enda eluga seotud. „Bridges'i keskmes on seitse enesejuhtimise oskust, mida inimesed kogevad ja õpivad. Bridges'i koostöös läbinud spetsialistid peavad neid igal sammul meelde ja võtavad arvesse, kuid ei keskendu nende õpetamisele. Bridges'i puhul on kõige tähtsam teostada inimese enesekindlust tema enda teadmiste ja oskuste osas.“⁴

1. TEGUTSEMINE – taking action

„Mida Sa tahaksid teha praegusest rohkem? Aga vähem?“
„Mida Sa tänu teha tahaksid?“

Meeldivate ja inimesele oluliste tegevuste rakendamine aitab luua motiveerivat ja innustavat keskkonda.

2. TOETUS – support

„Kes saaks Sind sellega toetada?“
„Kas Sa tead, kust ja kelle kaudu Sa saad abi oma kodukohtas?“

Inimese tugivõrgustik, selle tundmine ja rakendamine on sageli põõdelise iseloomuga enesejuhtimise edukas kulgemine.

3. ENESE AVASTAMINE – self-discovery

„Proovi, kuidas see tundub.“
„Mis on kõige hullem, mis saab juhtuda?“

Inimese hirmude ja lootuste järrele pärimine, kuigi keeruline, aitab luua võimalusi päriselt aru saada, mis on inimesele oluline ning seeläbi soodustada uute tegevuste proovimist.

4. EESMÄRKIDE SEADMINE – goal-setting

„Mis võiks olla esimene samm, millest alustada?“
„Mis on hetkel üks väike asi, mis aitaks Sul end tunda rohkem endana?“

Vähikesed edusammud on väga olulised. Võimaluste loomine selleks, et inimesed saaksid kogeda enesega seotud õnnestumist on väga tähtis.

5. PROBLEEMIDE LAHENDAMINE – problem solving

„Millega Sul on keeruline hakkama saada?“
„Mis Sa mäletad sellest, kuidas seda teha?“

Inimese kuulamine ja kuuldu arvestamine aitab üheskoos tuvastada hetkel olulisi probleeme ning leida toimivaid lahendusi.

6. TEGUTSEMINE – taking action

„Mida Sa tahaksid teha praegusest rohkem? Aga vähem?“
„Mida Sa tänu teha tahaksid?“

Meeldivate ja inimesele oluliste tegevuste rakendamine aitab luua motiveerivat ja innustavat keskkonda.

7. PEEGELDAMINE – reflection

„Kuidas Sulle tundus, et Sul läks?“
„Kuidas Sa seda tegid?“

Lisaks sellele, et on oluline teostada õnnestumisi, mida inimese saab läbi enda mõtlemise ja tegutsenise kogeda, on tähtis leida aega nendest kogemustest rääkimiseks, et arutada, mis töötas, mis toetas eduloomise saavutamist. See kasvatab enesekindlust.

7. TEADMISED – knowledge

„Kas Sa tahaksid oma seisundi kohta midagi teada? Millises vormis informatsiooni Sa eelistad?“
„Mis on varasemalt Sinu jaoks keerulisemate olukordade lahendamisel toimunud/ töötanud?“

Informatsiooni üledoseerimine ei toimi. Oluline on viimastel inimesele infot viis, kui selle vastuvõtmiseks on valmis olemas.

1 de Silva, D. (2011). Evidence: Helping people help them- selves: A review of the evidence considering whether it is worthwhile to support self management. London: The Health Foundation. Retrieved from <http://www.health.org.uk/publications/evidence-helping-people-help-themselves>

2 Jones, F., Mansi, A., & Partridge, C. (2009). Changing self-efficacy in individuals following first stroke: Preliminary study of a novel self-management intervention. *Clinical Rehabilitation*, 23(9), 522-533.

3 Makiela, P. (2013). *Shine 2014 final report. Early integration of the Bridges self-management support package into usual care following traumatic brain injury: A feasibility study.* Retrieved from <http://www.health.org.uk/sites/default/files/Kings-Bridges-Shine%202014%20final%20report-website-version.pdf>

4 Jones, F., Pridgen, H., & Brimicombe, L. (2016). Building Bridges between healthcare professionals, patients and families: A coproduced and integrated approach to self-management support in stroke. *Stroke Rehabilitation*, 31, 471-480

4 Lühend koostis.

What has been the hardest about working the Bridges´ way?

