Discussion Group Feedback

1. Health, Sport and Regeneration
2. Healthy Places
3. Healthy Outcomes – the role of Local Authorities
4. Local Links
5. Healthy Democracy – beyond community engagement
6. Early Intervention
Health, Sport and Regeneration

1. Sport builds confidence & esteem (achievement), gives a sense of belonging (reduced alienation) and directly influences health.

2. There is a need for more resources but a greater need for access to existing facilities.

3. There are opportunities from recession – using land and facilities for sport provision & re-training displaced employees to work in sport & leisure.

4. How you make decisions is important; could you re-invest criminal justice spending in people & facilities?

5. The blockages are in attitudes and pricing at public facilities – more trust from schools & centres in letting volunteers in.
Healthy Places

1. Commitment to the use of plain language that ordinary people in real communities can understand
2. Top-level support for champions and championing “what works” – this is especially true for community consultation
3. A planning framework from each local authority is needed on the protection, development and use of greenspace
4. Where healthy communities are the aim – reflect that the process needs community ownership at its heart
5. Focus on encouraging and facilitating more use of existing recreational and structural environment
Healthy Outcomes – the role of Local Authorities

1. Tension between the societal outcomes we want and what we need to spend money on
2. Is the recession an opportunity to consider what really matters? (e.g. skills training)
3. Need to rely on wisdom of people who know what is right for communities, families & themselves
4. Recession requires us to redesign/reconnect in different ways
5. Scope for debate about universal & targeted resources
Local Links

1. Make sure that physical regeneration is designed to provide things that communities identify as affecting their health and wellbeing
2. Recognise and support the active role of communities in improving their own health & wellbeing
3. Ensure that clinical services respond better to health inequalities and people’s overall needs by locating/working with other services in disadvantaged communities
4. Be prepared to listen to, and back with resources, initiatives from community and voluntary groups
Healthy Democracy – beyond community engagement

1. Shift relationships through communities acquiring land & property. Community becomes “a player” rather than passive participant
2. All policies should be assessed for impact on community wellbeing
3. Challenges the risk-averse culture; risk is part of growing & learning
4. What can the Government do to shift community engagement from mechanistic process to one that is people-focused?
5. Could a participative event be organised that includes a community arts element and interactive format?
Early Intervention

1. Culture shift from: worst cases to first sign of trouble; projects to sustained programmes; and towards inclusion (“good” kids currently penalised but inclusion provides role models)
2. Importance of youth work – the glue for wrap around care
3. Better coordination of existing effort so it is more effective – sharing good practice across silos
4. Ensure continuity of programmes throughout the life cycles – there can be gaps of several years
5. Families are the key – start pre-natal and ensure adult services identify the presence of children