

## 'Social Enterprise' Meeting 27 January 2011, St Mary Bourne Vicarage

<b>Present:</b>	Kerry Meaden LP James Croser SMB Mark Williams HbP Jackie Martin SMB Fenella Williams HbP	Lyn North SMB Robert Sykes HbT Jenny Curbill SMB Caroline Hoyes SMB Eve Lind-Smith SMB	Valerie Kennett SMB Laura Sykes HbT Allan Hitchcock SMB Pat Jones SMB Martin Coppen [all]
<b>Apologies:</b>	Andrew Parkins LP John Scott SMB	David Ankcorn LP Corinne Bowman LP	Dodie Marsden [all] Terry & Ruth Hemming [all]

**Aim** to explore and consider how to address social need and enterprise by local action in benefice area working with existing agencies (Hurstbourne Priors – HbP, Longparish – LP, St Mary Bourne – SMB, Woodcott – WC).

### General information

Young Foundation report 'Sinking and Swimming' summarises research over a number of years. It can be [downloaded](#).

Local statistics of over-60s 2009 & 2014 from Hampshire County Council (attached)

Hants District Fact Sheets for Test Valley and Basingstoke & Deane (attached)

### Exploring local needs – topics listed in discussion

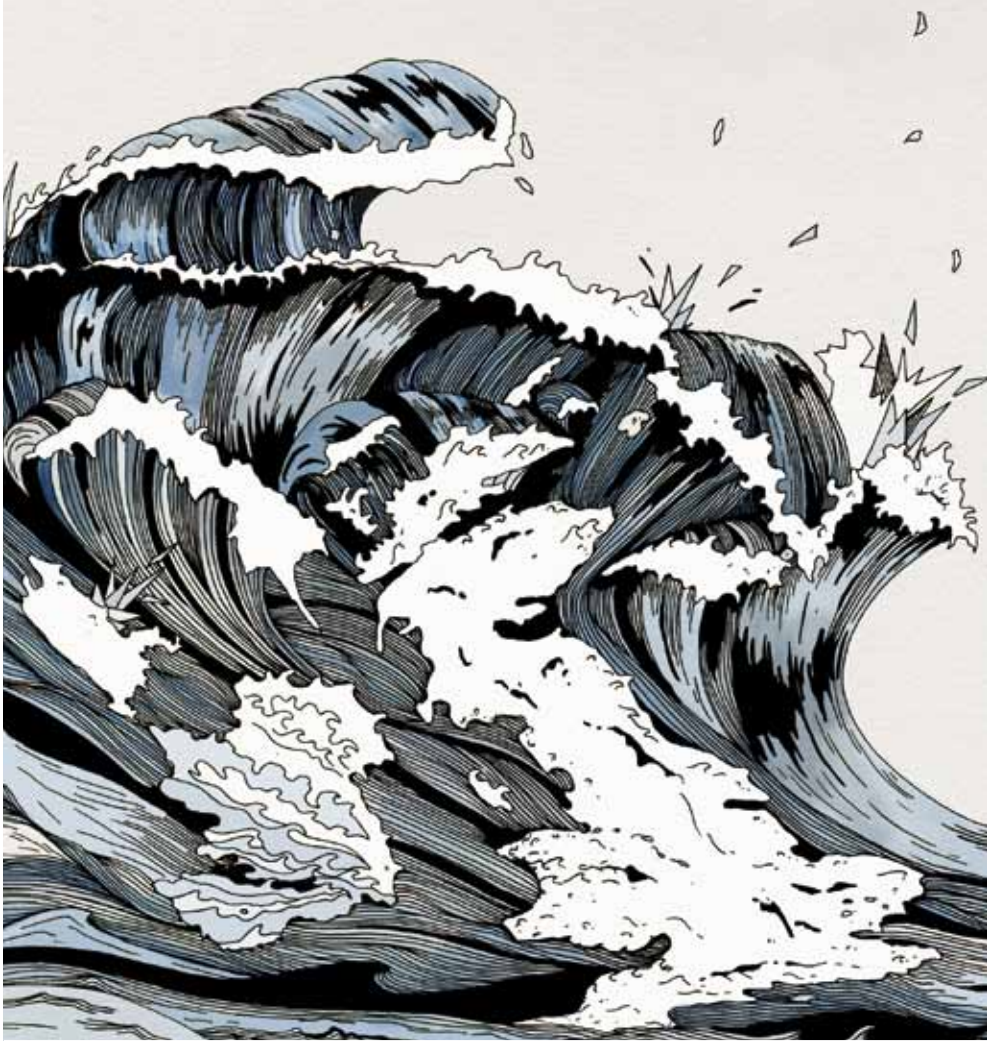
- supporting carers – sitting service
- care home in benefice – day centre – wardens (Stoke Gate?)
- Unemployed
- benefits – unclaimed: form-filling
- pill deliveries
- isolation–loneliness
- pre-school – babysitting
- poor/chaotic lifestyles
- debt
- young (teenagers) – mingling places

