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Understanding Asset-Mapping and Partnering in Scotland

A report into the activities and resources of Scottish voluntary organisations

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Introduction

There is clear evidence that when organisations work empathetically to give mutual support and to share resources, efficiencies can result and the capacity and effectiveness of their service provision increases (Smith et al., 2009 and Eilbert and Lafronza 2005). This is especially so in the provision of public services in which funding and resources are constrained. Examples of this are Williams et al., (2015) and IDeA (2010). Benenson and Stagg (2015) also show that there are benefits to volunteers who take part in asset sharing schemes.

In the United States, an approach to facilitate the partnering of organisations who provide services for the common good has developed called Asset Based Community Development (ABCD). This has been pioneered by John Kretzmann and John McKnight and, although not without critics (see Cleaver 2001; Friedli, 2012), has been found effective in stimulating socio-economic redevelopment and knowledge acquisition by Skerratt and Hall (2011) and in several developing countries such as South Africa, (Kramer et al., 2011), Nigeria (NKonya et al., 2012) and in Burundi (Cieslik 2016). The asset approach has also helped in improving the health of vulnerable communities as illustrated by Kegler et al., (2005), Morgan and Zigilo (2007) and Lempa et al., (2008).

In post-recession Scotland there is merit to investigate such approaches to ensure that at a local level practical, physical and emotional support can be seamlessly delivered to those who would benefit from such provision. The opportunity for an assets based approach has received a boost from the launch of the integration of Health and Social Care which is administered and delivered through Integrated Joint Boards (IJBs) in a geography similar to that of local authorities. To plan the delivery of services utilising shared assets there is first a need to have an idea of the “asset inventory” and how these might be better captured and shared. This prompts the need to map the assets at the local level.

In the context of the integration of health and social care, the Scottish Council for Voluntary Organisations (SCVO) has received Scottish Government funding to “*bring community assets to the health and social care community planning table*”. Working closely with Third Sector Interfaces (TSIs), SCVO’s ambition is for Scotland’s third sector to play a greater role in improving health and social care and in supporting individuals to support themselves and others.

Building on the data available and the learning from the *Building Healthier and Happier Communities* programme, SCVO sought to establish a method to map third sector organisations and their activity. The desire is to make this data relevant and visible to inform strategic commissioners at local authority level of what is available and what may be required in their area.

The primary aim of the project documented in this report is to ensure that IJBs have a full understanding of third sector activities and services which support the national health and wellbeing outcomes. These will be presented in a template that includes both data and intelligence which is likely to be of relevance to commissioners and colleagues involved in locality planning.

SCVO plans to share our intentions and outputs with the relevant Third Sector Interfaces (TSIs), the IJB Chief Officers' network and Integration Managers' Network to seek their input and better understand their needs.

SCVO already captures a wealth of data from charities, community groups, social enterprises and voluntary organisations of all shapes and sizes. Within Scotland, all TSIs have access to a platform called Milo, which helps capture, organise, promote and understand the third sector and its assets in Scotland. TSIs are encouraged to record data on their local voluntary and third sector organisations on Milo to provide a joined up national picture of voluntary action

The data held on Milo is jointly managed and maintained by the network of TSIs and SCVO, which has approximately 500 active users. TSIs have a key role in ensuring that the data on third sector health and social care assets is accurate, cohesive and comprehensive. However, the landscape in which the TSIs operate is complex and dynamic which makes it difficult to gather data and ensure the currency of the data. Given the importance of the Milo database there is need for an independent review of the capacity of TSIs to gather and maintain data on their local sector.

There is also a need to understand how third sector organisations communicate and interact with statutory organisations and other third sector organisations at the local level. This is needed to assess the possibility of asset sharing and to identify gaps in the provision of services.

SCVO commissioned the Employment Research Institute of Edinburgh Napier University to undertake this work. The role was to develop a method to:

- Map the provision of third sector support for health and wellbeing and uncover the degree of partnering and sharing
- Understand the contribution of third sector organisations to health and wellbeing, the communities they serve, their partnerships and the efficacy of these relationships.

This will be demonstrated by the application of that method in a selection of integration authority areas, which is documented in this report.

The report begins with a review of the assets based approach, how this relates to the integration of health and social care and the opportunities and potential for third sector

partnering. On establishing this background, the method applied is presented and a pilot of the method to organisations in East Dunbartonshire is reported. The application of the method to three integration authorities is then given, reported separately for each authority. The report is structured by first providing an overview of the area to give a broad assessment of demand for services, then the supply side as contained in Milo is presented. These are then compared to findings from a bespoke survey. Then from the application of Social Network Analysis, the pattern of interaction between organisations in the area is presented.

The findings of the three area studies are then compared and conclusions drawn. Recommendations are then made to allow SCVO to enhance the integration of third sector organisations and allow them to deliver even greater benefit. Suggestions for “rolling-out” the approach taken here to other authorities concludes this report.

Review

Asset-based approach

Originated by the work of John Kretzmann and John McKnight (1993), the asset-based community development (ABCD) approach has come to dominate policy making in the past two decades. ABCD is premised on the belief that communities themselves can foster development opportunities through the mobilisation of their existing assets, many of which often go unrecognised by the community (Kretzman and McKnight, 1993; Green and Haines, 2011; Mathie and Cunningham, 2003).

For Kretzman and McKnight (1993), the ABCD approach works in distinction to a needs-based policy. While many community development approaches focus on attempting to address a community's deficiencies or deficits, the ABCD focuses on a community's strengths and existing assets. The argument made by asset-based approaches is that many neighbourhoods and communities are often stigmatised as a result of needs-based approaches which focus on the lack of resources and deprivation. These communities tend to then accept the received wisdom that their communities are unable to solve their own problems. Indeed, for Kretzman and McKnight, needs-based policies produce clients and customers to be fixed by 'experts'. The ABCD approach, however, argues that communities and associations are unaware of their own assets and capabilities to address their own problems.

The ultimate aims of the ABCD approach are functioning communities that able to draw on their social networks with good communications, high connectivity and agreed shared values. Within the ABCD approach, assets are more broadly defined, including the "gifts, skills, and capacities" of "individuals, associations and institutions" (Kretzmann and McKnight, 1993: 25). The ABCD approach attempts to go beyond a view of economic capital, and endeavours to bring intangibles to the forefront of community development. The assets considered within the ABCD approach can therefore be broadly separated into material and human resources (Stokols et al., 2003). Much debate surrounds the various forms of assets that can be evaluated within ABCD, ranging from three to seven forms of 'capital' (Delgado and Humm-Delgado, 2013). Three forms of capital however are seen as primary and indivisible into the other forms: physical, social and human capital (Haines, 2011). The more obvious assets are the physical assets, which include the buildings, halls, meeting rooms, equipment and vehicles; as well as forms of economic capital such as stocks, bonds and cash on hand.

The approach to ABCD is illustrated in Figure 1.

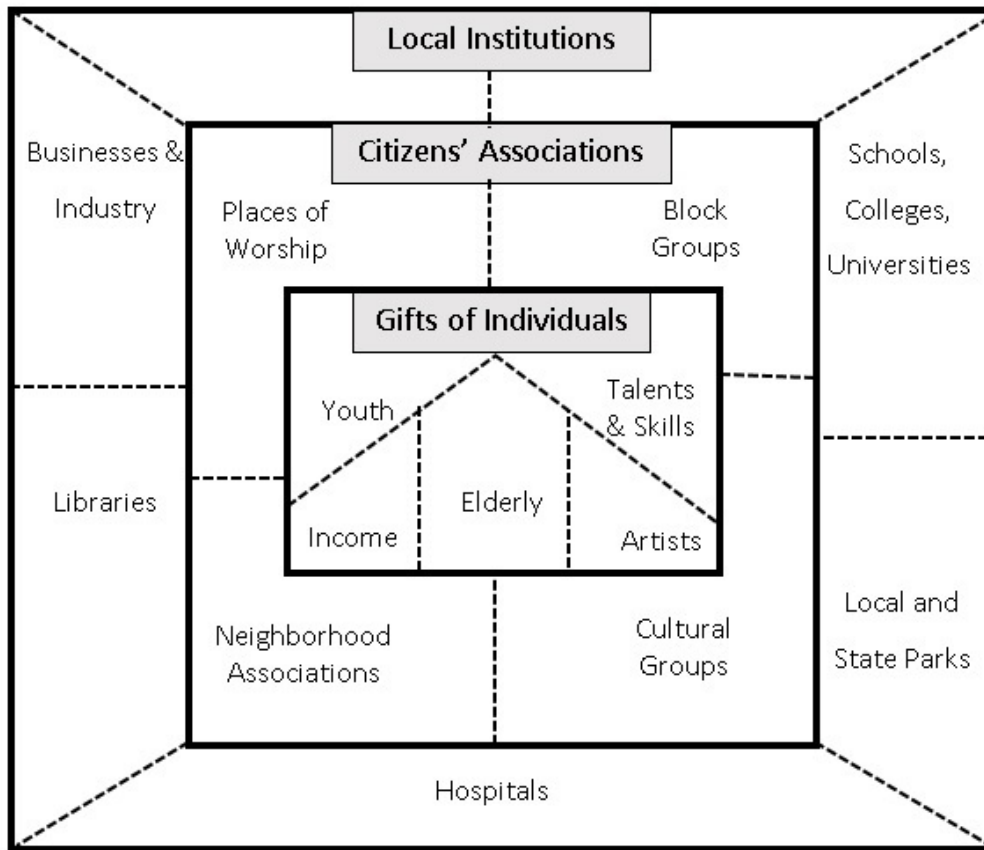


Figure 1: Model of ABCD (Source: McKnight & Kretzman)

Human capital has a long history within economic theory (e.g. Becker, 1964) but within the ABCD approach, broadly refers to the skills, education and knowledge available to the communities. Human capital offers communities the skills and knowledge to effect change. A significant point to note is that, whereas much of the physical capital available to a community is fixed, human capital is open to change either through changes to community membership or from the knowledge itself changing (Haines, 2011).

Social capital has a similarly long history in the social sciences. For Putnam (1993: 35), social capital can be considered analogous with “notions of physical capital and human capital” and “refers to features of social organisation such as networks, norms and trust that facilitate co-ordination and co-operation for mutual benefit. Social capital enhances the benefits of investment in physical and human capital (Putnam, 1993: 35). Within Putnam’s, and the wider communitarian view, social capital is a public good, rather than a privately held good of individuals (Julien, 2015). Lack of social capital is therefore coupled with civic disengagement and a lack of democratic participation (Forrest and Kearns, 2001). The ABCD approach is aimed at uncovering the social capital that communities can draw upon. Indeed, the asset-based approach puts an emphasis on relationships, thus the concept of social capital and social

networks are central to any community based approach (Ennis and West, 2010; Gilchrist, 2004; Mathie and Cunningham, 2003).

Within the ABCD approach, assets operate at three distinct levels (Griffin and Farris, 2010). Within the first level, the skills and capabilities of individuals within the community are examined. The second level of assets represents the citizen associations within the community. Third-level assets represent the institutions within the community, for example, the businesses, local government, health centres, and educational institutions. Case studies regarding the efficacy of the ABCD approach argue that it has facilitated and supported the successful regeneration of communities in the US (Weng 2015). Its potential is seen in developing countries, for example as a way of overcoming stereotypes in Sub-Saharan Africa (Ssewamala et al. 2010), or its potential for dealing with poverty and crime in South Africa (Kramer, et al. 2011). The ABCD approach has also been used extensively in healthcare research (e.g., Boyd et al, 2008; Pan et al., 2005) and even as a method for businesses to address their corporate social responsibilities (Fisher et al., 2009).

Integrated Health and Social Care

The current financial circumstances of the UK's public services have placed an emphasis on doing "more with less" (Christie, 2011). For third sector organisations, the changing financial and demographic circumstances are expected to lead to an increase in demand for services without comparable funding supply (SCVO, 2014). The asset-based approach has become an increasingly important source of policy within Scotland. Sir Harry Burns, in his *Health in Scotland 2009: Time for Change* report, argued that "an assets approach to health and development embraces a positive notion of health creation and in doing so encourages the full participation of local communities in the health development process" (Scottish Government, 2010: 7).

