

Discussion Brief

WORKING DRAFT

Addressing basic needs

Context

It is a well-known concept in science¹ that humans have a hierarchy of needs starting from the basic needs for food, water, and safety; through the psychological needs like good relationships; to the self-fulfilment needs like achieving their own potential and engaging in creative activities. Basic human needs should to be met before addressing psychological or self-fulfilment needs.

Rural regions in Europe are characterised by very different wealth levels and consequently, also have very different priorities concerning what needs have to be addressed first: while rural areas characterised by deep poverty may need to deal with securing basic needs, especially for disadvantaged people; more wealthy areas may be more concerned with addressing social needs through improved cohesion and integration of the rural population. It is also important to note that the needs of people living in rural areas may differ from those living elsewhere (e.g. having a car may be more essential).

Methods & examples

Basic needs do not only emerge in under-developed areas. The need for basic services (e.g. finding appropriate housing, education, health-care services etc.) is a demand also in most developed rural areas. The examples below demonstrate how supporting basic needs emerges in the context of different Member States and rural areas.

Addressing nutritional needs of Roma people in rural areas

The Pro Ratatouille project in Hungary² recognised that social development needs to start by satisfying the basic needs of poor communities, such as the need for (healthy) food. One of the main goals of the community-based agricultural programme was to end hunger, achieve food security and improve nutrition in some of the poorest rural areas of Hungary. The Ratatouille programme is a local, sustainable organic farming initiative with strong focus on employment and environment. It is addressed at disadvantaged rural neighbourhoods and targeted at the most disadvantaged people.



Source: Melinda Kassai

Addressing housing needs of migrants and refugees

Due to the major movement of refugees in 2015 and related challenges for the rural regions, the Austrian Ministry of Agriculture, Forestry, Environment and Water Management asked the Austrian Rural Network to initiate a thematic working group that tackles the issue.³ In mid 2016, 29 representatives of

¹ See Maslow's hierarchy of needs.

² See more: https://enrd.ec.europa.eu/sites/enrd/files/w15_social-inclusion_proratatouille_kassai.pdf (AGRI E2 activate all hyperlinks)

³ See more information on the Austrian Thematic Group: https://enrd.ec.europa.eu/sites/enrd/files/w15_social-inclusion_austria_fischer.pdf

municipalities, NGOs as well as public administration met and exchanged their views and experiences on care and integration of refugees and defined the framework for the working group.

One of the key issues identified by the thematic group was securing housing. The thematic group identified relevant initiatives (good practices) such as the ‘Menschen im Marchfeld’ (People in Marchfeld), which is an inter-municipal cooperation of 3 municipalities that formed a limited liability company (Ltd). The MiM Ltd rents flats and houses and covers all costs. It also provides self-catering for families and catering for sole-travelling men; support for refugees in dealing with public authorities; and organisation of common activities. The local approach has the advantage of good knowledge of local facilities and closer contacts to local leaders.

Health services in rural areas

Improving health-care services is a key objective of many rural initiatives, especially in the light of an aging population in many rural areas. Digitisation is often seen as a tool for improving rural health-care (e-health) services. For instance, one of the main advantages of the North-Western Kuhmo village optical fibre network initiative in Finland has been the improvement of services (including health-care services) for elderly people.⁴

Local authorities in France’s Midi-Pyrénées region used EAFRD funding to develop a medical centre to improve the quality of health services particularly for the elderly.⁵ The medical centre of Labastide-Murat was constructed in response to growing demand for rural health services, particularly for a growing elderly population. A range of services were developed including a therapeutic garden and water activities.

Getting involved in the discussion

The ENRD Contact Point aims to generate discussion and exchange about useful approaches among interested stakeholders and improve the RDP implementation. Note that the Thematic Group of the ENRD on Smart Villages has a focus on basic services (RDP Measure 7) in rural areas.

Is addressing basic needs of disadvantaged groups relevant in the context of your Member State and/or your work?

Get involved in the discussion - Tell your ideas through Viima

- What are the specific issues that arise in your national/local context regarding addressing basic needs?
- What are the most relevant basic needs (e.g. housing, health, food etc.) in your Member State/ region?
- What are the specific examples that you have (including project examples, RDP measures and other initiatives, etc.)?
- Are there any practical challenges that you are facing in relation to this theme?

Read the other Social inclusion discussion briefs on ‘Welcoming new arrivals’, ‘Supporting jobs & employment’; ‘Supporting social cohesion & strengthening local community’; ‘Social proofing rural programmes and policies’.

⁴ Upcoming case study developed by the ENRD Thematic Group on Smart and Competitive Rural Businesses

⁵ See ENRD project example: https://enrd.ec.europa.eu/projects-practice/improving-rural-health-services-elderly_en