### Some Allies – agencies with local provision listed in discussion

- Princess Royal Trust for Carers (Andover Hospital) [www.carercentre.co.uk](http://www.carercentre.co.uk)
- Test Valley Volunteers' Register (is there similar for Basingstoke & Deane?)
- Citizens Advice – Whitchurch outreach still running? [www.citizensadvice.org.uk](http://www.citizensadvice.org.uk)
- Parish Councils
- Churches – as partners
- Neighbourcare – currently only in SMB
- Age UK – Andover Age Concern
- Walk4Health – SMB
- Hampshire County Council Rural Signposting Project
- Hill & Valley parish magazine
- Schools
- Police
- Shops ... ..

### Our Actions

- To consider the issues about publicity of support by agencies for benefit applications, financial problems etc H&V could provide some space for a directory. The Hampshire Rural Signposting project to be investigated by PJ. **Action Group** to look at these issues: VK, PJ, JC, MW.
- Draft questionnaire for a survey to be taken around houses for people to declare needs: **MW** to draft. AH said he would be a foot-soldier.
- Make list of local allies as full as possible: **all present** to reflect on their knowledge and inform MC of agencies not already listed.
- Neighbourcare locally only covers SMB & WC: might the other parishes be interested in it if they knew more about it?
- Care home – nursing support – day centre – drop-in to be considered further by **Action Group**: KM, CH, LN, AH, EL-S.
- Barter system to be investigated by **LS**.
- Next Meeting to be on Tuesday 12<sup>th</sup> April to report on progress: location tba.



# Sinking & Swimming

Understanding Britain's  
Unmet Needs



# Summary

This study provides an overview of where the most acute needs are in Britain today, and which needs may become more pressing in the future. It looks at why some people can cope with shocks and setbacks and others can't, and at the implications for policy, philanthropy and public action.

The study combines statistical data, research based on conversations with citizens as well as professionals, case studies and reflections on both past patterns of need and future possibilities. It has been supported by many of the UK's leading foundations,<sup>i</sup> together with the Economic and Social Research Council and a group of leading academics.<sup>ii</sup>

## **The current position**

Recent years have brought some progress in how needs are met, including lower child and pensioner poverty, a narrowing of the gap between richer and poorer areas and between schools in richer and poorer areas. But health inequalities, inequalities of wealth and inequalities of income have widened. A large minority of teenagers (one in eight) remains detached from the education system and the labour market. Over two and a half million people remain on incapacity benefit and employment and support allowance. And the very poorest have seen their living standards stagnate or even decline. Over the last year the recession has raised unemployment, put downward pressure on incomes and will soon be followed by sharp cuts in public spending which are likely to affect the poorest most.

## **The landscape of support**

People meet their needs through four main routes. They buy goods and services – like food or housing – through the market. They receive services – like healthcare – from government. They get support from charities, for example homeless shelters or drugs treatment. And they rely on family members and friends. These routes overlap and are of very different scales. The UK economy is around £1300bn in total. Government spending is around £620bn – an unusually high proportion of GDP, partly thanks to the recession. There are roughly as many hours of unpaid work as paid work each year in the UK, mainly within the family. By comparison total charity income is around £34bn and total foundation spending around £3.5-4bn.

