



INTERACTIVE SESSIONS FEEDBACK NATIONAL CONFERENCE 2008

SOCIAL EXCLUSION

*What are the top three priorities for action to address social exclusion in the UK?
Please give particular thought to the following areas: Communities; social capital;
policies; organisations. Provide practical suggestions for actions that can be taken by
NGO's to address this issue.*

Group A

- Lobbying. Don't lose it context take risks appropriate evaluation.
- Spatial Planning. NGO Impute, social infrastructure
- Statutory place for health well - being
- Forgotten about philanthropy. Richard Branson and Bill Gates can be used by NGO's to achieve many non-governmental policies. "Leverage"
- Use Local area agreements. Partnership of statutory and voluntary sectors to take forward opportunities for community engagement, building social capital and agreeing relevant indicators and targets.
- Mental health. Opportunities of meeting people.
- Access to homes assets.
- Different understanding of community supporting diversity, changing world, not creating elites.
- Joint strategic needs assessments. Contribute to these to add dimension from areas/ communities that start agencies less like to reach.

Scribe: Andrew Pratt

Group B

- There should be a link between fiscal policies and health policies
- Shift towards economic growth to pull people out of poverty, which is concerning. Social policy and political will key.
- Social exclusion is directly associated to financial and societal traits, racial, cultural, able bodied etc.
- Income and equality gap and educational attainment has increased with economic growth, Poor people more likely to be victims of crime.
- Individual's vrs groups (Bangladesh). Nigger issues than poverty in terms of social exclusion.
- Role of media in perpetuating stereotypes.
- 150,000 children excluded from school, home taught (self excluding)
- Power – inequitable society leads to unequal treatment on wealth access to institutions, aspirations, cultural hierarchy.
- Poverty access to education (which should be state provided) NHS - Postcode lottery. Consumers -> citizens.
- How can we correct this? Redistribution of money.
- Individualistic culture (re treating smokers etc.)
- Primacy of work culture. Society doesn't value voluntary activity e.g. teenage pregnancy mentoring – funding withdrawn
- Exclusion from work (disability etc.)- System doesn't help your driven to a certain approach.

Priorities

- Flexible system needed to facilitate those most socially excluded.
- Challenging the negotiations if negative aspects to health – catch 22.
- How do you make best of bad deal? How do you change the deal?
- Need to look beyond DH solutions. Education – Target/ academic boned. No physical activity. Well off families can afford after schools clubs etc.
- Look at good practice examples internationally re balance between phys/ mental activity.
- Disaffected teachers – disaffected pupils.
- Macro level. Need change from top down and bottom up simultaneously. Joined up responsibility needed across government.
- Are we too centralised at central government? (No depend on locality the treatment that you would get). Inertia of state and local departments, hard to affect with change.
- NGO Sector – Think global, act local.
- Empowerment – rise aspirations, abilities, self esteem – cannot happen in a vacuum.
- Key manage today of inequalities needs to have greater priority. Where is the responsibility – who is responsible?. When does change happen- lots of interventions needed at different levels.
- Medical establishment – needs a cultural shift.
- Smoking ban – massive impact example of good practice – by paned professional lobby.
- “Poverty” impossible – need concrete issues to argue about.
- NGO’s- shape evidence, channel lobbying. Consultation is a sham. Patient representatives are just people, generally usual suspects.
- Community engagement- separate out patient needs and community needs (linked but separate).
- Celebrate things that have worked- case studies and indicators as evidence.
- Politics of being seen to be doing sorely. More analysis is needed. Long term programmes being pre judged. In addition, there’s need of measure things, more that GDP- wellbeing as well as cash.
- NGO sector easier to engage with – challenge – statutory services at local level.
- NHS still a service. NGO’s want to focus on the whole person. Schools commissioned to provide good health outcomes.
- There’s need to support alternative providers of healthcare within schools/ youth clubs etc.
- Protectionism within professionals, doctors doing value input of teachers / schools nurses etc.