Challenges:

- coming out of the habit of saying “Well done!”
- stopping yourself from wanting to “teach”
- finding the courage to start trying to use the Bridges language
- giving the lead to the patient

Encouragement:

- it is not that you have been doing it wrong, but you can do it somewhat smarter
- take your time, change doesn´ t happen overnight
- just give it a go, there is no other way if you want to be truly patient-centered!

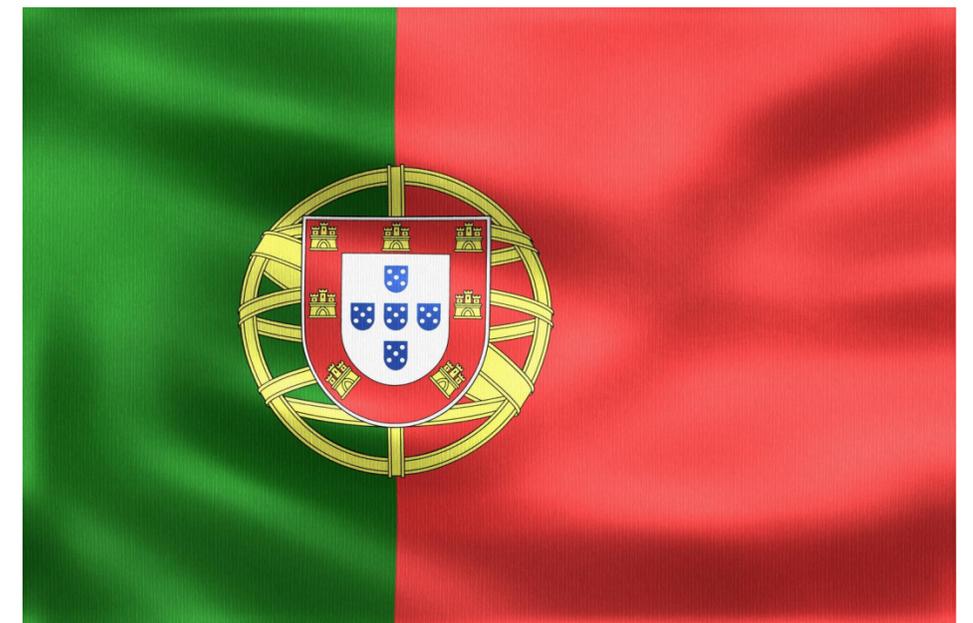
Discoveries:

- I thought I was already doing it, but the language really matters!
- it really works!
- the “linguistic issue” when disseminating Bridges

What has been the greatest surprise with Bridges practice?

What would you say to someone still considering Bridges?

“ Same but
different...
Portugal...”



The story of Bridges in Portugal

DISABILITY AND REHABILITATION
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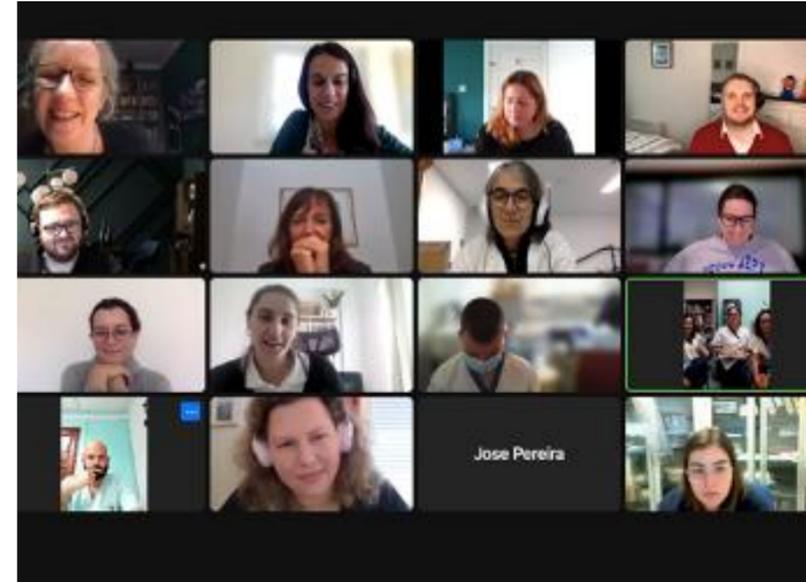
ORIGINAL ARTICLE
From recovery to regaining control of life – the perspectives of people with stroke, their carers and health professionals

