**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
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| **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?
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| **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
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| **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.
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| **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
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| **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.
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| **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.
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| **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
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| **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!
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| **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
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| **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.
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| **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.
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**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
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| **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
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| **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
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| **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.
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| **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
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| **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
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| **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
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| **Table 8** | * Metric measurement (challenge it)
* Accepting the bare minimum
* Making assumption about communities needs
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| **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
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| **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
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| **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

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| **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.
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**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
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| **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
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| **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
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| **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.
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| **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
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| **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
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| **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
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| **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
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| **Table 10** | * Community led approaches
* Monitoring and evaluation
* More representation in workforce
* Reducing health inequalities
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| **Table 11** | * More representation for under represented groups. Collect data
* Feedback for participants
* Case studies/impact. Qualitative
* Good news stories/demonstrating success
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| **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.
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