It is within healthcare and public service policy making that the ABCD approach is of interest to Scottish policy makers, with asset-based approaches being adapted to help address health inequalities in communities. Asset-based approaches to health and social care are influenced by the work of the theory of Salutogenesis, developed by Aaron Antonovsky in the 1970s. The salutogenetic approaches focus on the factors that can support health and well-being. In salutogenetic theory, the key question is how some members of deprived communities are able to stay healthy in spite of the material hardship (Foot and Hopkins, 2010). For example, within Scotland, the life expectancy of deprived communities rises at a slower rate than the rate of the most affluent communities (Scottish Government, 2009). Therefore, it is argued, that the current 'needs-based' approaches are not sufficient (Glasgow Centre for Population Health, 2011).

Health assets refer to "any factor (or resource), which enhances the ability of individuals, groups, communities, populations, social systems and /or institutions to maintain and sustain health and well-being and to help to reduce health inequities"

(Morgan and Ziglio, 2007: 18). Within Scotland, it is these health assets and building up an asset-based approach, that Government and NHS policy seeks to harness (NHS Health Scotland 2012). The move toward asset-based approaches is coupled with a belief that needs-based approaches are financially unsustainable. The “ever-growing volume of needs”, brought on by demographic changes, such as an ageing population, are putting increasing pressure on public health services (NHS North West, 2011, also Foot and Hopkins, 2010).

Partnering

An underlying assumption for mapping community assets is that organisations in the community whether statutory or third sector organisations will cooperate with one another and share resources. The development of both formal and informal partnering has been demonstrated to be crucial in the provision of health and social care and is advocated by the World Health Organisation (WHO 2010), (See also Eisler (2002). Partnership working is shown to improve service delivery not only in the range and coverage of services but also in the quality of these services, (Pow et al. 2013)

In Scotland the ageing of the population and increased proportions of people living on their own mean that a shared approach to health and social care provision is essential to allow people to live independent lives and avoid institutional care, which in any case is probably not affordable. Partnering initiatives have been found successful in attaining this goal in reducing hospital admissions (Bass et al. (2015) and improving community health (2003). A partnership approach has generally been found successful in enhancing regional capacity, (Smith et al., 2009 and Eilbert and Lafronza 2005) as long as they are based on mutual trust, (Casy 2008 and Hardy et al., 2000). Varda and Retrum (2016) and Varda et al., (2012) shows that networking is crucial to collaborations performing well.

A useful approach to the evaluation of community based partnerships is the PARTNER programme developed at the University of Colorado. This programme has been used to evaluate and improve a number of third sector community based programmes. Details can be found on the website <http://partnertool.net/>.

Method

1. Sample

From the 31 Integrated Authorities it was decided to conduct the asset mapping in three different authorities who were approached based on their previous experience, readiness to deliver and would enable a geographical spread across the country:

- Falkirk – a mainly urban population (155,990 in 2011 Census).
- Aberdeen City – a city location – highly urbanised (222,793 in 2011 Census)
- Argyll and Bute – to represent a more rural and dispersed population (88,166 in 2011 Census)

In addition, the method was piloted in East Dunbartonshire, a smaller local authority which was easily accessible due to the recent delivery of another project with SCVO.

The authorities are displayed on the map in Figure 2.

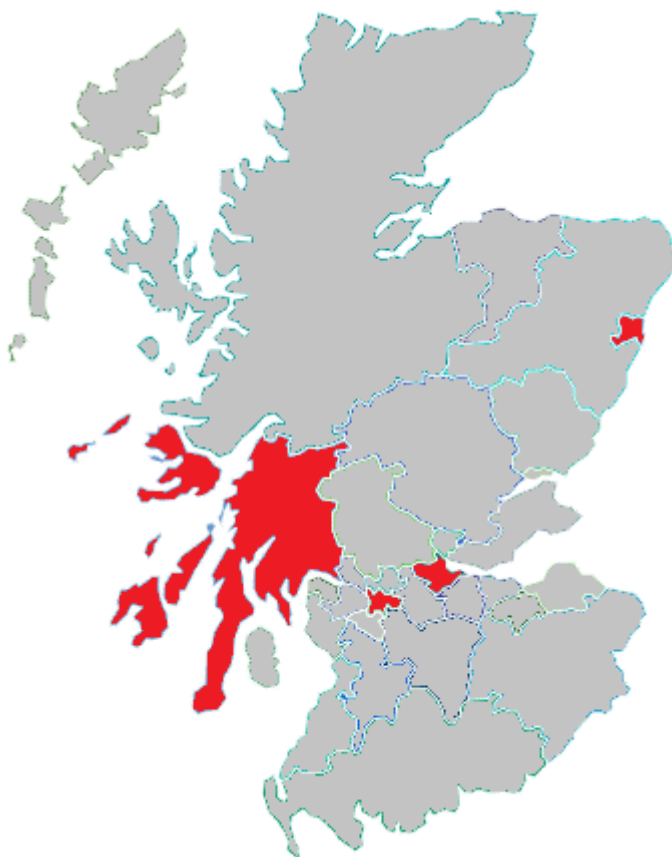


Figure 2: Authorities included in the sample

2. Demand Assessment

A broad level assessment of need is constructed in order to understand the role and need for third sector organisations in improving the lives of those in the local community. To do this, secondary data on the socio-economic and demographic makeup of the Integration Authority is given. This is done by drawing on data from the 2011 Census of Scotland, the Scottish Household Survey 2013/14, Scottish Neighbourhood statistics and the Nomis economic and labour force directory.

3. Supply Assessment

This is required in order to gain an understanding of the supply of services in the authority, as well as an appropriateness to address the needs of those living in the authority. A comprehensive review of the information held in the Milo database is given and compared to the need as indicated in the demand assessment.

4. Survey of Assets and the Operation of Third Sector Organisations

A questionnaire was designed and delivered using the web based platform NOVI. The questionnaire was also available in hard copy. The survey instrument is displayed in Appendix 1. The purpose for the survey is twofold, to obtain data to assess the reliability and validity of the data held in the Milo Database and to obtain data to allow the pattern of communication and interaction between third sector organisations to be investigated.

In this survey confidentiality of individual people was applied, but due to the nature of the exercise organisation names was mandatory. A further divergence from anonymity is that for the Social Network Analysis approach to work, the responding organisation has to supply the names of up to five organisations with whom they are in contact. Care has to be taken in disseminating this information and safeguards were put in place to ensure no harm to participating organisations. Ethical approval was granted by Edinburgh University Business School's Research Integrity Committee.

It was expected that getting organisations to respond would be a challenge, especially from small third sector organisations and those that have loose organisational structures. A target of ten percent of third sector organisations listed in Milo was set in order to ensure a meaningful sample reliable data could be collected. Extensive communication was required to reach the targeted response rate. The role of the TSI was therefore critical – they were the brokers who ensured the third sector organisations of the credibility of the survey and the need for the work.

A covering letter was devised to stress the purpose and value of the work (see Appendix 1) and an incentive was offered in each authority. A Kindle Fire would be given on the basis of a random draw of emails given by those who wished to participate.

The survey targets and timeline are given in Table 1.

Integrated Authority	TSOs emailed	10% Target	Survey Opened	Reminder sent	Survey Closed	Useable Responses	Response Rate (%)
Pilot (East Dunbartonshire)	863	87	24/9/15	21/10/15	31/10/15	102	11.8
Falkirk	319	32	20/1/16	11/2/16	31/3/16	57	17.9
Aberdeen City	621	62	25/1/16	15/2/16	31/3/16	91	14.7
Argyll and Bute	959	96	16/3/16	16/3/16	31/3/16	107	11.2

Table 1: Survey details

The data, once obtained, will be prepared and “cleaned” to remove erroneous and non-relevant responses as well as duplicate responses. In addition, some responses were removed due to the organisation being outside the relevant TSI’s jurisdiction. The data is then entered into SPSS 20 for analysis.

5. Social Network Analysis (SNA)

SNA is a methodology that allows patterns of interactions between individuals or organisations and individual to organisations to be analysed. There is an abundant literature of this but useful references are: Borgatti et al. (2013), Cross et al. (2006), Cross and Parker (2004) and Scott (2013).

A key tool is the sociogram which gives a visualisation of the pattern of connections (see Borgatti et al. 2013). These will be produced for each authority. Constraints on mapping can be identified, with the respondent being limited in their ability to list contacts they have party due to memory and inconvenience constraints. A balance from the literature (Wasserman and Faust 1994) is to ask for the names of five organisation communicated with.

In this work two metrics are relevant one is in-degree centrality – this is the amount of contacts an entity receives and we hypothesis that TSIs, Local Councils and the NHS will have high centrality scores. The other metric is ‘betweenness’ – this is a measure of the importance of an organisation in serving as a hub to connect organisations that are not directly connected to each other. Those organisations with high ‘betweenness’ – play important brokering roles. Again it is hypothesised that TSIs, local councils and the NHS will have high ‘betweenness’ centrality scores. Another useful concept is the detection of structural holes and where organisations are isolated from the mainstream. These concepts can be detected from the sociogram.

To undertake SNA the sociometric data collected will be entered in to the software UCINT 6 and Netdraw (Borgatti, et al., 2002 and Borgatti, 2002) which will be used to produce the sociograms and undertake the centrality analysis.

Pilot: East Dunbartonshire

The following sections will outline the findings of the pilot study in East Dunbartonshire. The findings are reported in five sections; an overview of demand through macro analysis of the 2011 Census and Nomis, analysis of data held in Milo for East Dunbartonshire, the findings of the survey into East Dunbartonshire, the contribution to the National Health and Wellbeing Outcomes found, and a Social Network Analysis of inter-organisational communication in East Dunbartonshire.

	Bearsden	Bishopbriggs	Kirkintilloch	Lennoxton	Lenzie	Milngavie	East Dunbartonshire	Scotland
Total resident population	27237	22870	19689	4094	8415	12948	105026	5295403
- % 0-4 years old	4.6	4.6	5.5	5.9	4.7	4.9	4.9	5.5
- % 5-15 years old	13.6	12.5	12.1	13.4	13.5	12.8	12.9	11.8
- % 60-74 years old	18.7	17	15.8	13.6	19.7	17.7	17.4	15.5
- % 75 and over	10	9.4	7.6	6.7	8.5	11.2	9	7.7
- % Females	51.8	52.1	51.6	52.1	51.3	52.4	51.8	51.5
All persons aged 16-74	19545	16800	14729	3029	6168	9204	76861	3970530
Economically active: % Unemployed	3.2	4.9	7.9	7.4	3.9	4.1	5.1	7.0
Economically inactive: % Looking after home/family	11.2	7.6	10.3	11.3	8.6	12.3	10.1	11.6
Economically inactive: % Permanently sick/disabled	5.1	11.2	20.1	17.2	6.3	10.6	11.0	16.5
All persons aged 16-74 who were unemployed (excluding full-time students)	424	575	801	162	165	255	2667	189414
- % aged 16-24	25.7	29.4	30.5	33.3	26.7	28.6	29.6	30.2
- % aged 50+	25.9	26.1	19	17.3	27.9	23.9	23.1	18.4
- % last worked in 2001	55.2	52.5	43.6	40.1	58.2	50.6	49.8	47.4
Average age of a person with good health	40.3	38.5	36	34.8	39.6	40.1	38.6	36.2
Average age of a person with a limiting long term illness	65.1	62.5	58.7	59.1	63.4	63.4	62.1	59.2
Percentage of economically inactive people who are permanently sick/disabled	5.3	11.3	20.2	19.5	6.3	9.9	11.2	16.6
- % Has a limiting long term illness	25.9	28.4	31.2	28.6	26.1	28.5	28	29.9
Total number of households (with residents)	10819	9352	8825	1707	3327	5582	43473	2372777
- % Owned	92.1	85.9	64.1	65.6	91.1	81.1	81.3	62
- % One person household - pensioner	14.2	15.2	13.4	10.8	12.5	17.9	14.2	13.1
- % Lone parent household - with dependent children	4	5.9	8.7	9.2	4.2	5.6	6	7.2

Table 2: Demographic Profile of East Dunbartonshire

Demographic and Economic Profile of East Dunbartonshire

The demographic profile of the people in East Dunbartonshire is shown in Table 2 and illustrated in the following figures. Starting with Figure 3, the population of East Dunbartonshire represent a relatively healthy sample in comparison to the wider Scottish average. The average age of a person with a long-term limiting illness is greater on average.