Carla Mendes Pereira¹, Nan Greenwood² and Fiona Jones³
¹Department of Physiotherapy, School of Health Care, Setúbal Polytechnic Institute, Setúbal, Portugal; ²Faculty of Health, Social Care and Education, Kingston University and St George's University of London, London, UK

INTERNATIONAL JOURNAL OF QUALITATIVE STUDIES ON HEALTH AND WELL-BEING
Taylor & Francis

EMPIRICAL STUDIES
"A proof of life" through transition from hospital to home after a stroke in a Portuguese setting - a multi-perspective, longitudinal qualitative study

Carla Mendes Pereira¹, Nan Greenwood² and Fiona Jones³



Journal of Clinical Medicine
MDPI

Article
Building Bridges between People with Stroke, Families, and Health Professionals: Development of a Blended Care Program for Self-Management

Carla Mendes Pereira^{1,2,*}, Mara Matos¹, Daniel Carvalho³, Patricia Macedo^{4,5}, José M. Calheiros^{4,6}, Janice Alves⁷, Luís Paulino Ferreira⁸, Teresa L. Dias⁹, Rui Neves Madeira^{4,10} and Fiona Jones¹⁰

healthcare
MDPI

Article
Effects of a Self-Management Program on Adults with Stroke: A Quasi-Experimental Study

Carla M. Pereira^{1,2,*}, Daniela Branco¹, Dina Salvador³, Teresa L. Dias⁴, Daniel Carvalho⁵, Mara Matos⁶, Sandra Rodrigues¹, José M. Calheiros⁴, António Manuel Marques¹ and Fiona Jones⁷



2020

- Findings published
- Development of a funding proposal



2022

- b-Able2 project: co-creation



2023

- Bridges training
- Pilot study



2024/25

- Pilot study
- Participation of Portuguese champions in events

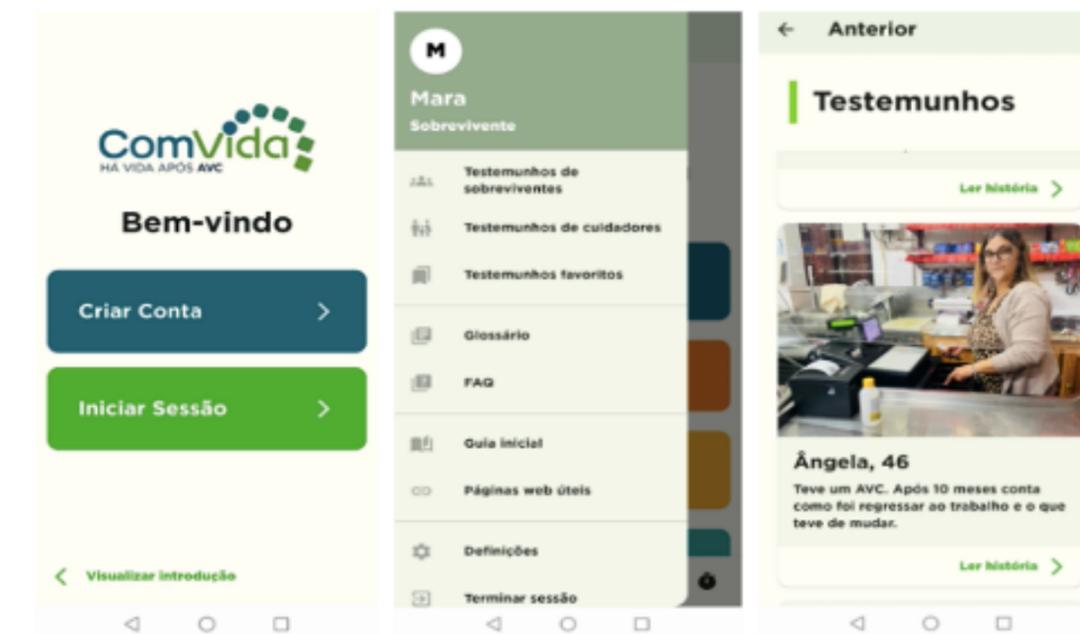
The story of Bridges in Portugal

“ Same but different.... ”



