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I can't hear you...

Carl Bennett wonders why, with so much to offer health, the sport, leisure and culture sector fails to be heard by potential colleagues. He thinks he may have an answer.

We who work in sport, leisure and culture are an interesting bunch, are we not?

I say we but I am a NHS public health commissioner who sits comfortably outside of the line I have drawn above. I think I have a unique view on the sector, one that has been informed by a career (many years) in and outside of the industry. Some acknowledge I am in touch and informed, while others believe I am too far removed. One thing is for sure, I remain genuinely interested in the sector that has provided me with so much. However, I do regularly find myself thinking about this question: what has changed?

I say we are an interesting bunch because the sector has so many possible solutions to today's societal issues. There are plenty of examples. Engagement with significant numbers from which to draw information to help you determine what services people need. Health improving/enhancing interventions, offers and programmes. Something for all. The feeling of wellbeing attached to being active, reading a book, looking at art, spectating at a great event, volunteering, the outdoors, education and knowledge transfer. The list is almost endless. In fact you only have to look at the IDeA (now LGID) Outcomes Framework designed for the sector to identify with the potential impact of all the things this industry can do to enhance and improve society. And yet, even though the above claims are made, in many cases acknowledged and in some proven, the sector fails to be heard.

I have been asking why this might be for quite some time now and I think I have an answer. It is my answer. It might not be your answer or align with the textbook answer but I want to share it and see where it takes us.

The 'leisure' sector has changed dramatically since I was involved in operational management. The 'sharp end' delivery to, and the expectations of, customers has become increasingly discerning. More demanding. More sensitive. Smarter even.

Many providers spend their time fine-tuning products to maximise income, basing this year's expectations on last year's income and offers. Many make do with what they have always done. This, I would argue, has become the norm. What was it Albert Einstein said? Insanity is doing the same things over and over again and expecting different results.

There are some providers that invest in new kit or new facilities. Many do so after considering the impact the new offer will have on catchment, responding to customer desires or wants, often including the unique and the outrageous. Some seek to maximise the impact that facilities have across a wider partnership, creating common footprints for a myriad of services to come together and operate under one roof. Many of these decisions are based on sound judgement and the management of risk. Some are not.

The key point I am introducing here, all be it in a roundabout way, is the Need Factor.

There are four simple principles of need: normative, felt, expressed and comparative. I'm not talking Maslow here. I'm talking societal. I'm talking health. I'm talking the determinants of health.

If we are to respond appropriately to need we must first understand what need is. We must understand how we are able to develop an understanding of the needs of others. We need to respond appropriately to what it is people need

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rather than responding to wants or desires.

We live in a time in which wants and desires are satisfied quickly. However, once wants and desires are satisfied there are other wants and desires to satisfy. This is an endless cycle. Responding to wants and desires without addressing needs will never generate the change we require.

Needs are different. Needs can be measured. Needs can be understood. Needs can develop long-term responses. Responding to needs can make change happen.

While I do not have the space here to discuss the 'four needs' in any great detail I will try and introduce them so that you have some idea of what they mean. You can always look them up online afterwards to generate a better understanding:

- Normative need is often defined by an expert or professional. This normally means there are standards or measurements introduced to be able to say a need has been met. In our world the physical activity guidelines for a child is a normative need, ie at least 60 to 180 minutes a day.
- Felt need is the need in which people identify what they want. An example might be a person wants to lose weight so they go and find information that might help them action their felt need.
- Expressed need is what people say they need. It is felt need which has been turned into an expressed request or demand. Expressed needs may conflict with a professional's normative need.
- Comparative need can be defined by comparison between similar groups of clients, some of whom are accessing a service and some who are not.

We in the sector have a great opportunity to assess need. We have the footfall to enable successful engagement and ask what needs require a response. However, these will be biased towards those we already engage. We need to get out there, out to the 80% or so of our population that we do not engage and ask them what needs they have. Only then can we begin to develop responses that will inform, shape and impact on the strategic changes we require.

Comfortable shoes always feel good. Most comfortable shoes are old, outdated and probably should be put in the bin (recycled) but we hold on to them anyway. They are easy on the pressure points.

Isn't it time we based our services on need rather than previous activity or perceived wants and desires? I can't hear you until you do.

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