A red and blue logo

Description automatically generatedColorful rectangular signs with white text

Description automatically generated**ACTIVE TOGETHER CONFERENCE 2023**

**Big Conversation 1**

What should we be doing more of to move beyond good intentions?

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| **Table 1** | * We need to challenge – be braver/courageous * Don’t focus on the barriers, focus on the people * Surprised that still some of the barriers still exist * Feeling that at grassroots things are not changing (eg. Workforce results) * Not doing to others * We need to operate more at hyper – local * Proud * Challenged x 2 * Excited * Rogue * Inspired * Lucky * Settled/busy * Don’t seem like system |
| **Table 2** | * More place based work * Build trust within community through engagement * Learn from COVID- removing ‘red tape’ and having more flexibility * Need permission to do things differently * PA needs to be integrated into daily life * How can we frame PA differently * Support people with low confidence- buddy system, take people to activity * Don’t forget the sport sector like community clubs * System knitting- how do we bring everyone together? |
| **Table 3** | * Share your failures so you can learn and take action. The public will value your honesty * Bring in people from the local community for ‘talks’, listen to their wants/needs and find ways to take action * Community grants – allow them to pitch ideas, engage, have control with spending. Builds trust with the community |
| **Table 4** | * We must ensure co creation and experience share, doing this not just saying it. * Ensure that religious events and festivals are fully understood socially, culturally, and not just tokenistic through religion e.g. Ramadan and activity. * Asset based approached, we need to have the right people at the table. * We need to focus on individuals needs and wants and move beyond our good intentions. * Focus on less talk and more action now. * Let the system fail because it isn’t fit for purpose and then build up from then. * Define the “system” as the organisations and aspects that touch an individual, not the wider focus we currently have. * Make every contact count to support building activity. |
| **Table 5** | * Modify policy to increase accessibility * More accountability on implications (risk/H&S) * NHS – longer term `0 year + * Move towards LCR pound – less \*\*\* working * Closer joined up procurement * Trust parameters more particularly around delivery * Understanding our communities as a hyper local level |
| **Table 6** | * Time and resource to get to know the communities, to understand/respect the needs. Every group is different and the dynamics keep changing * EDC seen as ‘one’ – needs are different, better understanding of clubs/groups, making connections. Moving the gate keepers post – going direct to, changing participants, lead person * Open doors of facilities/venues. Opportunities for visiting ‘other’ venues within local communities, widening experience. All audiences, not specific to certain audiences. Whole journey of experiences when visiting venues/settings * Children in care – foster carers, get their views on barriers to better drive this. Uptake of opportunities is low across the county. Considering everything else they need to consider to access opportunities. Resources/funding would support. * Adding in those key questions re physical activity in consultations ‘voice’. * Community connections to help delver key outcomes. * Consideration of affordability/welfare above physical activity. Longevity of these factors within the ops. * Social spaces, wellbeing, reaching out to certain audiences close by, hand holding through that periods. Often bring the right people with them to support. * Social proof – more from these audiences * Relationship building – depth is there, need time to build. |
| **Table 7** | * Working smarter * Bringing everyone together for a common goal * Engaging people within the target communities and encouraging them to share the message. * Turn conversations into actions * Making projects sustainable * Increase confidence of deliverers * Thinking outside of traditional places eg. going to faith centres * Try something new, don’t keep working on what we know * Working with the trusted source * Tweak existing projects/programmes to help to reach those target communities * Having the courage to do something different. * Bottom up approach, working specifically at strengths. |
| **Table 8** | * Local level, the measuring value and impact framework within the learning, so you can review. * Sharing learning * Continuous improvement * Communication * More action in community * Having an understanding of barriers and needs * Understanding assets * Advocacy – internally within departments |
| **Table 9** | * Planning in policy, lots of discussions but not action. Time, application, funding, different audiences * Planning for different audiences * Work with partners who want to work with us. Go where the energy is, partnerships work both days. * Organisations to approach voluntary organisations to help get into communities in need eg. women in change/LCFC partnership, collaborative approaches. * Not always about money – relationship building. Funding for capacity. Employ representation from across communities. Volunteers are not free! |
| **Table 10** | * Make contact within the communities rather than expect people to just turn up. ‘Safe place’ bring in the activities after * Community case * Ask for help to be braver: getting it wrong. Don’t be afraid. Be upfront about it * Get the correct data to target – CYP * Whole system approach |
| **Table 11** | * Groundwork/interactions with communities/groups/target audiences. Physical 1:1 conversations including ambassadors * Celebrate what we do well ‘more and better’! * Focus on specific groups. Identify key groups. Contacts. How to find them. More targeted over universal * Collaborative working between partners. Find out who is doing something well and work with/alongside them * We need to find the people who cant find us! * The ‘workforce’ working better together eg. leisure centre professionals with community volunteers * Use appropriate ‘role models’ in your workforce to create stronger connections eg. young person – young people * Improve ‘access’ to provision for target audiences. The right offer, not the right time, not the right place! Youth voice, community voice. |
| **Table 12** | * What are we already doing as a first question. * Understanding what opportunities are available – ABCD – activity through stealth. * Working with – integrate those we want to target in our planning. Empowering our participants. Design sessions around their barriers and ensuring this is considered. Willing to listen. * Communications – working collaboratively. * What will have the most impact and concentrate efforts here * Really strong case studies * Strategic planning (less reactive work), implement sustainable programmes * Priority groups – low socio economic groups * Very clear vision – sharing this vision – common goal * Move beyond tokenistic ‘listening’ – actual make action * Following up from conversations, lots of chats like this happen but people typically just go back to the day job * Referral pathways – primary care to better promote opportunities * Sustainability – empowering participants to lead the sessions, inspires others to take part. Recognising influences are friends, families etc over any social media/poster relatability. |