The story of Bridges in Portugal

“ Same but different.... ”



The story of Bridges in Portugal



Past

Strategies integrated in
rehabilitation



NOW

- Super listening
- A relational, culture-sensitive practice embedded into EVERY interaction that shifts control to the person and family
- POWER of co-creation

The story of Bridges in Portugal



Challenges

- Short period with health professionals and lack of transition
- Self-management (not) as core practice in the care pathway
- Not offering the hybrid format (app)



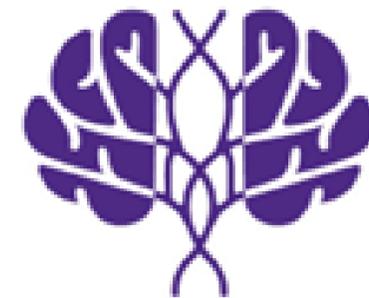
Successes

- Positive health outcomes and insights from participants' perspectives
- Interdisciplinary team
- Recognition of the work and outcomes

**Work group of the Portuguese
Directorate-General of Health**



“ Same but
different....
Sweden ”

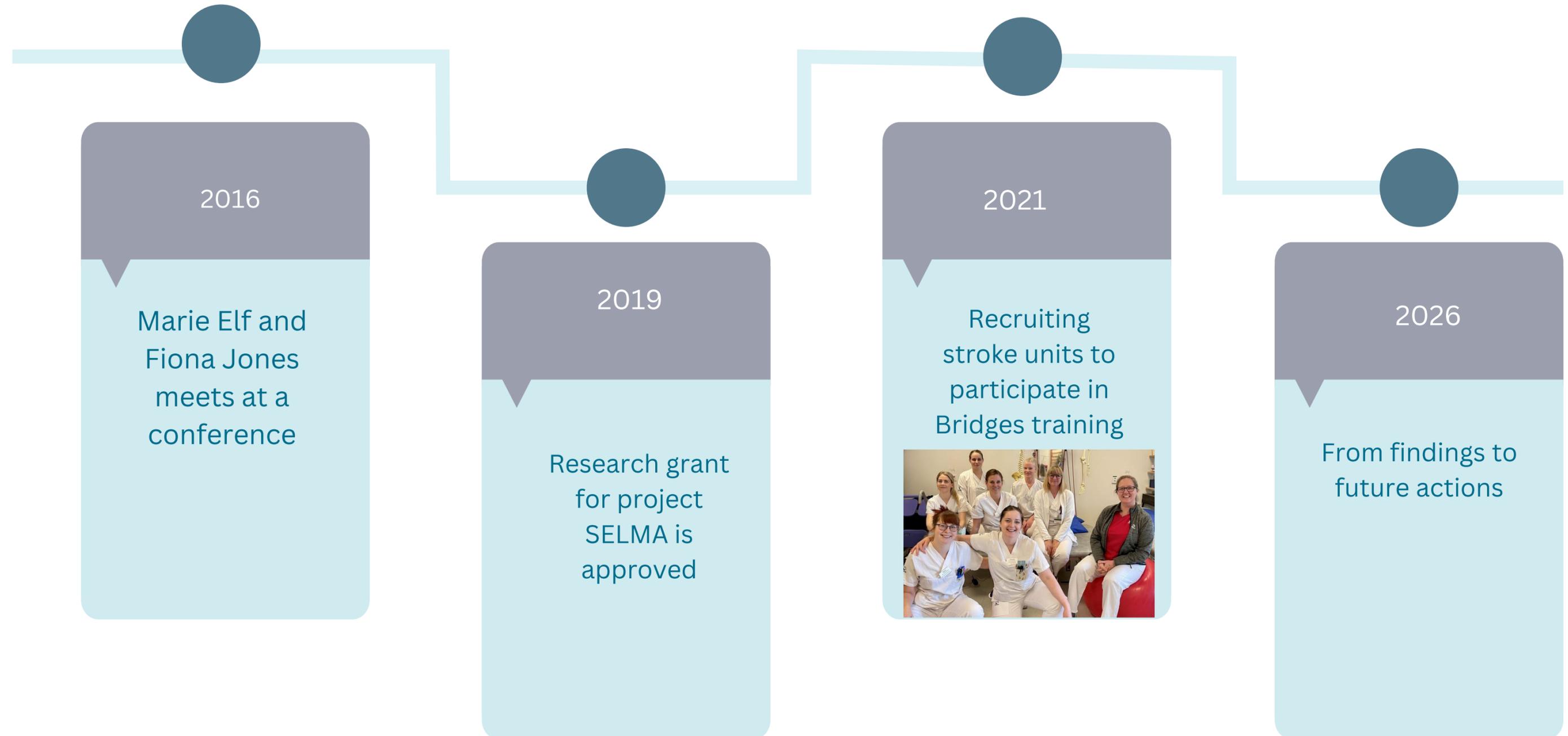


SELMA



DALARNA
UNIVERSITY

Bridges in Sweden



Bridges in Sweden

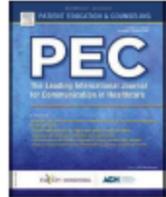
Preparations

Contents lists available at [ScienceDirect](#)



Patient Education and Counseling

journal homepage: www.journals.elsevier.com/patient-education-and-counseling



Self-management from the perspective of people with stroke – An interview study

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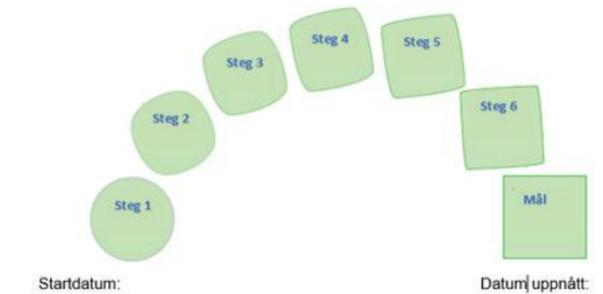
