Social Wellbeing Strategy – Public Consultation Summary

A public consultation on the Social Wellbeing Strategy was held throughout September. A total of 55 people responded.

Views on the Strategy

The consultation found wide ranging support for the Social Wellbeing Strategy:

- Four in five people agreed or strongly agreed with the Social Wellbeing Strategy overall

"I like the holistic approach that combines personal support and community building."

However, some proposals were more popular than others:

- Three in four people agreed with Approach One (pro-actively reaching, understanding and supporting lonely individuals)

"Some people are afraid to join groups so agree that having someone to encourage participation is a good idea."

- Four in five people agreed with Approach Two (unlocking the community's potential to respond to the challenge of loneliness)

"Important that people come together naturally and do not feel forced."
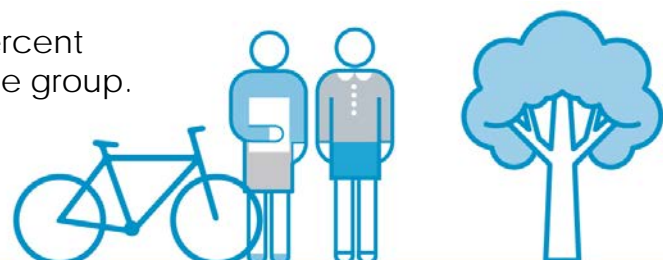
- Two in three people agreed with Approach Three (valuing personal assets and improving skills to make the most of existing relationships and enable new ones to form)
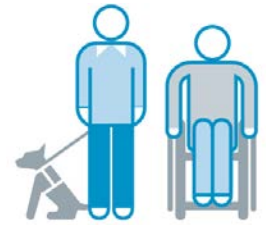
"Through IT inclusion they can communicate and perhaps even remain in contact with families via Skype."

Views of groups known to be at risk of social isolation

We also asked certain demographic groups whether enough was being done to meet their specific needs:

- Older people were very supportive, with 83 percent saying the strategy offered enough to their age group.

"I have witnessed how elderly neighbours have suffered social isolation, so much so that they end up waiting sitting in a chair for a weekly visitor to come."

- Parents of young children were also supportive, with 69 percent saying the strategy offered enough to meet their needs. Many also said a lack of childcare would stop them getting out.

"Finding childcare can stop parents from getting involved. My mum can come in with notice, but for quick things it isn't worth her time or train fare. Local babysitting circles might help."

- LGBT* (Lesbian, Gay, Bisexual and Transgender) people were also positive, with 50 percent saying the strategy offered enough to meet the needs of older people from this community.

"Something has to change. Old people are proud and do not want to bother younger people but we must insist that it's our duty as we too will be there one day."

- People with disabilities were uncertain whether enough was being proposed to meet their needs, 25 percent said it was, 25 percent said it wasn't and 50 percent didn't know.

"Be careful not to make people feel like they are some kind of project as opposed to actual care. Community cohesion isn't always dependent on council involvement."
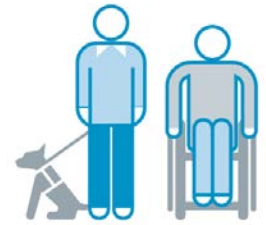
- People with caring responsibilities felt the strategy could propose more to meet their needs, 33 percent said it offered enough, 40 percent said it did not.

"Many carers are both socially isolated and lonely, but have precious little free time to engage in anything else, due to the constraints of their caring role. This is important, as it informs approaches."

- BAME (Black and Minority Ethnic) people were clear that not enough was being proposed to meet the needs of older people from these communities; only 9 percent said enough was on offer, while 46 percent disagreed.

"We have a surfeit of middle aged, upper middle class, white women who would love nothing better than getting their hands on money so that they can inefficiently and ineffectively run patronising "groups" for those they deem worthy of their attentions."

Conclusions from the Consultation

Many useful suggestions and helpful comments were received during the consultation. As a result of this we know we need to:

- Ensure that the actions in Approach One do not come across as invasive or patronising and are genuinely community and volunteer led

"The 'Community Connector' sounds like a horrific mix of interfering, middle class, busy-body / bully and City snooper."

- Look at what specialist support is available to help those with social anxiety engage with the wider community

"For many people loneliness is a consequence of social anxiety/phobia. Providing opportunities for social contact is no use to someone for whom social contact is an ordeal."

- Look again at what more we can do to support carers who have too little time for themselves

"Nothing you are suggesting will enable me to go out and build a life of my own or have a relationship with someone."
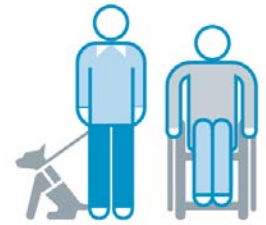
- Look at what extra support we can provide to parents, around childcare and around enabling deeper friendships to form between new parents

"So hard to make friends as an adult - as subtle as possible to the approaches to groups is needed, otherwise you will just get the normal outgoing people turning up."

- Engage in targeted consultation with BAME City residents and seek advice from other local authorities and charities that have had success working to reduce isolation amongst older BAME people

"Look at how other boroughs have established solutions for the needs and requirements of different ethnic groups, however having said that the City should not create too many sub-groups, we are all British."

Our Next Steps

While the Social Wellbeing Strategy was well received in the public consultation, it is also clear we could do more to meet the needs of a number of specific groups.

The Chairman of Community and Children's Services Grand Committee has convened a Social Wellbeing Panel.

The Panel will hear from a range of expert witness from national charities, other local authorities and projects working directly to improve social wellbeing. It will look specifically at:

- the experiences of BAME older people
- the experiences of people with physical and mental health problems
- the experiences of parents of young children
- the experiences of City residents who do not live on the main estates
- promising approaches to improving social wellbeing.

The Panel will report in the new year and its conclusions, along with the feedback gained through the public consultation, will be used to shape the final draft of the Social Wellbeing Strategy.