## Defining Needs

Many people may feel that they need a new car or a holiday. But our concern here is with socially recognised needs that can make a legitimate claim on others, whether through charitable giving or public support. These tend to be needs for things which help people avoid unnecessary harm and suffering. Our research shows that the public think of needs in this way and that they see psychological wellbeing and material prosperity as equally important. There is no simple hierarchy of needs: for some people, whether refugees or unemployed teenagers, a mobile phone may be a higher priority than having a square meal.

## Statistics: measuring material and psychological needs

Needs can be measured in many different ways. Material deprivation remains significant, though much less than in the past. While obesity is a major problem, particularly for younger people, some older people still get sick and 350 die because of poor nutrition each year. Although the numbers have fallen, some still sleep rough on city streets, and have a life expectancy around 42. Some get by on very little money – like the asylum seekers surviving on £5 a day. Debt has always been a fear for poor families and communities, and recent years have seen a worsening incidence of unmanageable debt (which is not just an economic nightmare for many families but also a psychological one as well, closely correlated with mental ill health). Average household unsecured debt (i.e. excluding mortgages) is now over £9,000.

Although most people are content with their lives, a growing number, particularly women, are not. Between one in six and one in four people in the UK experience mental health problems at some point in their lives. The number of prescriptions for anti-depressant drugs increased from 9 million in 1991 to 34 million in 2007. There are also important psycho-social needs – some people have no one to talk to day-to-day or about important issues. New research shows that a million people have no-one to turn to and no-one who appreciates them. The groups most likely to have acute and persistent needs include the unemployed, lone parents and many living with disabilities, as well as half a million irregular migrants, 140,000 child runaways, a third of a million problematic drug users and 80,000 looked-after children.

## Case studies

Detailed case studies look deeper into people's lives, experiences and conditions. The study of transitions examines how people cope, or don't cope, with transitions out of prison, out of families in crisis, or out of local authority care. Many of the most acute needs are associated with difficult transitions, and this is where many current policies and institutions fail. The study on Bedford focuses on teenagers, particularly those not in jobs, education and training, and shows the importance of help-seeking, resilience, attitude and social networks. The study on Teesside

brings out the importance of family and informal supports that help people get by in a relatively poor working class community. The study in South Wales looked at workless households, and confirms that although these communities are resilient to shocks, such as the current recession, they may be lacking in ‘adaptive resilience’, the ability to connect to new opportunities. The study on Londoners look at several groups. These include refugees (showing just how materially poor refugees are, but also the importance of religious and family networks for many); teenagers coming out of care (confirming the importance of their direct supports, whether these are family members or statutory services); and older people (showing just how isolated many feel, as friends and family have either died or moved away). Another study looks at which needs become apparent at night, whether in the lives of night workers, or through the eyes of emergency services that see some of the most marginalised people out on the streets or hitting crises when the majority are asleep in their beds.

## Needs in the future

Highly likely future trends include: a long period of constrained public spending; an aging population requiring significantly more care and healthcare; a generation of teenagers facing even more difficult transitions thanks to the economic climate; and the effects of global phenomena such as climate change and rising fuel and food prices. Some less appreciated trends include worsening levels of stress and anxiety: anxiety and depression looks set to double during the course of a single generation. The family will continue to be an area of challenge – from children having children to a growing number of adults wanting to have children but being unable to do so, and from growing pressures on children and spouses to look after parents and partners to the unpredictable impacts of ubiquitous social networks.

## Implications and directions for action

Most people in Britain live good lives and believe that they live in strong and supportive communities. Most are safer from crime and violence than they were a decade ago, and dramatically safer than their equivalents were a century ago. When they face setbacks most people bounce back. But Britain is a brittle society, with many fractures and many people left behind. From our analysis we recommend seven broad directions for change.

### 1 **Provide preparation, bridges and support for difficult transitions**

Many of the worst clusters of need are the result of difficult transitions. The ways in which we help people make these transitions – from being a teenager to being an adult, or from being in care or prison to independence – are inadequate and miss many of the things that matter most in making them work: good preparation, bridging support from reliable and sympathetic people, and resources such as housing or money as well as emotional help. Public agencies’ responsibilities are divided by chronological age, and both public and voluntary organisations tend to divide by function

in ways that cut against what people need. At a time of acute pressure on money, this could be an area for long-term savings.