Priority Points

- Re – establish HAD/ NGO to value on its role.
- More emphasis on wellbeing as well as financial capability in economic evaluations.
- Identify those best placed (e.g. teachers) to deliver outcomes on social exclusion and give them proper support.
- Seek the opinions of those not normally consulted.
- Overarching government and priority on equality. Need for this to define all departments; same at local level.
- Good practice examples.
- Evaluation of what worth.

Group C

Better Education

- Begins at school and develops outside.
- It is easier accessed by everyone.
- Addressing stereotypes between Gd Institutions
- Continuous training of health professionals and administrative staff.
- Bridge gaps between different perspectives through education.
- Incorporate cultural differences between communities

Investment in community involvement

- Community ownership
- Greater participation of socially disadvantaged groups
- Empowerment to individuals to voice out their concerns.

Advocacy and Empowerment

- Socially excluded ppl should be able to phrase their problems/issues
- Greater access to services with prejudice and discrimination.

Group D

- **Community Involvement.** t need to be safe to play on the streets. Communities need to be empowered to own geographic zone so they feel safe and protected by each other.
- **Education.** Ata schools, Children need to be empowered to run anti-bully groups and to learn how to include different people.
- **Right to work.** It's essential for social excluded people to work legally. They can't take work or benefits, and be able to work helps to integration.

Group E

- Travelling Communities and health and education access
- Learning and disabilities exclusion by means of discrimination
- Partnership with statutory and voluntary bodies.
- A listening ear? To concerns, issues.
- The means and where with all to carry out changes.
- Make a difference on impact on all social exclusion cycle.
- Having access to health services without discrimination.

Group F

Top three priorities

- Physical Geography
- Availability / access to services but with quality
- Capacity to engage. Can NGO's engage community based organisations with CD development approach?. This is related with the capacity of building at grassroots, because NGO's are not funded just to deliver a service, but also to build capacities.

Practical suggestions for actions that can be taken by NGO's

- NGO's need to be supporting access to health and other services: Not only/ exclusively providing them.

- Lobby for joined – up thinking on social exclusion. Not just health dept interests/ funding!. Nationally and locally.
- Linking NGO's working on policy with those working on delivery at grassroots.

Scribe: Ruth Grearsan

GENDER EQUITY

What are the top 3 or 4 priorities for women's well-being in the UK?, Focus should not be on women alone. Gender equity means includes women and men.

- Focus should not be on diseases alone e.g. breast cancer, Chlamydia. There's need to avoid "ghettoisation" of women's issues and see women as a whole, not bits of bodies.
- Mainstream gender equity.

What practical actions can NGO's take to make changes?

- Advocacy
- Systematic collation of knowledge and experience within NGO sector
- Work in partnership. But challenge each other.

Who are the key organisations to be influenced?

- Health care professionals
- Medical students
- The NGO Forum
- Politicians
- There is a need for a single – voice alliance to ensure the success of the social determinants of health report.

CHILD DEVELOPMENT

What actions can we do to address health inequalities for children in the UK? Please list the top five priorities for action. Provide practical examples of actions that NGO's can take to address this issue.

- Child poverty
- Children with special needs and learning
- Early intervention for families and targeting
- Integrated approach health/ social services.
- Special projects wrap around-> empowerment and families with children with special needs

Targeting

- Vaccination and immunisation to low up take groups
- Minorities health
- Health food, exercise
- Family friendly police.

Key Issues

- Education. Could earlier education contribute improve the stimulation of skills?

- Parenting skills/ role of the family. There are other issues around this such as maternal health, sexuality, identity. In addition, there are no policies which support marriages, or families to stay together.
- Role of the medicine. There is need to change perceptions making people enable to look after themselves -> therapeutic services.
- Child Poverty / No coordination of services for children.
- Mental Health. Being a child in the UK is not easy; there are no spaces to play.