^d Department of Public Health and Caring Sciences, Uppsala University, Uppsala, Sweden

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Min väg



Mina steg på vägen

Steg 1.....

Steg 2.....

Steg 4.....

Steg 6.....



Bridges in Sweden

What we did

We introduced Bridges in two Swedish stroke units.

Staff received training in how to support patient self-management and followed what happened afterwards

- We talked to staff and patients
- We observed daily practice.
- We used questionnaires.



Bridges in Sweden

What went well

After training

- Staff became more aware of self-management
- Many described more reflective conversations
- Some felt renewed professional purpose
- We observed small but real changes in how staff talked with patients



Bridges in Sweden



What went well

“It made me think—maybe it’s not just about information. It’s about giving the patient space to say what matters to them”

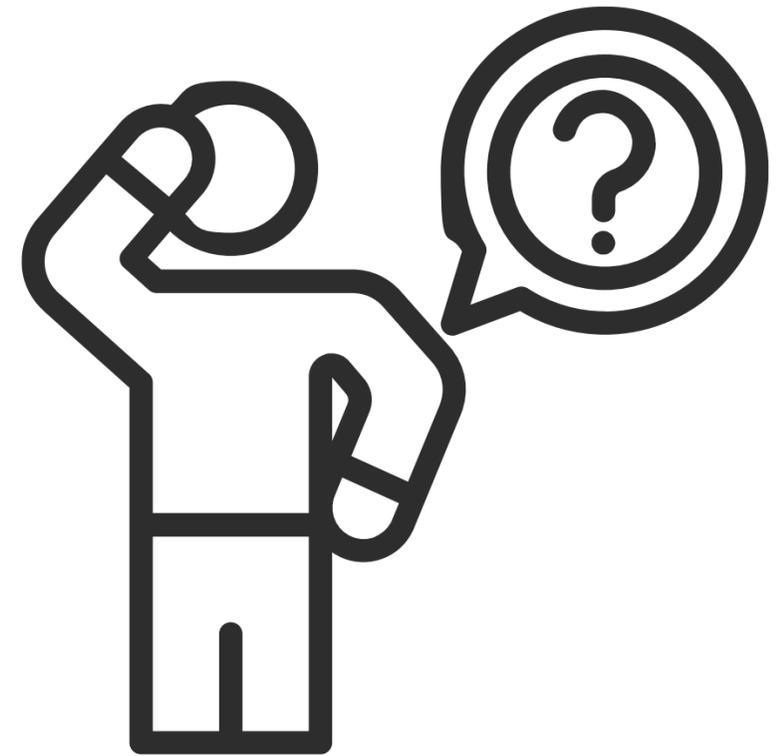
“I think that’s when you learn the most — when it’s real, when someone talks about how they got through it, what they thought, and what was important to them, and so on. That’s what I felt was truly meaningful — when it really comes from someone who’s been through it themselves”