## 2 **Isolation – help to connect the disconnected**

Loneliness has become a stark feature of a more individualistic society. Millions like living on their own. But many are suffering because of the absence of people they can turn to for help and support. A growing body of evidence points to the psychological and physical harm that loneliness can bring. There are many good initiatives trying to address these needs – from befriending schemes to mentors – but they remain very much on the margins of policy and small in scale. Being without a roof over your head or a job to go to brings you entitlements, however meagre. Having no one to talk to does not.

## 3 **Provide access with ‘no wrong door’**

People often access services that are not the right ones for meeting their underlying need. They may show up at A&E when their real problem is alcohol; they may turn up at a homeless shelter when their underlying problem is a mental illness. Access points need to be less devoted to functions and more to people. We need more institutions, advisers and access points which are holistic, rather than function specific. Many of the people and families that most need help are the least likely to take it up, sometimes because of chaotic lifestyles but also for reasons of stigma, distrust and disengagement. It is not enough to provide something useful: how it is provided also needs to build trust and confidence.

## 4 **Enhance resilience and psychological fitness**

Resilience matters and can be influenced. Everyone is bound to face shocks and setbacks at some point in life. But what makes the difference is how well we cope with these shocks, how well we bounce back. This is in part a matter of social support from family and friends, teachers or GPs, as well as skills and financial assets. But resilience – and psychological fitness in a broader sense – can also be learned, and enhanced.

## 5 **Rethink welfare provision through the lens of wellbeing**

The welfare state grew up to deal with physical and material needs (although it was often justified by its impact on people’s dignity as well). It evolved to provide enough food to eat, cures for sickness, homes and jobs. In a society with relative material abundance the critical issues of welfare have become as much about psychology and relationships as about material things. The risks that matter most include mental ill-health and relationship breakdown as well as unemployment and poverty in old age. Indeed these psychological and psycho-social risks are more common across classes and regions than the economic ones, and perhaps a stronger basis for mutual support and solidarity. ‘It could be you’ certainly applies to mental illness, which affects a third of the population at some point in their life. It’s time to

rethink welfare through this new lens, addressing the most important risks that individuals and families cannot deal with on their own.

6 **Focus on new and old necessities**

Over time many items move from being luxuries to become necessities. People living in rural areas are not alone in thinking of the car as a necessity. But the mobile phone is much the clearest example of this shift – invaluable and prioritised by everyone from refugees to unemployed teenagers.

7 **Invest in better social accounts**

The UK publishes regular economic accounts, but not comparable social accounts. And while government shares extensive data on production, consumption and finance, it doesn't map wellbeing, and data on psychological needs is patchy. We show how regular snapshots of social needs could be developed that could become as prominent in our national consciousness as economic accounts are today.

**Population Forecasts for all Parishes in Hampshire 2009**

Source: Hampshire County Environment Department's 2009 based Small Area Population Forecasts

District	Parish	Parish Code	Aged 60-64	Aged 65-69	Aged 70-74	Aged 75-79	Aged 80-84	Aged 85+	Totals over 60	Over 60s %	Total Population
Basingstoke and Deane	Hurstbourne Priors CP	24UB020	26	22	13	14	5	5	85	26.6	319
Basingstoke and Deane	Litchfield and Woodcott CP	24UB023	8	6	4	5	5	5	33	19.6	168
Basingstoke and Deane	St. Mary Bourne CP	24UB040	92	70	68	40	32	33	335	27.1	1237
Test Valley	Longparish CP	24UN031	49	33	26	26	29	29	192	28.1	684
									<b>645</b>	26.8	<b>2408</b>

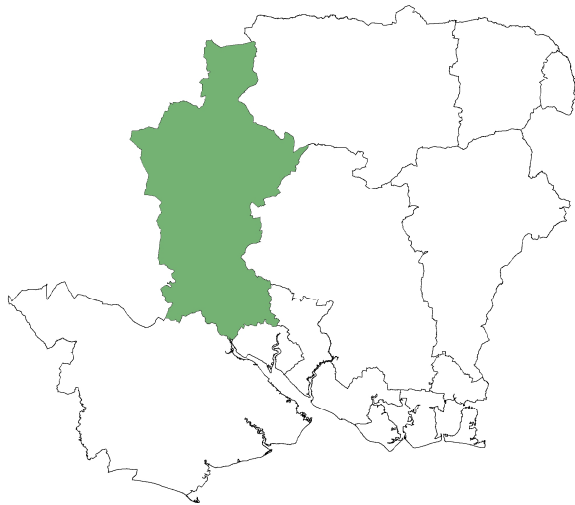
**Population Forecasts for all Parishes in Hampshire 2014**