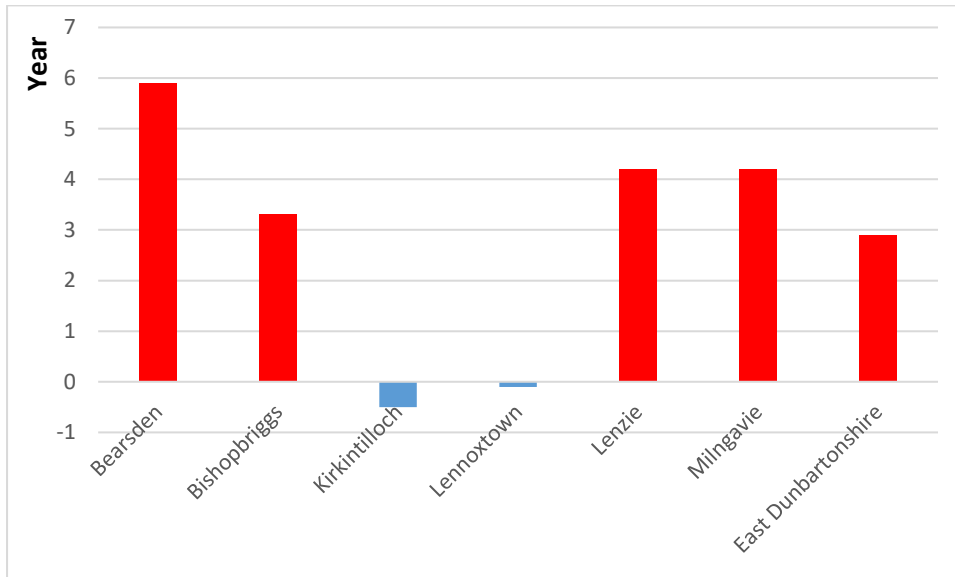


Figure 3: Deviation from Scottish average age of a person with a limiting long-term illness (East Dunbartonshire)

Furthermore, as shown in Figure 4, the average economically inactive population with permanent sickness or disability is lower than the overall Scottish average. Emerging from the profiles however, are figures that show Kirkintilloch and Lennoxton are exceptional in comparison with the rest of East Dunbartonshire. Both towns indicate higher proportions of people with long-term limiting illness and permanently sick/disabled economically inactive in comparison with the Scottish averages.

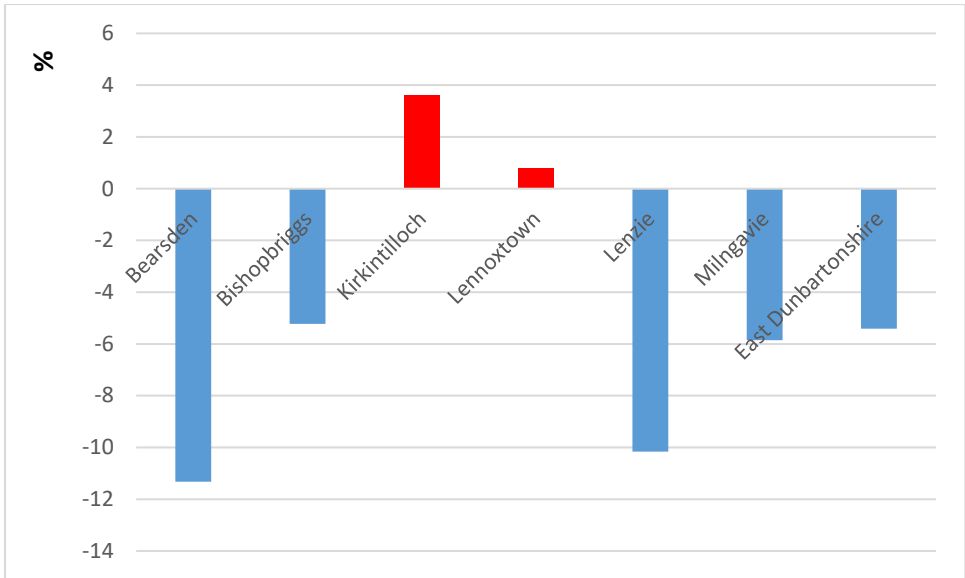


Figure 4: Deviation from Scottish average economically inactive rate: percentage permanently sick/disabled

The population is relatively affluent too, based on measures of home ownership in Figure 5. While Kirkintilloch and Lennoxtown are above the Scottish average, the statistics do show that both towns lag behind the rest of East Dunbartonshire.

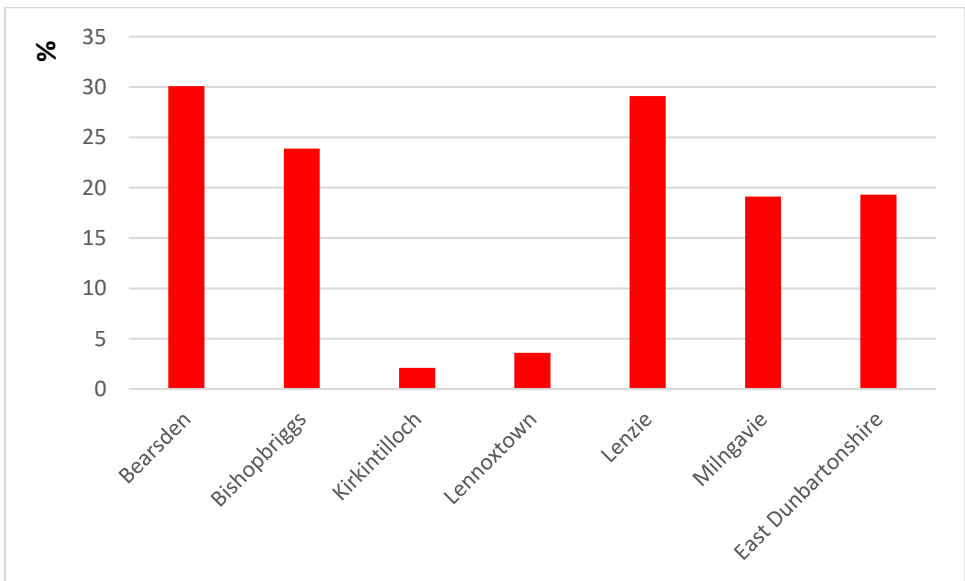


Figure 5: Deviation from Scottish average housing percentage owned

Figure 6 shows that East Dunbartonshire generally has a greater proportion of elderly people in comparison to the Scottish average.

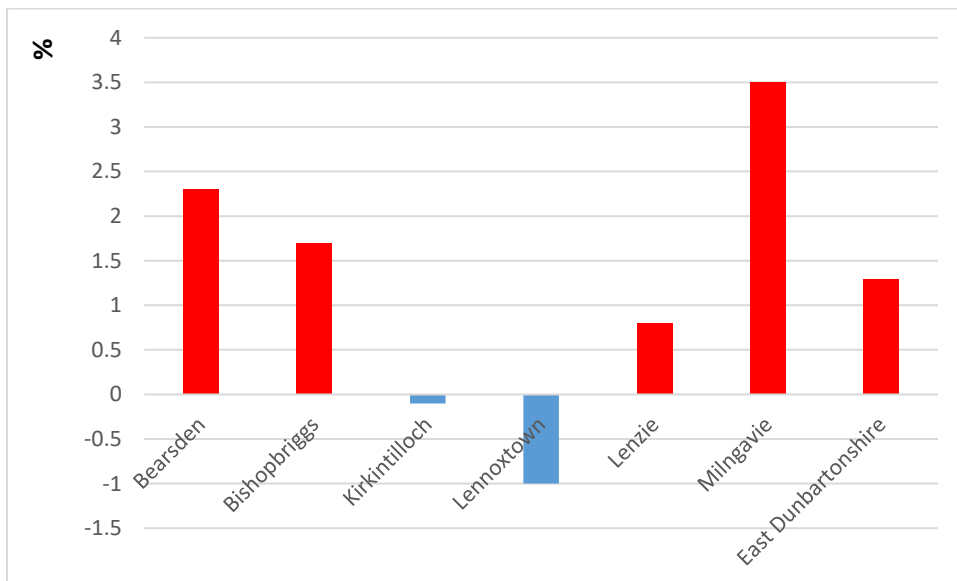


Figure 6: Deviation from Scottish average percentage of population aged 75 and over

Figure 7 shows that there is an indication of increasing isolation amongst pensioners, with a slightly larger than average proportion of pensioners within the area. Towns like Lennoxtown and Lenzie are exceptional however, with slightly lower proportions found.

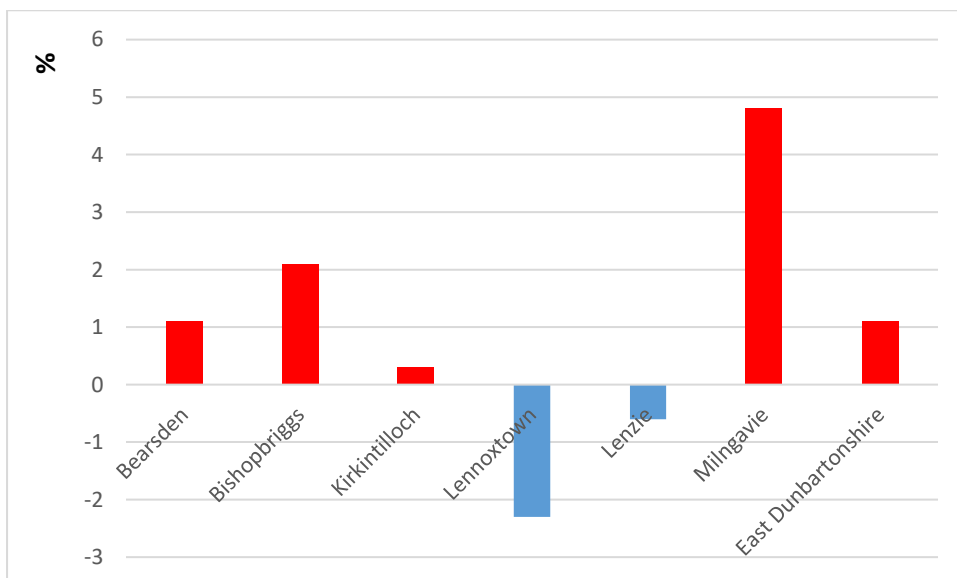


Figure 7: Deviation from Scottish average percentage of one-person household - pensioner

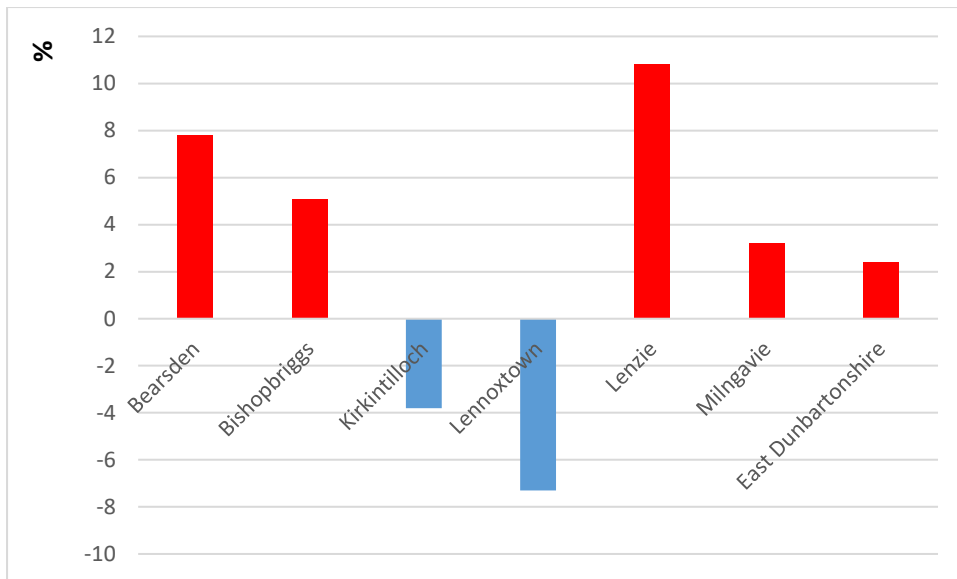


Figure 8: Deviation from Scottish average percentage - last worked in 2011

Summary: the population of East Dunbartonshire is generally well off and self-reports suggest that the population is healthier than the Scottish average. But the population has become old and indicators of isolation are rising such as the number of single person households and years since last worked. Kirkintilloch and Lennoxton are different from the other towns likely because their populations are relatively young and still economically active but possibly less affluent.