**Big Conversation 1**

What should we be doing less of to move beyond good intentions?

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| **Table 1** | * Less restrictions – no boundaries * Courage to follow the community needs * The systems are not fit for purpose – needs to be more people focus * Need to open up facilities – faith centres etc * Less operating at LLR system – more focus on * Simply focusing on the money – we need to get back to more focus on collaboration/co-design |
| **Table 2** | * Generic campaigns- needs to be meaningful messaging. Messaging through trusted networks ‘you don’t know what you don’t know’ * Looking at language- learn from community partners. * Too reliant on social media, we need to relook at how our audiences want to received information * Physical activity as a solution, we need to present it differently * Stop assuming |
| **Table 3** | * Less ‘professional meetings’ and more meeting with the community * Less ‘talk’ and more action – we need to go to the communities to make them feel ‘safe’ and ‘welcome’ * Less time bidding for money, one off funding, having to justify your services |
| **Table 4** | * Stop shying away from the difficult conversations. * Stop avoiding conversations that may not focus on our defined outcomes. * Employers need to give permission to get on with action. * Less meetings and focus on handing over accountability and ownership. * Focus less on memberships process and more on health outcomes. * We need less control through empathy and understanding. * Less focus on “activity” more focus on social outcomes. |
| **Table 5** | * Saying No! * Focusing less on prescriptive sports * Trying to please everyone! * Searching for ‘quick fixes’ – focus more on sustainability * Soley reliant on physical activity – test its accuracy in communities |
| **Table 6** | * Less focus on ‘sport’ for these specific audiences * Leisure centre’s – focus on those that require more support * Less of what we have traditionally done, including Marcomms – language/imagery * Less focus on organisations own success – celebrate the work of others, amplify the work of others |
| **Table 7** | * Being scared to be wrong * Staying with what we are used to/familiar with. If something isn’t working be willing to change/investigate * Making courses inaccessible eg. too scientific which may put people off * Short term projects, make them more sustainable and build a rapport * Box ticking * Going down traditional routes * Putting people in places that don’t connect with the area |
| **Table 8** | * Metric measurement (challenge it) * Accepting the bare minimum * Making assumption about communities needs |
| **Table 9** | * Over prescribe – provide options – choice * Less shying away from difficult conversations – let’s hit them head on. Less fear around difficult conversations * Duplication!! * Less fancy words! Keep it simple * Less generic comms |
| **Table 10** | * Assuming we are doing the right thing * Less assumptions * Boxing off into groups (BAME) * More individualised approach * Passing the buck onto other organisations * Speaking on behalf of these groups/individuals * Stop starting with physical activity as a solution from start |
| **Table 11** | * Working in silos! ‘Competing’ for target groups/organisations * Focus on ‘social’ group/ambitions first. Sport/physical activity follows when appropriate * Less ‘formal’ provision * Don’t start with our sport and physical activity ambitions * Less focus on the ‘activity’ * Dong ‘everything’ myself/ourselves. Work better with volunteers to support * Spread the ‘workload’ out between partners/groups etc. Stop competing * Working with those who don’t need our support |
| **Table 12** | * Changing language: sport – physical activity/movement * Re-assessing impact – areas of less impact we stop doing and re-invest differently, or somewhere else * Measuring outcomes differently – move away from stats and numbers – participant voice and case studies * Mass participation events/level 1 & 2 – move to targeted * Make programmes sustainable beyond funding * Less duplication of resources and programmes – awareness of what already exists – better join up between partners * Assuming/assumptions – make less assumptions about how to engage different groups before asking them. |