Source: Hampshire County Environment Department's 2009 based Small Area Population Forecasts

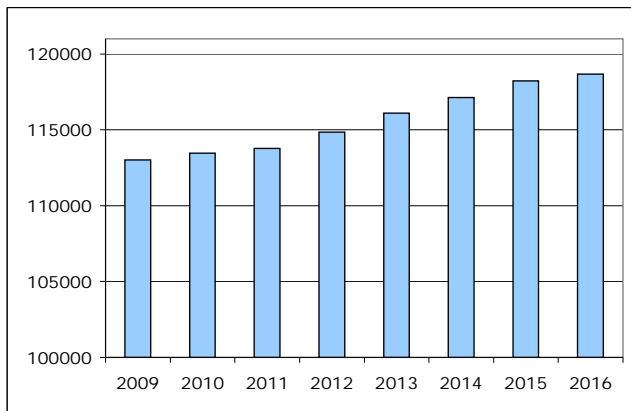
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Basingstoke and Deane	Hurstbourne Priors CP	24UB020	17	23	20	14	8	6	88	26.1	337
Basingstoke and Deane	Litchfield and Woodcott CP	24UB023	10	7	5	3	3	5	33	19.4	170
Basingstoke and Deane	St. Mary Bourne CP	24UB040	100	81	59	57	33	48	378	30.0	1258
Test Valley	Longparish CP	24UN031	38	37	24	21	27	43	190	28.7	662
									<b>689</b>	28.4	<b>2427</b>



# Demographic facts and figures for Test Valley

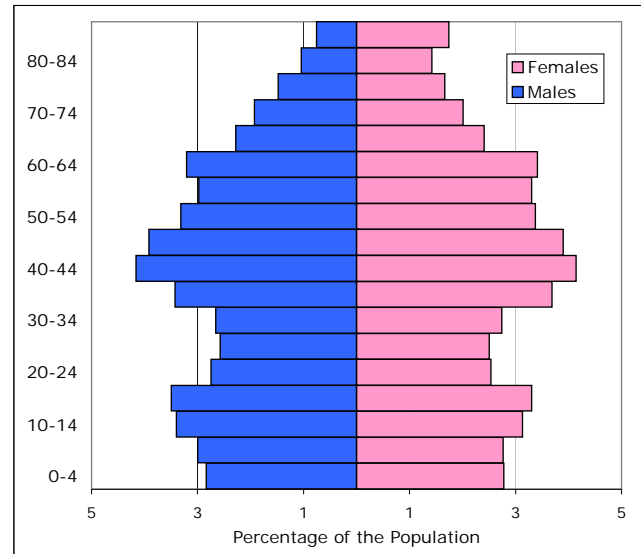


## Population



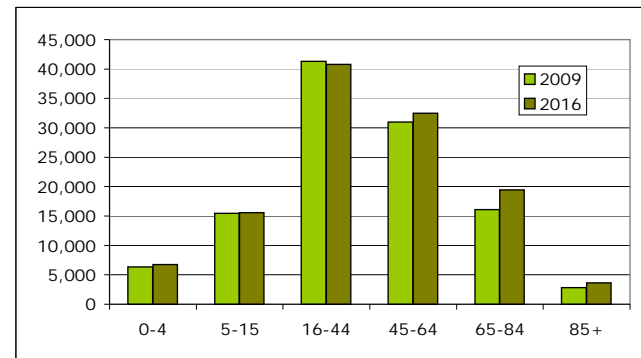
The population of Test Valley in 2009 is estimated to be **113,000**. It is forecast to increase by **5.0%** between 2009 and 2016

## Age profile at 2009



Test Valley has a **large working age population**, mostly made up of those in the mid to latter half of their working lives. It has small cohorts of young adults followed by slightly larger cohorts of children.