Supply of Services: Analysis of Milo

In Table 3, a summary of variable fields in Milo is given and it can be observed that many fields are incomplete.

VARIABLE	MISSED VALUE NO OUT OF 802	PERCENTAGE MISSED	VARIABLE	MISSED VALUE NO OUT OF 802	PERCENTAGE MISSED
ORGANISATION ID	0	0	REGISTERED CHARITY NUMBER	590	73.6
ORGANISATION NAME	0	0	BRANCH OF LARGER ORGANISATION	756	94.3
ORGANISATION TYPE	0	0	BRANCH OF LARGER ORGANISATION DETAILS	756	94.3
WEBSITE ADDRESS	230	28.7	NUMBER OF FULL TIME STAFF	799	99.6
EMAIL ADDRESS	248	30.9	NUMBER OF PART TIME STAFF	800	99.8
WHETHER ENGAGE VOLUNTEERS	0	0	NO OF MANAGEMENT COMMITTEE BOARD MEMBER VOLS	579	72.2
NO OF VOLUNTEERS	653	81.4	AVERAGE HOURS PER MONTH FOR MANAGEMENT COMMITTEE BOARD MEMBER VOLUNTEER	787	98.1
ADDRESS LINE 1	135	16.8	GEOGRAPHICAL REACH	0	0
ADDRESS LINE 2	556	69.3	SERVICES PROVIDED TO ORGANISATIONS	0	0
ADDRESS LINE 3	754	94	SERVICES PROVIDED TO INDIVIDUALS	0	0
TOWN CITY	135	16.8	FOCUS ON HARD TO REACH GROUPS	802	100
POSTCODE	135	16.8	NO OF SERVICE USERS ORGANISATIONS	434	54.1
PRIMARY CONTACT	423	52.7	NO OF SERVICE USERS INDIVIDUALS	434	54.1
PRIMARY CONTACT TELEPHONE	621	77.4	NEIGHBOURHOOD	360	44.9
PRIMARY CONTACT E MAIL	597	74.4	MAIN ACTIVITIES	269	33.5
REGISTERED CHARITY STATUS	590	73.6	REFERRAL SOURCE	774	96.5

Table 3: Summary of fields in Milo for East Dunbartonshire

From Milo the number of third sector organisations registered in the East Dunbartonshire Authority is presented in Figure 9.

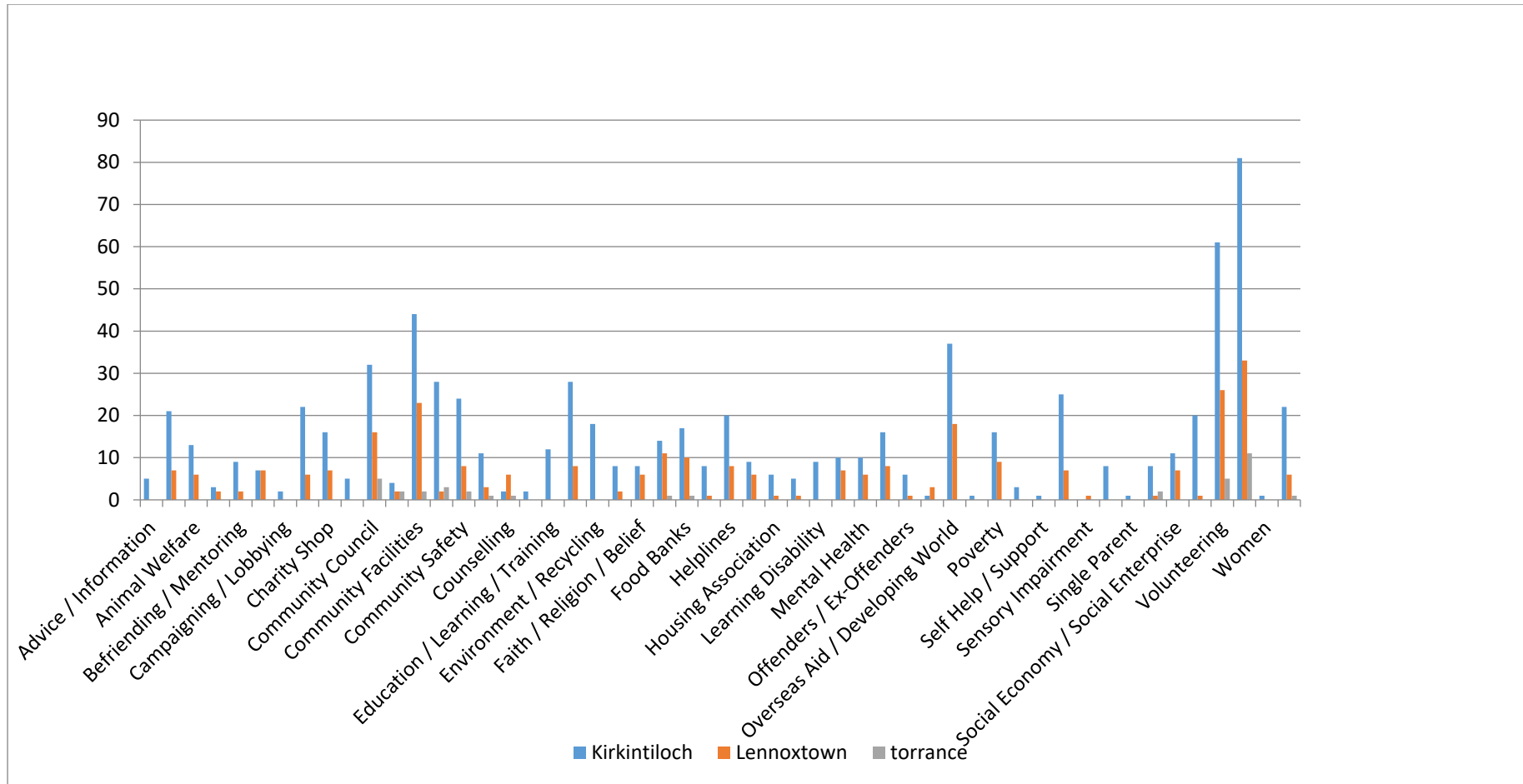


Figure 9: Third Sector Organisation registered on Milo for three towns in East Dunbartonshire who provide services

East Dunbartonshire Survey

In total, 105 organisations responded to the survey. Many of the questions however were not answered – typically, less than 75 answered questions relating to service operation. As Figure 10 shows, the TSOs within the East Dunbartonshire area provide services to a variable amount of people. Almost a third of organisations provided services to under 100 people, while almost a quarter served over 1000 people.

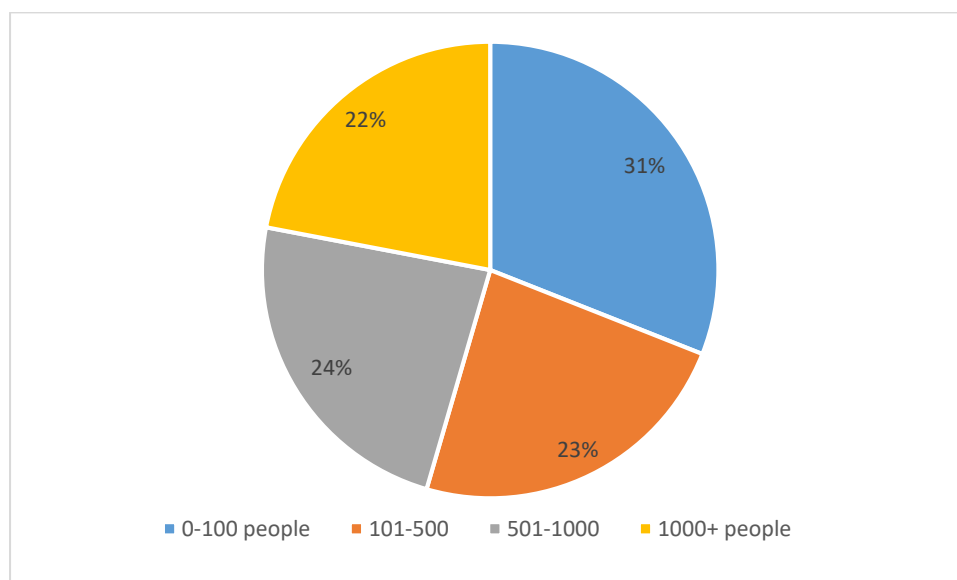


Figure 10: Number of People Supported by TSO activities in East Dunbartonshire

The types of services that are being provided to the numbers of people in East Dunbartonshire are tabulated in Table 4. The table shows that socialising and ‘other’ represent the services most provided, with over one third of survey participants citing their activities in these categories. Many of the services categorised under “Other” include children support services, such as breastfeeding support and childcare services. A further quarter of services focused on physical wellbeing.

Service Provided	N	%
Socialising	40	38.8%
Other	34	33.0%
Physical Wellbeing	27	26.2%
Training and Skill Development	19	18.8%
Emotional Support	16	15.5%
Advice for living	15	14.6%
Advice on housing	11	10.7%
Advice/support for carers	11	10.7%
Mental Health	10	9.7%
Financial Help	7	6.8%
Mobility Assistance	7	6.8%
Counselling	5	4.9%
Jobs Clubs	5	4.9%

Table 4: Services provided in East Dunbartonshire by voluntary sector organisations.

Forty three percent of the TSOs reported that their services gave continuous or as required support, while 15.7% gave support only during the working week and 13% only gave support in the evenings or weekends. In terms of financial support received, of the East Dunbartonshire TSOs 14.3% received support from a combination of sources, formal state or region institutions were cited by 38.7% as a source of support and other third sector organisations were cited by 35.4%.

As shown in Figure 11, in terms of the TSOs financial support, 43.3% reported that they attained financial support through their own means – for instance, by fundraising, charging membership fees and other income generating activities, A further 26.7% stated that they received support from the local authority. A further 20% stated they were funded through grants and 10% stated the Scottish government provided funding.

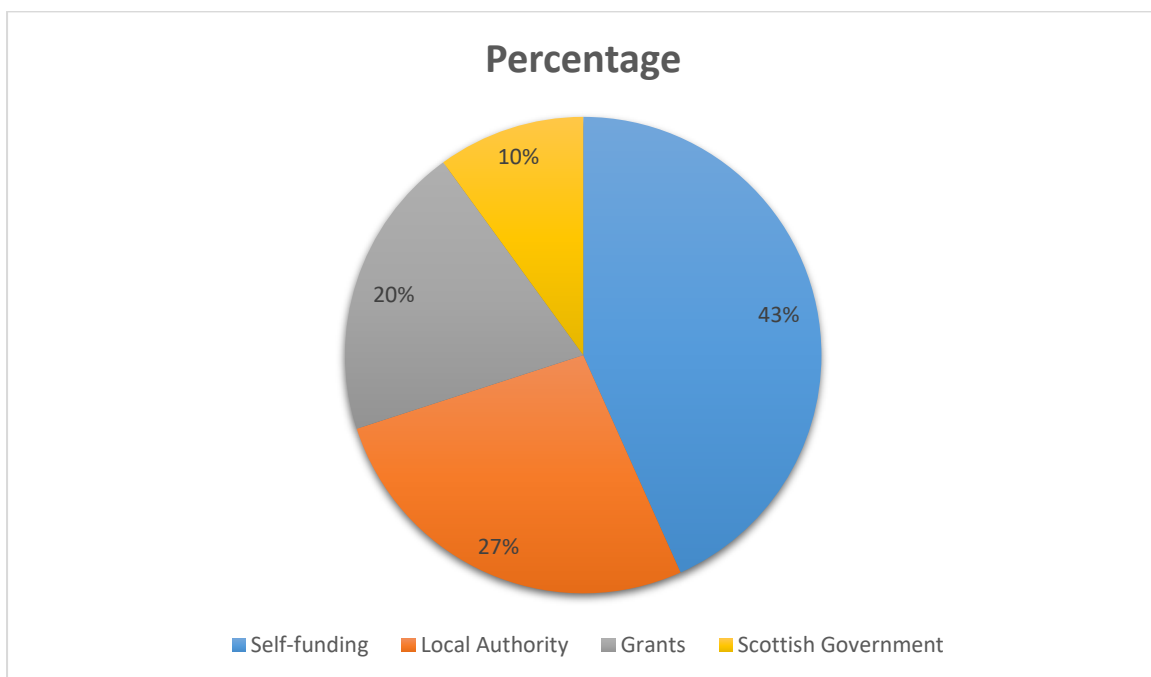


Figure 11: Funding Sources

Within the survey organisations were asked to rate their effectiveness in achieving their goals, rated for 0 (not at all effective) to 10 (very effective). The survey found that 85.7% of the TSOs scored themselves 7 or more out of 10 on achieving their goals. In addition, 95% rated their impact on clients to be 7 or more out of 10.