Bridges in Sweden

What was challenging

Change did not look the same everywhere.
It depended on

- Leadership stability
- Staff continuity
- Time pressure
- Whether the whole team was trained
- Some professionals (like nurses and physicians) were not part of the training
- There was no local champion to keep the work alive
- Over time, practice sometimes drifted back toward usual routine



Bridges in Sweden

Views from participants



"They told me what would happen. I just went along with it."

"Yes, but they asked what goals I had with my rehabilitation. And then we tried my goal, to see if I could do it. For example go shopping on my own. First, we just walked to the store a couple of times. And then we went in, and I tried. And later on, then they were just there in the background if I needed help."

Bridges in Sweden

Training can start change. But it cannot carry change alone.

For self-management support to last, we likely need:

- Whole-team involvement
 - Ongoing support
- Protected time to reflect
 - Local champions



Bridges in Sweden

Key message from Sweden:
“It is the patient’s rehabilitation process, and our job is to support it. Go Bridges!”



Who am I, and what I bring to Bridges...

- I am...
- A different Perspective (Lived, Learnt and Reseach)...
 - Being a 'Critical Friend'...



What does Bridges look like for Stroke services in the UK?

- Quick wins....
- Culture change pioneered by Bridges Champions...
- Significant change takes time...

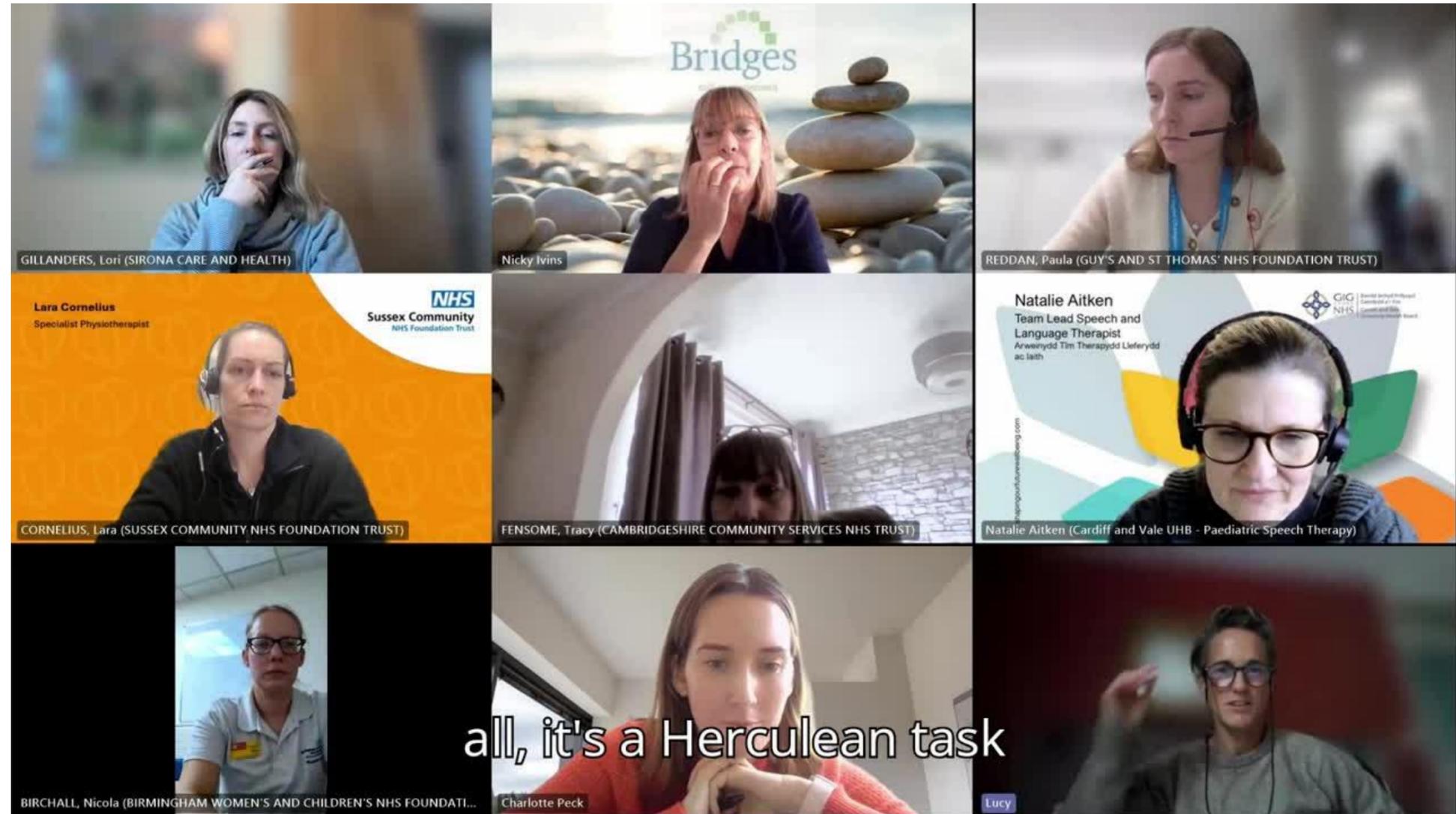


More than 10,000+ healthcare practitioners trained to integrate personalised self-management support

More than 200 Bridges champions

The Bridges Experience...

- Bridges in practice
- Little changes you can make...
 - A 'herculean task'...



The most common challenges...

- Time to make the changes...
- Turnover of staff how to introduce new staff...
- Transitions in the pathway...
- People with cognitive/ communication difficulties...



Unrealistic expectations...

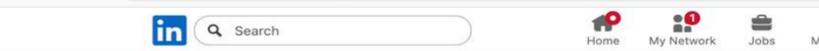