## Age groups



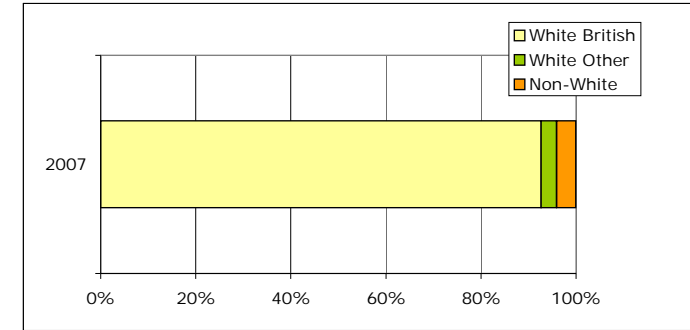
Most growth is forecast in the population **aged 45 and over**

## Dependency Ratios

	2009	2016
Total dependency	65.2	69.8
Child age dependency	31.9	31.9
Old age dependency	33.3	37.9

Total dependency is forecast to rise due to increasing numbers of **older people**

## Ethnicity in 2007



**92.7%** of Test Valley's resident population are estimated to be of the ethnic group - White British  
Source: Office for National Statistics (ONS)

## Births and Deaths

	2008
Total number of births	1,308
Total Fertility Rate (TFR)	1.98

Total number of deaths	970
Standardised Mortality Ratio (SMR)	87

Test Valley had **more births than deaths** in 2008  
Source: ONS

## Population Density in 2009

There are **1.8** people per hectare living in Test Valley  
**37.6%** of the population live in rural areas  
Source: ONS and SAPF

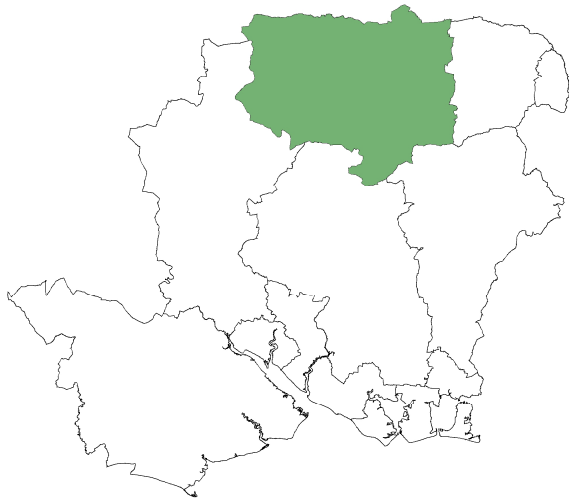
## Source

Except where otherwise stated the source used is Hampshire County Council's 2009 based Small Area Population Forecasts (SAPF)

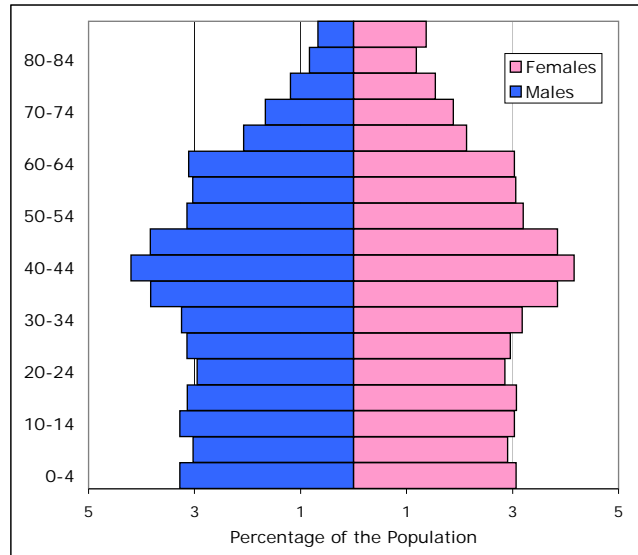
## Notes

The Total Dependency Ratio is the number of children and retired people to every 100 people of working age.  
The Child Ratio is the number of children per 100 people of working age.  
The Old Age Ratio is the number of retired people per 100 of working age.  
The TFR is the number of children that would be born to a woman if current fertility patterns persisted throughout her childbearing life.  
The SMR is a ratio of the number of deaths expected if the population experienced the same age specific death rates as England and Wales. A value of less than 100 indicates lower mortality than expected.  
The urban and rural classification divides up the Authority as follows: where the majority of the population of an area lives within settlements of 10,000 or more people the area is defined as urban. All other areas are defined as rural.