The survey found that the TSOs provided services for everyone, regardless of gender. Of the TSOs surveyed, 10% provided services women-only services and 6% only provided services for men. In terms of age, 57.7% provided services to any age. A further 12.7% provided services only to those over 65yrs and 14% provided services only to children and young people. Fifty percent of those surveyed provided services for children. Generally, the services provided are aimed at any economic group, but the survey indicated that a small percentage of groups are aimed at supporting those

unable to work (12.5%). 46.5% of TSOs surveyed reported that they provided services for carers

Contribution to National Health and Wellbeing Outcomes

Participants were asked about how they viewed their contribution to the nine National Health and Wellbeing Outcomes. The contribution of TSOs to Health and Wellbeing Outcomes in East Dunbartonshire is summarised in Table 5. For the organisations surveyed, almost two-thirds felt that their services contributed to the “People are able to look after and improve their own health and wellbeing” objective. All the objectives had at least a third of the TSOs reporting a contribution.

Contribution to National Health & Wellbeing Outcomes	%
People are able to look after and improve their own health and wellbeing and live in good health for longer	63.0%
People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community	43.4%
People who use health and social care services have positive experiences of those services, and have their dignity respected	49.1%
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services	54.9%
Health and social care services contribute to reducing health inequalities	53.9%
People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being	38.0%
People using health and social care services are safe from harm	43.1%
People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide	40.4%
Resources are used effectively and efficiently in the provision of health and social care.	40.0%

Table 5: ED TSOs Contribution to National Health & Wellbeing Outcomes

Social Network Analysis of Inter- Organisational Communication

From the questions asking to indicate which other organisations the TSO responding was connected to – the completion rate was disappointing with only 25 organisations reporting. In total 73 organisations were listed and 139 ties (connections) were recorded. The sociogram of interconnections in East Dunbartonshire is illustrated in Figure 12. This shows a fairly well connected network, which is reasonably dense. The most central node is East Dunbartonshire Voluntary Action (EDVA): centrality is indicated by the size of the node. The local council, The Caldwell Halls Trust, Baldernock Community Council and Kirkintilloch Voluntary Action also have a high degree of centrality. The NHS and police have important bridging roles to link up the network.

There are three peripheral groups, one is centred on East Dunbartonshire Arts Council and is mainly composed of art, writing and music organisations. The composition of the other two seems to be more varied and less cohesive.

- Redbrae Athletic
- Westerton MaleVoice Choir
- Diabetic
- Campsie Memorial Hall Trust
- Woodhill Evangelical Church
- Girlaidina Dunbartonshire
- Christians Against Poverty Jobclub
- Milngavie in Bloom

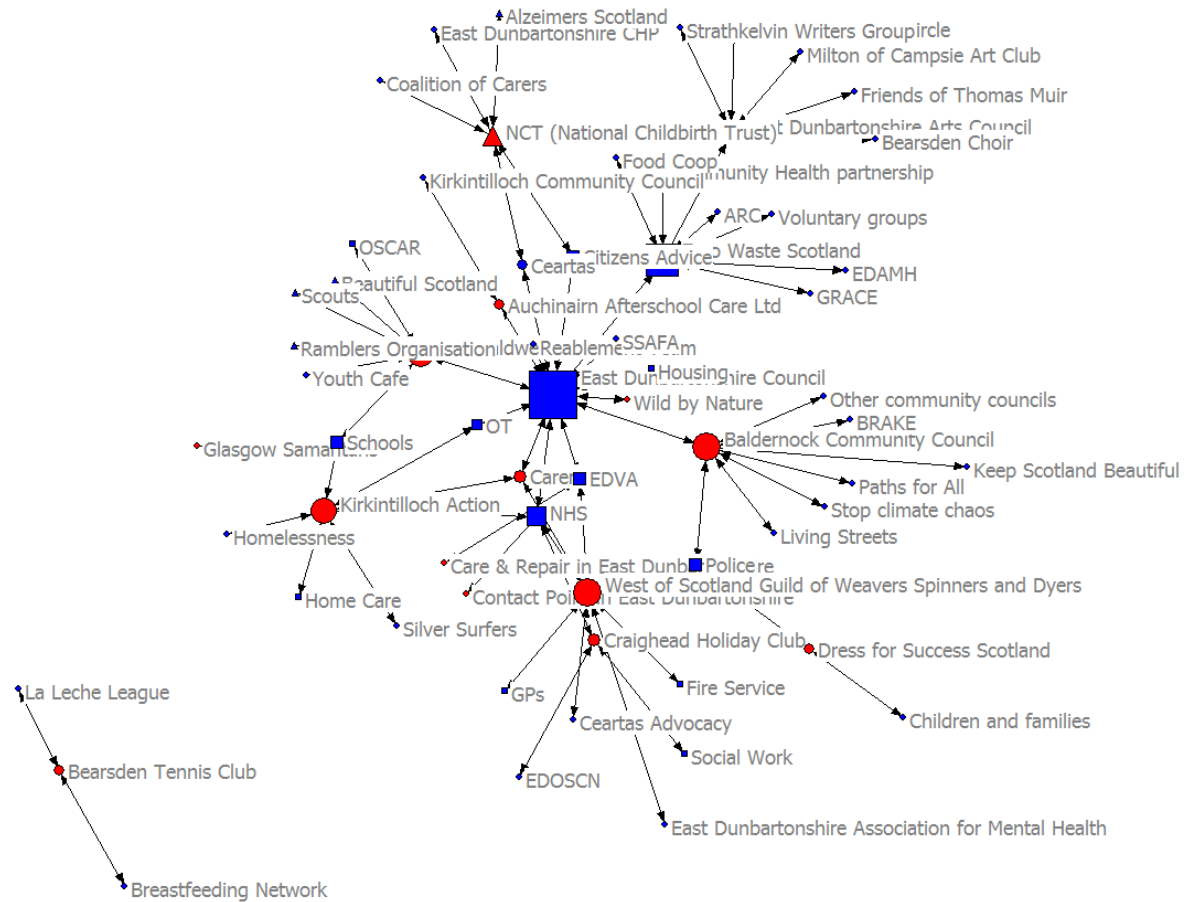


Figure 12: Sociogram of connectedness of TSOs in East Dunbartonshire (blue nodes are responders and red nodes are alters referred to).

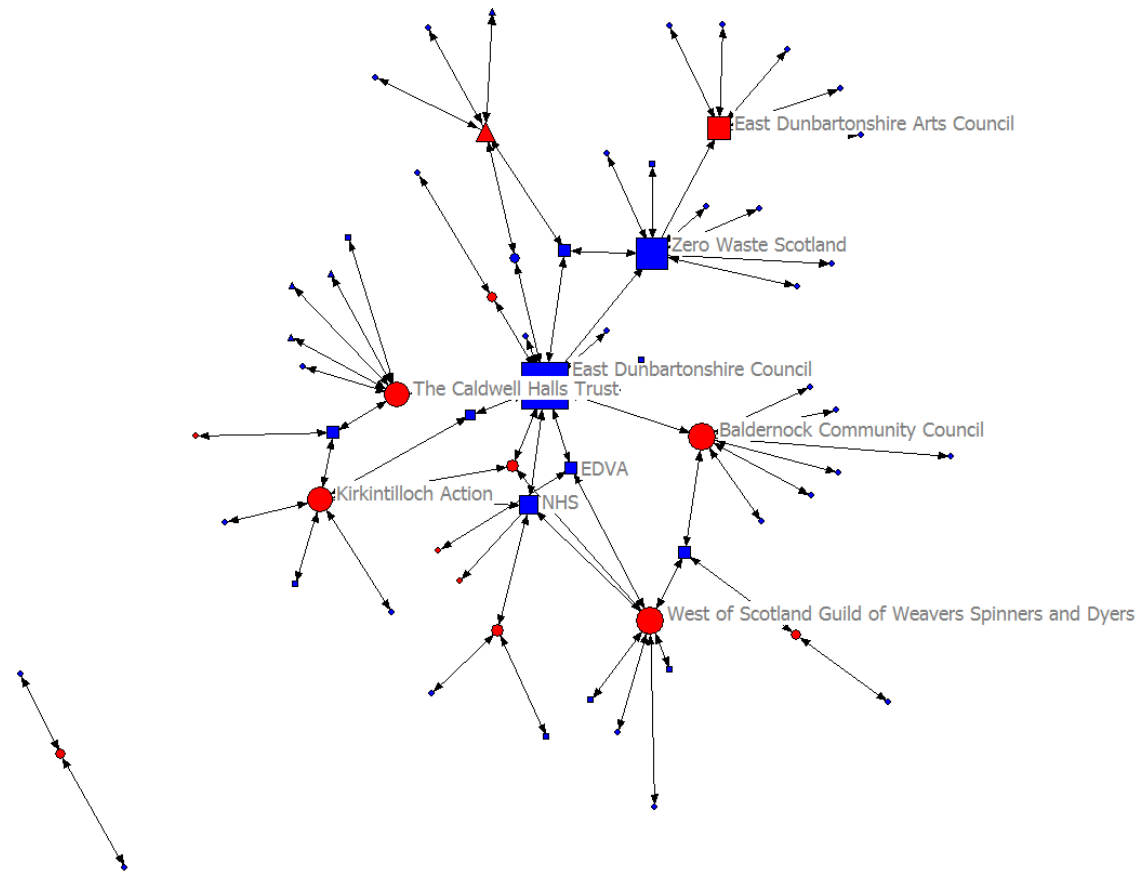


Figure 13: Sociogram of connectedness of TSOs in East Dunbartonshire (red nodes are responders and blue nodes are alters referred to. Labels only shown on key nodes.

The results of the Social Network Analysis for the East Dunbartonshire area are displayed in Figure 12 and Figure 13 above. From Figure 12 it is clear that East Dunbartonshire Council has a central position in the network and emerges as a vital co-ordinating hub as does Zero Waste Scotland. Directly linked to EDVA are other hubs notably the local authority, the NHS, National Childbirth Trust and the Caldwell Trust. Some local areas have their own network such as Kirkintilloch of which Kirkintilloch Voluntary Action is a powerful hub, and Baldernock Community Council provides a similar function. There are eight organisations appearing as isolates who did not report any connections.

The most central and hence key organisations in the network are:

<u>Organisations</u>	<u>Normalised Centrality Score</u>
East Dunbartonshire Council	10.516
West of Scotland Guild of Weavers	9.127
Zero Waste Scotland	8.929
National Childbirth Trust	4.960
NHS	3.770
The Caldwell Halls Trust	3.571
Baldernock Community Council	3.373
Kirkintilloch Action	3.373
East Dunbartonshire Arts Council	3.175
EDVA	2.778

Table 6: Centrality Measurement for East Dunbartonshire

Conclusion

From the study of East Dunbartonshire the method of data collection does seem to work, however to map assets more information requires to be collected such as services offered and assets held and if these assets can be shared. Thus, the questionnaire had to be extended.