**Big Conversation 1**

How will we know we are making good progress?

What does good look like?

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| **Table 1** | * More diverse workforce * When people don’t feel the need to be apologetic when asking for their needs to be met * When our ‘minority’ communities feel that their needs are core business * The day we see the room full of community experts that their opinions/views (humility to see that the real experts are in the community) * When the sector is funded for more than short term |
| **Table 2** | * Challenge representation * Learning from wider agencies * Talking and communisation will increase and will not be working in silo * Ongoing change * Increase/ decrease in stats |
| **Table 3** | * Creating welcoming environments – increasing satisfaction * Greater diversity of the workforce * Seeing the experience on CV’s of applicants from diverse backgrounds, skills/experiences |
| **Table 4** | * Our communities tell us what good looks like using their own voice and metrics. * Study of qualitative outcomes that are links to hearts and minds. * We will know when we no longer must ask the question. * Sustainability and ownership given to our communities. * We make our roles redundant. * Through metrics we don’t directly control e.g. crime rates. * We must clearly define what activity is. |
| **Table 5** | * Outcomes over outputs * Shift in data eg. participation in EDC communities * Alignment of priorities across the system * Legacy projects – local results * More system partners engaged – reps at ward level |
| **Table 6** | * Experience of being embraced within physical activity sessions/groups/leisure centres. Deliverer understands needs – support for first time visits to venues/settings. Hand holding on visits where required. Returns again! * Removal of ‘sport’ with these specific audiences – still certain perceptions of this * Starting where the need is – wellbeing, welfare, food. Physical activity follows later |
| **Table 7** | * Good systems networks. Communications. How is so different across different areas * Having the right people in the right places * Providing positive experiences for future change * Combination of numbers and qualitative * Good is very different to define * Getting inactive people active * Differences to peoples lives |
| **Table 8** |  |
| **Table 9** | * Consult with community when to operate – work with, not to! * Shout about successes in local community * Continued engagement – keep people coming back * What does good look like to the community? * Food! Reasons for people to attend * Listen – actively, provide appropriate coaches and leadership |
| **Table 10** | * Community led approaches * Monitoring and evaluation * More representation in workforce * Reducing health inequalities |
| **Table 11** | * More representation for under represented groups. Collect data * Feedback for participants * Case studies/impact. Qualitative * Good news stories/demonstrating success |
| **Table 12** | * Changing how we measure outcomes qualitative and quantitative * Long term change? ‘So what’ – ensuring change/participation is sustainable * Tangible outcomes beyond health – mental, social, emotional, physical – linked to their priorities ie. more energy to play with grandkids * More diverse SLT/workforce * More diverse collaboration and partnerships * Improved outcomes (mental, physical etc) – physical activity * Cross cutting improvement ie. activity and drop off in workforce * Better representation across all areas. |