Challenges

- It is necessary to about face that just giving money or providing services we are not solving the inequality
- Organisations need to evaluate if their interventions are really effective.
- The government forgets that people at the bottom need the fundamental.
- Health should impact in what is presented on television
- The quality of life is what has been affected
- Learn form other experiences such as start education at earlier age.
- Fight against the bully

Scribe: Richard Sircore

FOOD & NUTRITION

What can we do to enhance the health and welfare of people in the area of food and nutrition? Please choose the top five priorities for action, giving practical examples of the steps NGO's take to make changes in this area. Consider such areas as policy development, organisations to be influenced, role of private sector and education.

Group A

- Food availability driven by consumers' choice – but they need to be empowered through education.
- Education. Avoid confusion- regulation of pseudo experts, investing in education and advertising with focus and balance for long term,
- Increase local choice for people and amount
- Sustainability / CO2 .

Policy

- Planning for health (town planning)
- Advertising/ mailing (positive nutrition and messages)
- Healthy schools (physical, activity, level etc)
- Regulation of nutritional messages and education

Organisations

- Reduce formalisms
- Food industry

NGO's

- Lead by example and use prudery power and influence
- Food miles.

Note: More work needs to be done on social deprivation and food

Scribe: Rony N Bay

Group B

- Lobbying. TV advertising – fast food and celebrity endorsement
- Labelling health by drama – Traffic lights
- Fat tax. Perverse drivers in cap- Farm to fork - Plough to plate
- Influencing food industry. Whistle blowing.
- Work with media to influence education and promotion.
- Skill training. Healthy cooking for chefs. Catering chains. Unskilled workers. Health by stealth.
- Index of happiness and wellbeing
- NGO's need to work in empowering, enhance food and nutritional provision when providing services to communities.

Scribe: Nigel Carter

OBESITY & OVERWEIGHT

What can be done to improve health and reduce weight problems? Please list the top five priorities for action and give examples of practical steps that NGO's can take to make changes. Areas to consider include nutrition, food availability, built environment, access to play, cultural barriers, and physical activity among others.

Group A

- Partnerships issues- NGO's and PCT's. Schools, PCT's and NGO's all would have to be working together. Would have to choose a leader. What targets can we implement for obesity? E.g. should target reception in schools to get them as early as possible, in the UK 4 years old can be already obese.
- Reception- Tactile under determinants of health. Need to break cycle, disadvantaged groups, lack of education etc. Exerts also an issue – child protection issue.
- Local area agreements-> should be mechanism to bring together all the different agencies. Reality – need to tackle obese now not just young people. Add years to the cycle for overweight and obese now.
- Social Marketing. Normalise life styles -> we all need go back to walking.
- Social marketing – What makes it desirable. Sick of being told what to do by the government. Measuring what is delivered and updating in less deprived areas. Obesity is a sensitive issue.
- How much legislation- too much and too much resistance. Reduce salt FWD manufactures and legislation. Manufactories are so powerful.
- Awards for employers for healthy eating- Part of investors in people. But such as slow process food in schools.
- Changes are a process. Sometimes needs a gradual progression
- In our culture people need to eat quickly – eating at your desk- whereas in Italy and Spain there's a different attitude toward lunch time. Healthy workplaces- need people light up in the company to go on a healthy walk. In Scotland there's a Healthy employers award. But this lines need to come from the top. To NHS belongs the responsibility of promote exemplary employers- SHA -> Build healthy employers into annual plan which needs to include lunch breaks, length of lunch breaks.
- No evidence around what works far obesity. Not like smoking where you can just quit. Everyone needs to eat. Evidence bared- what to do with obese children. Need to do something before evidence base was format.
- Lot of things don't cost money, such as lunch breaks, workplace champions, encourage healthy living.