Generally, it seems that the population of East Dunbartonshire is fairly well provided for and, through the Social Network Analysis, it is clear that third sector organisations are connected, but often through central actors such as community councils, EDVA, East Dunbartonshire Council and Zero Waste Scotland. The NHS and police are important bridges, which link parts of the network and make the network more cohesive.

Findings: Falkirk

The following sections will outline the findings of the survey of the Falkirk area. The findings are reported in five sections; an overview of demand through macro analysis of the 2011 Census and Nomis, analysis of data held in Milo for Falkirk, the findings of the survey into Falkirk, the contribution to the National Health and Wellbeing Outcomes found, and a Social Network Analysis of inter-organisational communication in Falkirk

	Bo'ness	Grangemouth	Larbert	Bonnybridge	Denny	Stenhousemuir	Polmont	Falkirk town	Falkirk council	Scotland
Total resident population	14868	22870	19689	5133	7933	10049	5322	35398	155990	5295403
- % 0-4 years old	6.2	5.8	7.2	5.7	6.3	5.5	4.7	5.9	6	5.5
- % 5-15 years old	11.4	10.7	14.6	13	12.7	12.1	9.8	11.2	12.2	11.8
- % 60-74 years old	17.3	16.2	13.1	14	15.4	16.4	18.6	15.4	15.5	15.5
- % 75 and over	6.9	9	6	8	6.3	7.2	8.6	8.7	7.2	7.7
- % Females	51	52	50.9	51.4	51	52.4	51.3	51.1	51.2	51.5
All persons aged 16-74	11235	12932	6601	3762	5924	7563	4094	26258	116368	3970530
Economically active: % Unemployed	4.7	7.2	2.7	5.3	6.5	4.0	3.1	5.7	5.1	4.8
Economically inactive: % Looking after home/family	3.3	3.4	3.0	3.6	4.0	2.7	2.2	3.3	3.3	3.6
Economically inactive: % Long-term sick or disabled	4.8	6.2	3.8	5.7	5.7	4.6	2.5	6.0	5.1	5.1
All persons aged 16-74 who were unemployed (excluding full-time students)	523	929	178	198	388	299	128	1508	5953	189414
- % aged 16-24	29.4	32.2	30.9	31.8	33.5	36.8	21.9	29.3	31.1	30.2
- % aged 50-74	14.1	15.7	17.4	16.7	16	19.1	31.3	17.6	18.3	18.4
- % Last worked in 2010 to 2011	48.8	48.5	45.5	50	43.6	53.5	60.9	43.9	47.7	47.4
Average age of a person with good or very good health	36.3	36.1	34.5	35.4	34.4	37	40.3	36.1	35.8	36.2
Average age of a person with a limiting long term illness	59.3	59.9	58.1	60.2	57	58.4	63.6	60	58.9	59.2
Percentage of economically inactive people aged 16 to 74 who are long-term sick or disabled	16.4	20.1	15.2	20.2	19	15.9	9	20	17.6	16.6
- % With one or more long-term health conditions	30.1	33.3	26	30.7	30.4	30.6	28.6	31.8	30.1	29.9
Total number of households (with residents)	6692	8474	3626	2175	3462	4369	2353	16819	68732	2372777
- % Owned	63.2	57.3	78.3	64.2	59.6	68.3	86.2	56.8	64.7	62
- % One person household - Aged 65 or over - pensioner	12.2	15.6	8.8	12.2	12.2	14	10.8	14.9	12.5	13.1
- % Lone parent household - with dependent children	7	7.8	5.1	7.4	8.9	7.2	3.2	7.1	7.2	7.2

Table 7: Demographic profile for towns in Falkirk from 2011 Census data

Demand

The demographic profile of the Falkirk area can be seen in Table 7. The following pages will examine in detail how the area compares with the rest of Scotland.

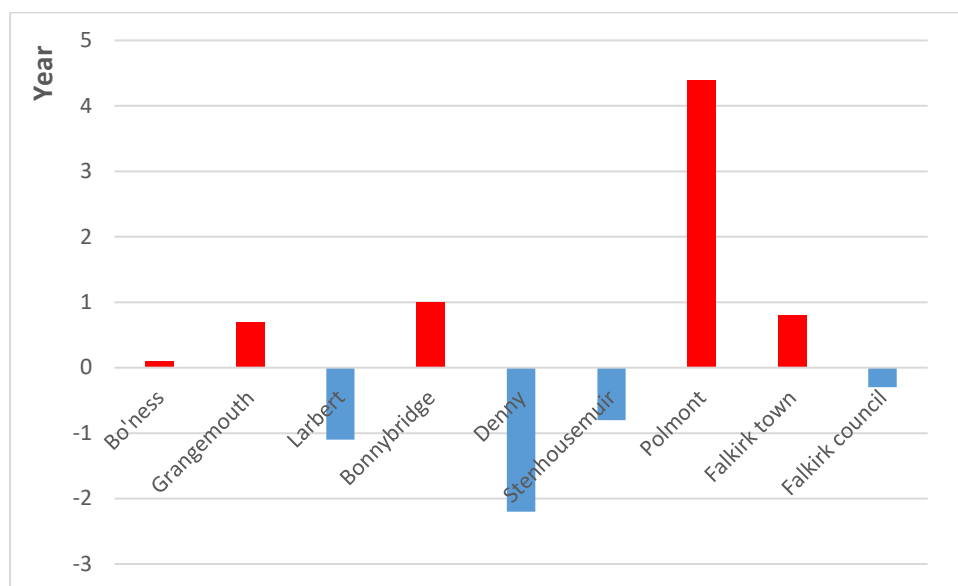


Figure 14: Deviation from Scottish average age of a person with a limiting long-term illness

From Figure 32 it can be seen that the Falkirk area is generally representative of the population of the Scotland in terms of the average age of people with limiting long-term illness. There are differences within the area, with the statistics showing that Polmont has a significantly larger proportion of people with a long-term illness at an older age. This contrasts with the wider area, which has a population that are slightly younger than the Scottish average when experiencing a limiting condition.

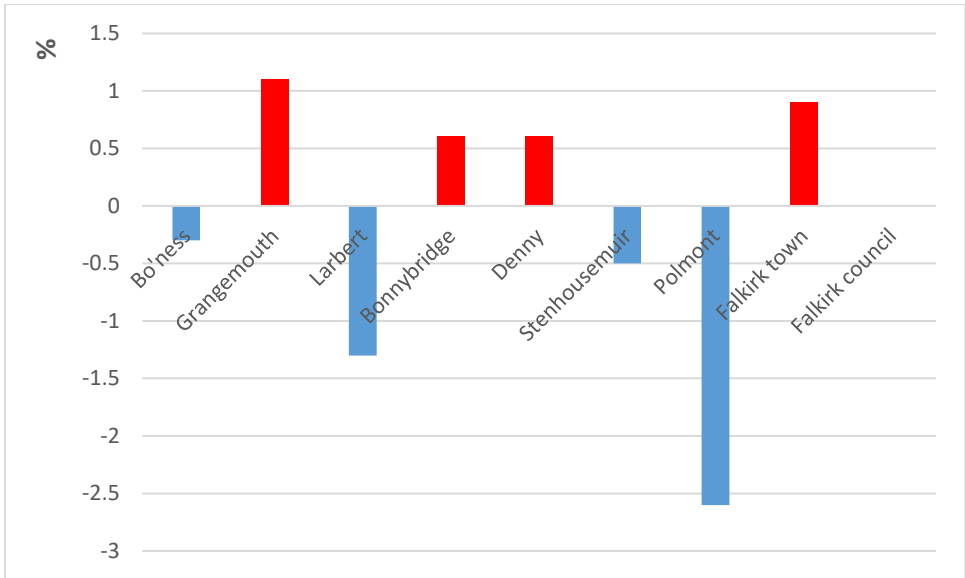


Figure 15: Deviation from Scottish average economically inactive rate: percentage permanently sick/disabled

As shown in Figure 15, the Falkirk Council area is representative of the Scottish average, with similar proportions of permanently sick or disabled, economically inactive individuals. Again, variations are noticeable within the area with lower numbers noted in Bo'ness, Larbert and Stenhousemuir and a significantly lower number in Polmont. The percentage unemployed is reflective of these trends, as shown in Figure 16, which shows that the Falkirk area has a slightly larger percentage unemployed but that similar variations exist as in Figure 15.

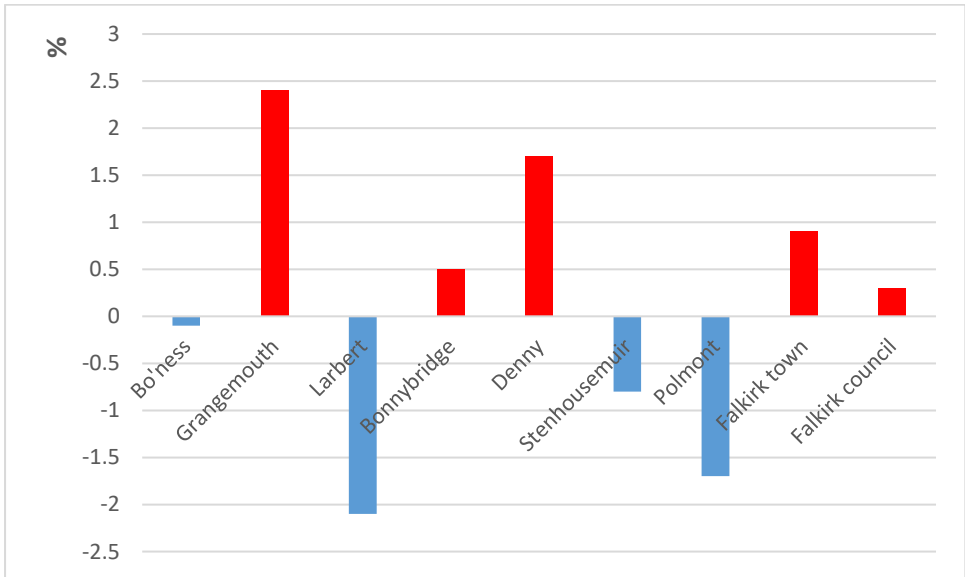


Figure 16: Deviation from Scottish average economically active rate: percentage unemployed

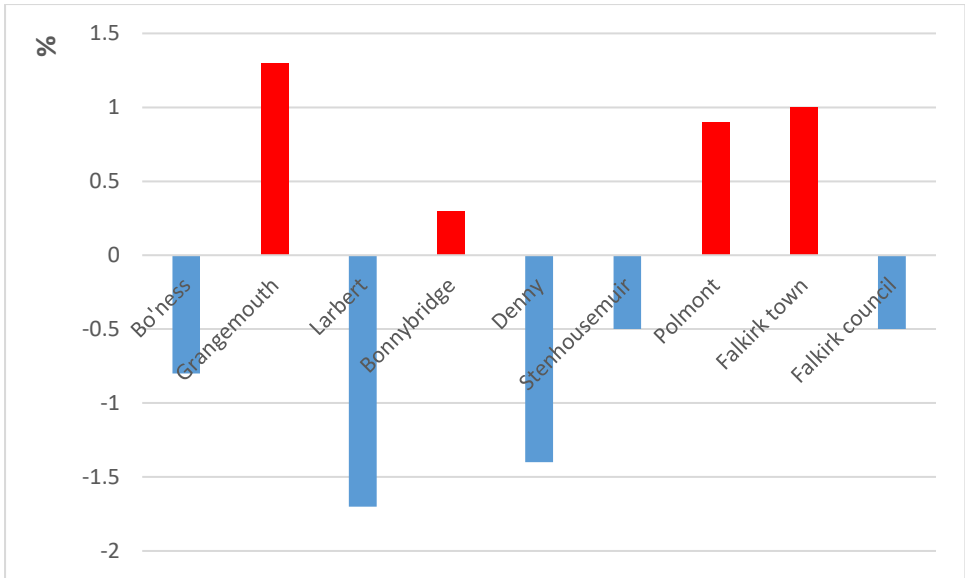


Figure 17: Deviation from Scottish average percentage 75 years old and over

Falkirk can be seen to have a great deal of variation in terms of the proportion of older people. The overall council area has a slightly younger population than the Scottish average, yet there is a great deal of variation with towns like Falkirk, Polmont and Grangemouth showing larger proportions of over 75 year olds. In addition, the statistics show that there is less isolation within the area, with a slightly smaller proportion of one-person households for pensioners. Again, this varies slightly within the different areas of the authority.