# Demographic facts and figures for Basingstoke and Deane

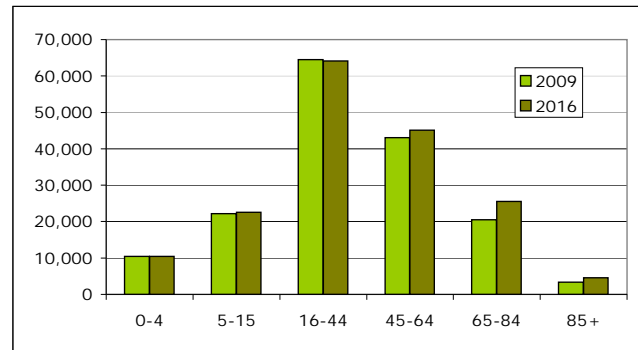


## Age profile at 2009



Basingstoke & Deane has a **large working age population**, mostly made up of those in the mid to latter half of their working lives. It has smaller cohorts of young adults and children.

## Age groups



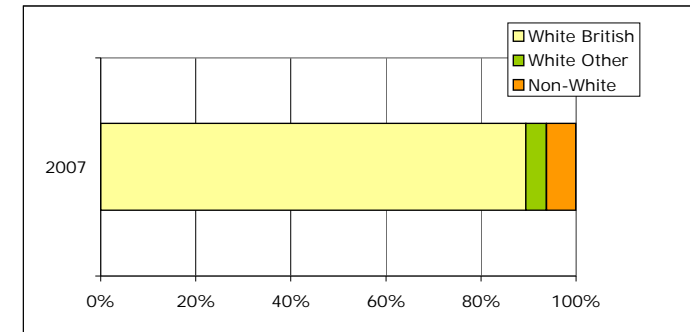
Most growth is forecast in the **older age groups**

## Dependency Ratios

	2009	2016
Total dependency	59.9	64.5
Child age dependency	31.7	31.5
Old age dependency	28.1	33.0

Total dependency is forecast to rise due to increasing numbers of **older people**

## Ethnicity in 2007



**89.4%** of Basingstoke and Deane's resident population are estimated to be of the ethnic group - White British. Source: Office for National Statistics (ONS)

## Births and Deaths

	2008
Total number of births	2,059
Total Fertility Rate (TFR)	1.93
Total number of deaths	1,147
Standardised Mortality Ratio (SMR)	91

Basingstoke and Deane had **more births than deaths** in 2008. Source: ONS

## Population Density in 2009

There are **2.6** people per hectare living in Basingstoke & Deane. **27.2%** of the population live in rural areas. Source: ONS and SAPF

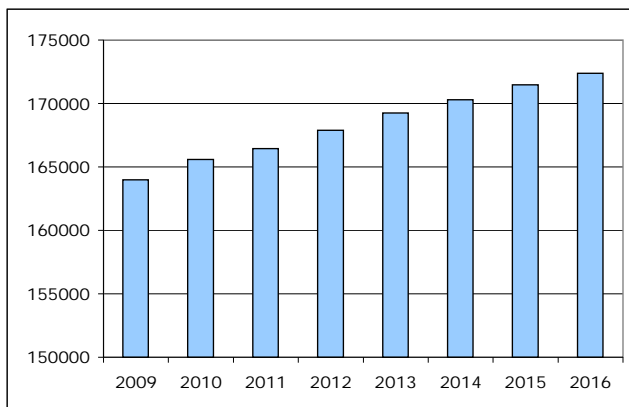
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 The urban and rural classification divides up the Authority as follows: where the majority of the population of an area lives within settlements of 10,000 or more people the area is defined as urban. All other areas are defined as rural.

## Population



The population of Basingstoke and Deane in 2009 is estimated to be **164,000**. It is forecast to increase by **5.1%** between 2009 and 2016