- As PCT's get bigger -> deal with partners who don't have shared priorities. PCT's need to be more creative with resources and commit to these.
- Paying people to lose weight- ethically? Each lb you lose, 1 euro gained. What about payment for cycling? Will that lead to behaviour change? Will reward change of attitudes? Targets are short- fix medium/ long term goals built into programme. NHS has to learn about obesity as a problem for 60 years old, but NHS system is based not on preventative healthcare.
- Changing environment: conducive to walking, cycling. If pedestrians are used. Number of people with coffees with 600 cal, before start working day.
- Coffee shops contributing to obesity with incentive to café owners-> lower price than if they have a juice bar.
- Standardising labels
- Access to parks and playing fields -> but this is also linked to other things, because younger people don't go because they are threatened by teenagers. Intergenerational mixing should be encouraged.
- Sustainable action-> smoking
- Targets are too guaranteed -> Meat healthy in terms of sustainable long term gain.
- Pedometers
 - Built environment – changing
 - Food labelling- standardised - composition , simple, like traffic lights
 - Changing what socially acceptable – cultural shift, lunch breaks.
- What to do whilst we don't have and evidence to bare.
- When is ethically injured? How interventionist? Information- towards labelling. Incentives.
- Changing default starts at the front of the building.

Scribe: Emma Blachmore

Group B

- Obesity impact Assessments. Though advocacy. Every government department and policy.
- Consider economic/tax incentives and disincentives (including fat tax, gym, subsidies)
- Focus on children – support parents
- Equivalent to Tobacco Framework for food (regulate marketing, reformulation, front of pack labels).
- No road works without equivalent ££ on cycle and walkways
- Wii for all, ban daylight savings time.
- Role of NGO's is making advocacy and lobbying.

Scribe: Steve Shaffelburg

PHYSICAL ACTIVITY

What factors can be addressed by the NGO sector to increase physical activity in the UK? Create a list of priority actions that NGO's can take on this issue. Factors that are influential include; the built environment, cultural barriers, government policy and accessibility. Which are more open to influence by the NGO sector and how can they take action.

- Education to change perception of what physical activity is – ie not just exercise/ sport but daily activities.

- Workplace physical activity and promotion schemes- try to engage employers regarding benefits of physical activity in working day (lunch classes/ walks, showers at work).
- Schools- Using the time for poor mentoring activities to encourage youth involvement in health (target youth re social norms of being active)

Scribe: Lisa Miles

BUILT ENVIROMENT

How do we influence those who shape the environment so that they will make it more activity friendly? Areas for consideration include: which organisations, what is best for health, community development and improving social capital.

- **Wider list of participants.** Organisations have to wide their influence towards to build a better environment e.g. the police for changes or implementation of laws. There is also need to consider that the government should not be the only target; there are companies that are having an effect on the environment such as the car manufactures, construction companies etc.
- **It's beyond the physical environment.** It's about cultural and social behaviour too.
- **The Method of sharing information.** There is need of sharing more information with more organisations and there are very effective ways to do it e.g. internet, websites, email, newsletters.

Scribe : Kwok W. Wan

EMPLOYMENT

What are the top five priorities to address inequalities that effect people in work and those out of work? Please give examples of actions that NGOs can take and the organisations to be influenced.

Priorities

- Pre stress detection- symptoms
- The in-between kevel work unemployment (self employment). This level has a different working structure, environment
- Core skill training (college courses and employers)
- Break down barriers and perspectives of business
- Sill up individuals to make them employable
- NGO produce usable material for business to break down barriers

Mainstreaming

Gender, ageing, ethnicity, mental health, education, stability, stress/ pressure management

Actions

- Open up awareness of cultural diversity to drive positive economy
- Provide environment to foster talent, appraisals and rewards
- Support core skills development- empowerment and coping skills

- Engage with housing associations
- Support stress management
- Support those individuals who don't fit
- Interpret national guidance for small and medium sized enterprises.

Scribe: Alison Gehring