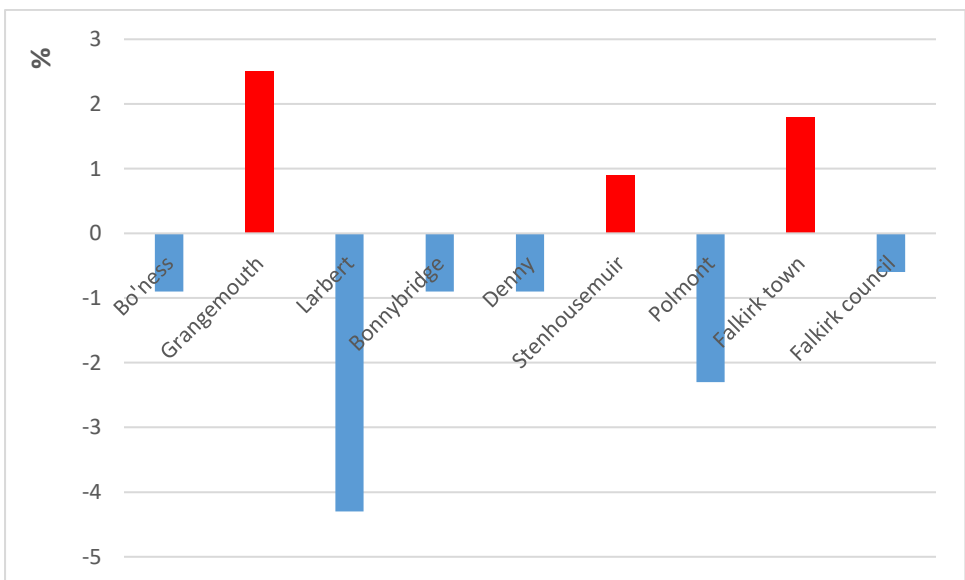


Figure 18: Deviation from Scottish average percentage of one-person households - pensioner

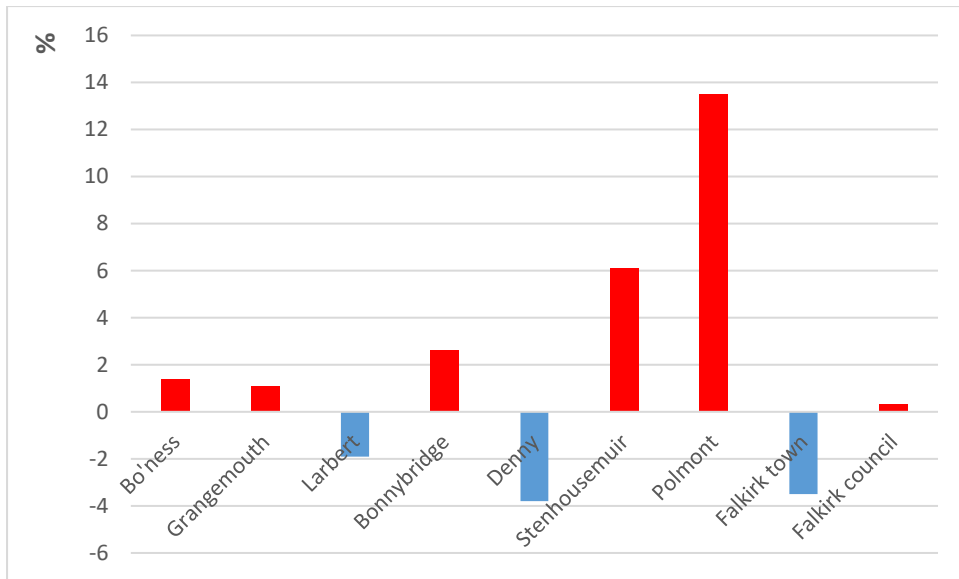


Figure 19: Deviation from Scottish average percentage: last worked in 2011

To summarise, Falkirk would seem to be generally representative of the population of Scotland. Shown throughout this analysis is that Falkirk is slightly more affluent as measured by home ownership and has a slightly younger population. However, the inactive population is proportionately larger than the rest of Scotland.

Supply of Services: Analysis of Milo

Geographic Reach:

The geographical reach of third sector organisations responding from Falkirk is illustrated in Figure 20

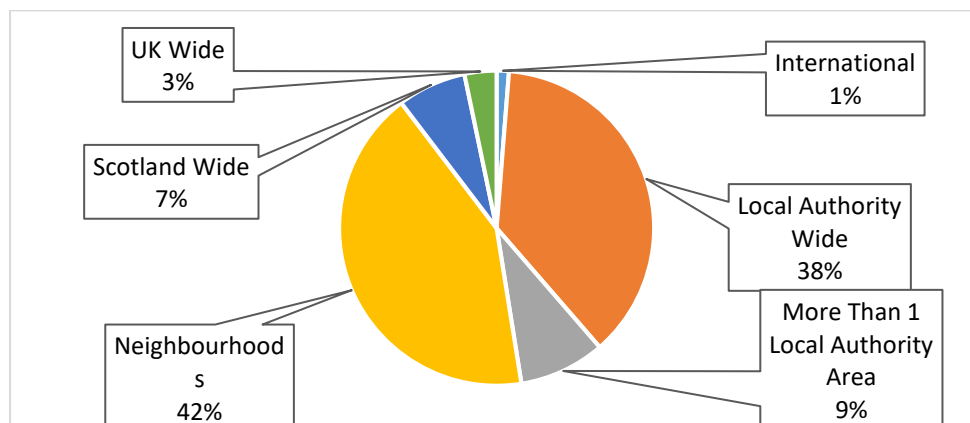


Figure 20: Geographic reach TSOs in Falkirk

There were 648 services recorded as being offered by the TSOs in Falkirk and the frequency of provision is tabulated in Table 8. The most frequently reported services within the survey are services for older people, advice and information, services to young people, education/learning and training and health. These accounted for 30% of services provided in Falkirk.

Service offered	Number of TSOs	%	Service offered	Number of TSOs	%
Older People	47	7.3%	Women	13	2.0%
Advice / Information	42	6.5%	Environment / Recycling	11	1.7%
Young People	41	6.3%	Faith / Religion / Belief	10	1.5%
Education / Learning / Training	33	5.1%	Poverty	10	1.5%
Health	33	5.1%	Counselling	9	1.4%
Community Development	28	4.3%	Employment	9	1.4%
Volunteering	28	4.3%	Campaigning / Lobbying	8	1.2%
Sport / Leisure / Recreation	26	4.0%	Carers	8	1.2%
Children Services	23	3.5%	Equality	8	1.2%
Family Support	21	3.2%	Offenders / Ex-Offenders	8	1.2%
Mental Health	21	3.2%	Social Economy / Social Enterprise	8	1.2%
Learning Disability	18	2.8%	Men	7	1.1%
Fundraising / Funding	16	2.5%	Sensory Impairment	7	1.1%
Advocacy	15	2.3%	Addictions	6	0.9%
Befriending / Mentoring	14	2.2%	Black / Minority Ethnic	6	0.9%
Community Facilities	14	2.2%	Housing Association	6	0.9%
Physical Disability	14	2.2%	Drug / Alcohol Issues	5	0.8%
Self Help / Support	14	2.2%	Housing / Homelessness	5	0.8%
Social Care	14	2.2%	Community Transport	4	0.6%
Arts And Culture	13	2.0%	Other	25	3.9%

Table 8: Services offered by TSOs in Falkirk

The clients receiving these services are summarised in Table 9. The main client groups are young people (aged 12 to 25 years), children (aged 0 to 11 years), those suffering with mental health, physical disability, elderly and those undertaking sport or outdoor activity. These cases account for 36.4% of all clients.

Client Group	Number of TSOs providing Service	%	Client Group	Number of TSOs providing Service	%
Young People (12-25)	33	9.9%	Ethnic Minorities	6	1.8%
Children (0-11)	21	6.3%	Homelessness/Housing	6	1.8%
Mental Health	18	5.4%	Human/Civil Rights/Justice	6	1.8%
Physical Disability	17	5.1%	Tackling Unemployment	6	1.8%
Elderly	16	4.8%	Anti-Poverty	5	1.5%
Sport/Outdoor Activity	16	4.8%	Museums/Galleries/Heritage	5	1.5%
Families	15	4.5%	Crime And Safety	4	1.2%
Older People	15	4.5%	People With Ill Health	4	1.2%
Health/Hospitals/Hospices	14	4.2%	Sensory Impairment	4	1.2%
Learning Disabilities	14	4.2%	Disaster/Emergency	3	0.9%
Environment	13	3.9%	Gender/Sexuality	3	0.9%
Women's Groups	12	3.6%	Overseas Aid/Developing World	3	0.9%
Education/Literacy	10	3.0%	Refugees/Asylum Seekers	2	0.6%
Carers	9	2.7%	Religious/Faith	2	0.6%
Arts (Music, Drama, Craft)	8	2.4%	Victims Of Domestic Abuse	2	0.6%
Offenders And Ex-Offenders	8	2.4%	General Public	1	0.3%
Volunteers	8	2.4%	Leaving/In Care	1	0.3%
Men's Groups	7	2.1%	Low Income Households	1	0.3%
Animals	6	1.8%	Parents	1	0.3%
Drugs/Alcohol	6	1.8%	Unemployed	1	0.3%

Table 9: The profile of clients in Falkirk

Falkirk Survey

Following the removal of duplicates and 'cleaning' of the data, there were 57 useable responses. The resulting response rate was 16.8% from the 340 organisations surveyed through Milo.

Service Provision

The profile of the rationality of provision by the sample is presented in Figure 21.

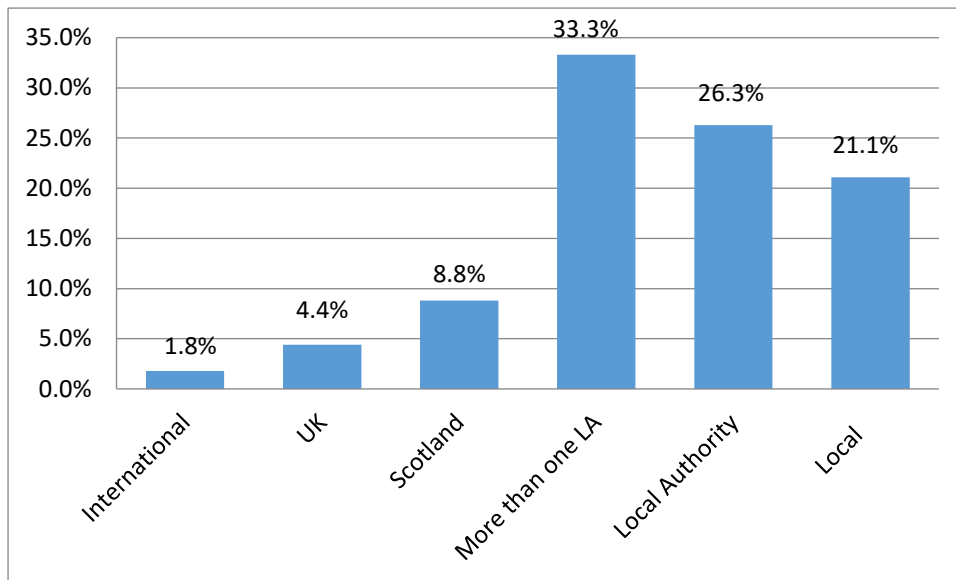


Figure 21: Provision by region

It is no surprise that the majority of provision is within the Falkirk region and contiguous regions. Only 15% of organisations operate in wider Scotland or further. The closely interlinked nature of the Falkirk area with regions – particularly with West Lothian and Edinburgh Councils – perhaps explains the high proportion of organisations operating in more than one local authority.

The type of services provided these are shown in Figure 22.