The biggest impacts of Bridges on stroke teams in the UK...

- Shared language across teams and service
- What success looks like vs Medicalised goals
- Quality of the intervention rather than frequency/ dose



“ The power of collective expertise ”



“Stop Fixing, Start Listening!” Meet the people training healthcare workers to hand power over to patients - and transforming lives in the process.

Adam Lent 
Senior Consultant at The King's Fund (all views here are my own not those of The King's Fund)  

June 17, 2025

It all began with curiosity. Twenty-five years ago, a physiotherapist asked a simple question: why do some stroke patients manage to find their way to a fulfilling life more speedily and completely than others? Obviously, the severity



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Do With

17 Jan 2025 

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A call to action

Radical and hopeful change in how public services work with people and communities is urgently needed. Do With is a network of people and organisations calling for a radical shift in the public sector from 'doing to' to 'doing with'.

We have come together to ask others to join us in making this change, this started with an online event on 26 March.





create the conditions for people to feel heard



build close relations



create your small circles

“ Whats one thing you could do to integrate the ideas and experiences of stroke survivors to enhance the quality of self-management support ”



**“ Whats one thing
you could do to
make personalised
self-management
support ‘business
as usual’ ”**



“ What does good self-management feel like and sound like ”



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Tuesday Jan 18, 2022

Coproduced healthcare service involves self-care and the support that enables it. Professional-persons who help create or enable that support for the patient-person are bridge-builders for access to helpful information and resources

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Thank you!

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