

Demographic and Social Challenges

Response to the Hampshire County Council call for evidence for the Commission of Inquiry to help develop the Vision for Hampshire 2050

Jane Falkingham¹, Maria Evandrou², Ann Berrington¹

¹ ESRC Centre for Population Change, University of Southampton

² Centre for Research on Ageing, University of Southampton

Contact: J.C.Falkingham@southampton.ac.uk

Population Change

1. Total population change is made up of the three elements of natural change (i.e. excess of births over deaths), within UK moves and international migration. Table 1 demonstrates that both the overall rate of population change and the components of this change will vary significantly in the different parts of Hampshire, with Eastleigh likely to experience the highest rate of growth, with a likely increase in its overall population of 10% in the next decade, compared to Gosport at just 3.2%.

Table 1: The components of population change in the districts of Hampshire over the ten years, 2014 to mid-2024

	Population growth (%)	Natural change	Net international migration	Net within UK migration
Basingstoke and Deane	9.2	5.3	0.2	3.7
East Hampshire	5.4	-0.5	0.1	5.8
Eastleigh	10.0	4.4	0.8	4.9
Fareham	6.2	-0.6	0.6	6.3
Gosport	3.2	1.4	0.1	1.7
Hart	4.2	2.8	0.4	1.0
Havant	4.3	-0.1	0.5	3.9
New Forest	6.1	-2.6	1.9	6.9
Rushmoor	3.4	6.4	0.0	-3.1
Test Valley	6.5	1.3	0.3	4.8
Winchester	7.5	1.5	-0.3	6.5
Portsmouth	6.5	5.7	5.9	-4.9
Southampton	7.5	6.9	10.3	-9.6

Source: ONS 2018: Sub-national population projections

2. Those areas with a high rate of natural change, where births per 1,000 population exceed deaths per 1,000 reflect a more youthful age structure and high births will impact on services – especially growing school pupil rolls in Rushmoor and Eastleigh.

Migration

3. Hampshire has a complex pattern of mobility, receiving both international migrants and people from elsewhere in the UK. Interestingly, net international migration accounts for only a small proportion of overall population change in most districts, with the exception of the New Forest.

4. In contrast, migration from other parts of the UK is significant. Interestingly more people are moving away from Portsmouth and Southampton. One factor might be that they are simply moving short distances into suburbs that fall within HCC, being replaced within the city centres by international migrants. This has implications in terms of the level of mobility of local populations and the attachment of populations to their local area.

5. There are important internal migration flows which are often associated with life course stages. For example, young adults are increasing in Winchester in part due to the expansion of Winchester University and the Winchester School of Art. This has implications for housing and other services, with the 'studentification' of areas of the city. Young families are migrating to Eastleigh and Winchester, with implications for housing affordability and schools. Older age groups are moving to attractive retirement locations, most notably the New Forest.

6. It is difficult to know how this will change in future. In part future migration flows will depend on local house building decisions as well as national policies in relation to taxing housing wealth and funding long term care for the elderly.

7. One big unknown is the role the digital age will play in residential location decisions. Will there be more tele-working which could stimulate a rural renaissance?

One key trend affecting all areas is;

Population Ageing

8. The number of people aged 65 and over is projected to increase in all districts across Hampshire CC. Although Rushmoor has the lowest proportion of its population aged 65 and over in 2024 (16.8%), the rate of change in its oldest population is one of the fastest, with the district likely to experience an increase in its older population of 27.4%. In contrast, the New Forest will have almost a third of its population aged over 65 (30.6%) but will be experiencing slower growth from a higher base. Thus it will be important to plan appropriately and not focus services only on those districts which already have a significant older population. Planners also need to take into account the rapid changes in the number of older people across the county. This has implications for planning for health and social care provision as well as transport and appropriate housing.

Table 2: Share of the population aged 65 and over in 2024 and the rate of change in the size of the older population in the ten years 2014-2024

	Population aged 65+ in 2024 (%)	Rate of change in age 65+ 2014-2024 (%)
Basingstoke and Dean	19.2	29.1
East Hampshire	26.1	26.9
Eastleigh	20.7	25.1
Fareham	25.4	20.8
Gosport	23.0	25.6
Hart	22.0	23.7
Havant	25.7	17.8
New Forest	30.6	19.3
Rushmoor	16.8	27.4
Test Valley	24.5	27.1
Winchester	23.3	22.9
Portsmouth	15.4	16.3
Southampton	14.3	15.2

Source: ONS 2018: Sub-national population projections

9. CPC research highlights that families are likely to remain the main source of care in later life. One area of future uncertainty however is the effect of family instability e.g. divorce earlier in the life course, on willingness to provide care for older relatives. Over the next 30-40 years, there will also be a growing number of older people who are childless; around one fifth of those women born in the 1960s did not have a child compared to 10% of those born in the 1940s. Thus there may be changes in the availability as well as the willingness of kin to provide informal care.

10. It is also important to recognise the significant contribution of the older population in the paid and unpaid workforce, particularly for grandchild care. There is some evidence that adult children who receive support from their parents are more likely to reciprocate care later on. However the provision of physical care, as opposed to emotional and financial support, requires people to live close to one another; better data is needed around the current and future geographical proximity of generations. There are critical questions around the provision of formal care social care - how many workers? From where will they be drawn? How skilled?

11. In addition to information on the numbers of older people, it will also be important to take into account differences in wealth and health in retirement and hence lifestyles and consumption.

12. There will also be implications for the provision of supported housing. Hampshire already attracts retirees in unsupported / supported accommodation. The commissioners might wish to reflect upon how possible Government policies e.g. with respect to “right sizing”, inheritance tax on properties may affect older people’s housing mobility in later life. Will there be new innovative ways of using housing space e.g. co-residence across the generations?

13. One trend, which has received very little attention, is the ageing of particular sub-groups of the population with special needs. People with Down’s syndrome are living longer than ever before due, in part, to improved health care. Average life expectancy for people with Down’s syndrome is now between 50 and 60 years, with small - but growing - numbers reaching their 70s and beyond. Many are living in the community with support, but may face additional needs as they age and their parents themselves age.

References / evidence

Evandrou, M., Falkingham, J., Gomez Leon, M., & Vlachantoni, A. (2016). Intergenerational flows of support between parents and adult children in Britain. *Ageing & Society*, 1-31. [DOI: 10.1017/S0144686X16001057](https://doi.org/10.1017/S0144686X16001057)

Gomez Leon, M., Evandrou, M., Falkingham, J., & Vlachantoni, A. (2017). The dynamics of social care and employment in mid-life. *Ageing & Society*, 1-28. [DOI: 10.1017/S0144686X17000964](https://doi.org/10.1017/S0144686X17000964)

Robards, J., Vlachantoni, A., Evandrou, M., & Falkingham, J. (2015). Informal caring in England and Wales – Stability and transition between 2001 and 2011. *Advances in Life Course Research*, 24, 21-33. [DOI: 10.1016/j.alcr.2015.04.003](https://doi.org/10.1016/j.alcr.2015.04.003)

Vlachantoni, A., Shaw, R., Evandrou, M., & Falkingham, J. (2015). The determinants of receiving social care in later life in England. *Ageing & Society*, 35, 321-345. [DOI: 10.1017/S0144686X1300072X](https://doi.org/10.1017/S0144686X1300072X)