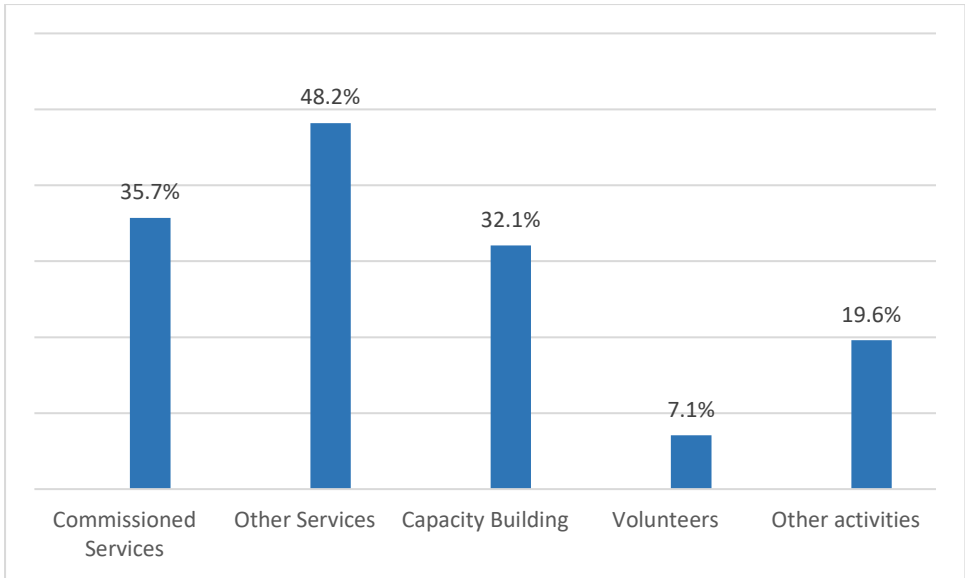


Figure 22: Type of Service provision (Falkirk)

In terms of accessibility most third sector organisations are at least partially wheel chair accessible (92.9%), and 46.4% have accessible car parking and 71.4% have accessible toilets.

The survey within Falkirk has a more nuanced question regarding the amount of people provided services with the differences within 100-500 examined in detail than in the pilot survey. The number of people that are supported or receive a service is presented in Figure 23 and it is clear most provide for more than 200 people. Reflective of the statistics noted in East Dunbartonshire, around one third provide services to 100 or less people. Differences can be seen for instance in the larger service providers, with 25% of Falkirk’s TSOs offering services to over 500 people in contrast to 46% in East Dunbartonshire.

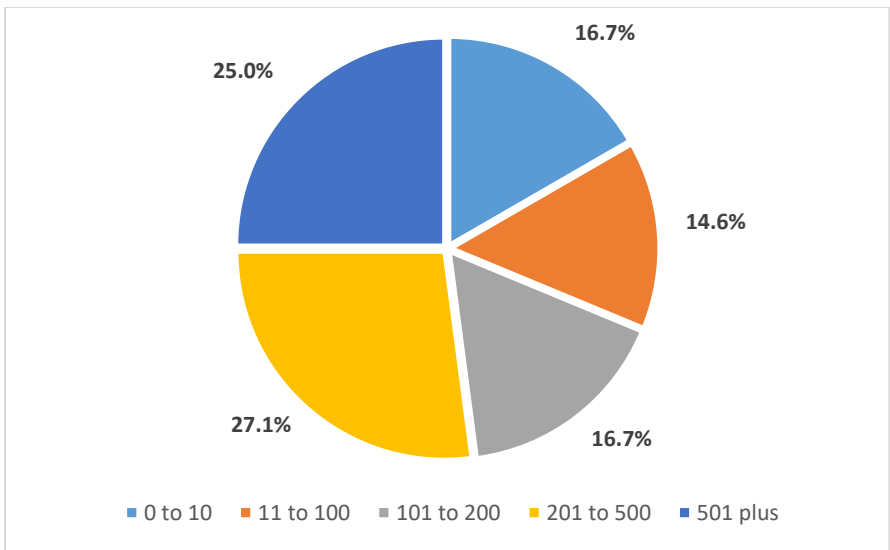


Figure 23: Number of people supported

The types of people who are provided for is illustrated in Figure 24.

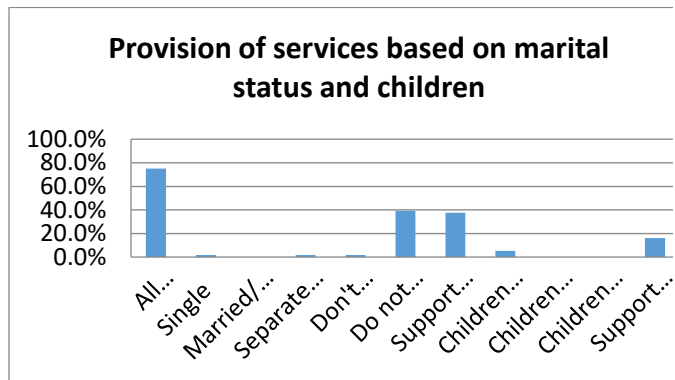
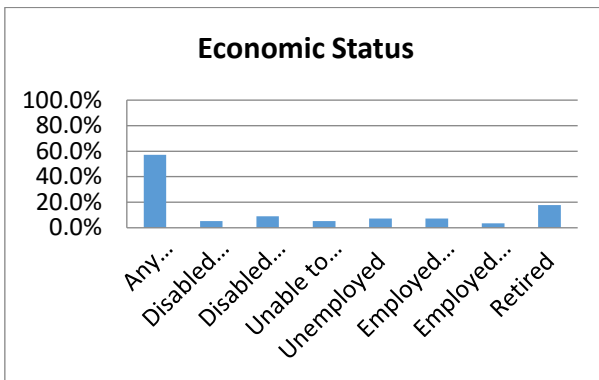
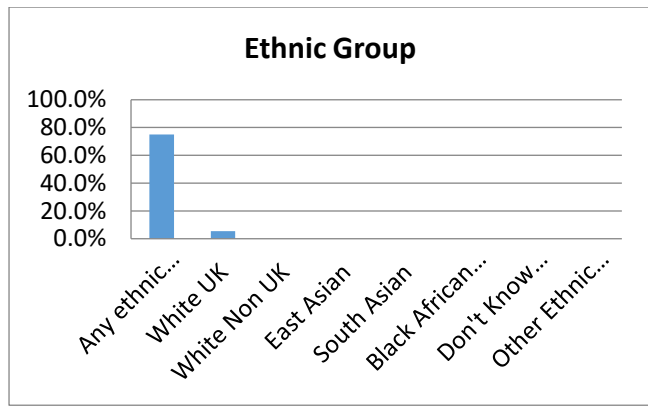
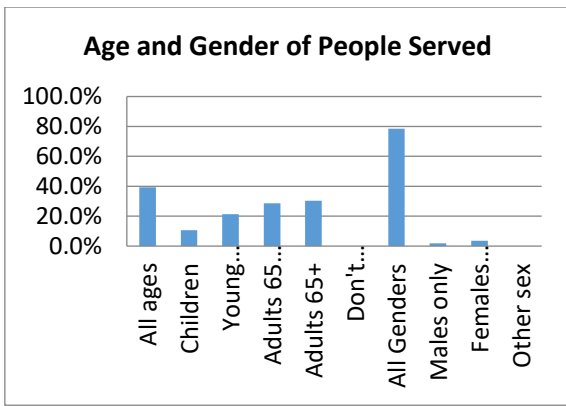


Figure 24: People served by third sector organisations in Falkirk

In terms of the services provided, these are summarised in Figure 25. Within the Falkirk area, service provision is highest to support volunteering, giving advice and information, services for older people, and training. Over a third of the organisations surveyed provide services for these groups. A fifth of the organisations also provide services for younger people, fundraising, health, mental health and children’s services.

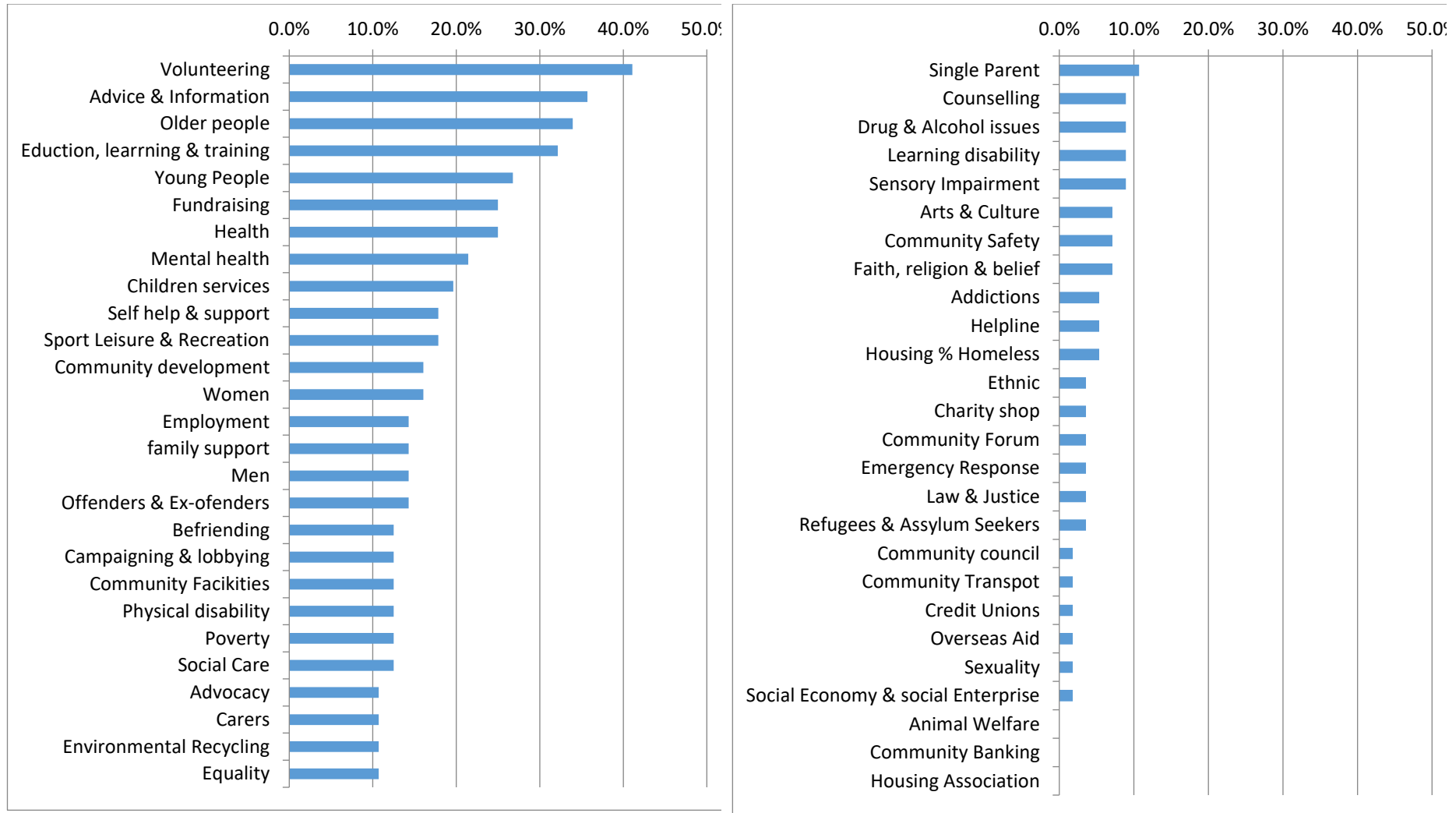


Figure 25: Services provided in Falkirk Area

The organisations were asked how effective they considered themselves to be on a scale of 0 not at all effective to 10 very effective. The mean reported score was 7.1. 66.1% of third sector organisations reported soliciting formal performance feedback and 73.2% reported getting informal feedback on performance. In terms of the organisations themselves, 80% of third sector organisations report as having governance arrangements – such as a board of directors, trustees or an executive committee.

For an asset-mapping exercise, the importance of the survey was to uncover the intangible assets that the TSOs possess. To this end, the skills that the providers in Falkirk reported are shown in Figure 26, which displays the measure of skill on a scale of no skill (0) to very skilled (4). The skill levels are highest for health and care, education, technical & practical, volunteering and information provision.

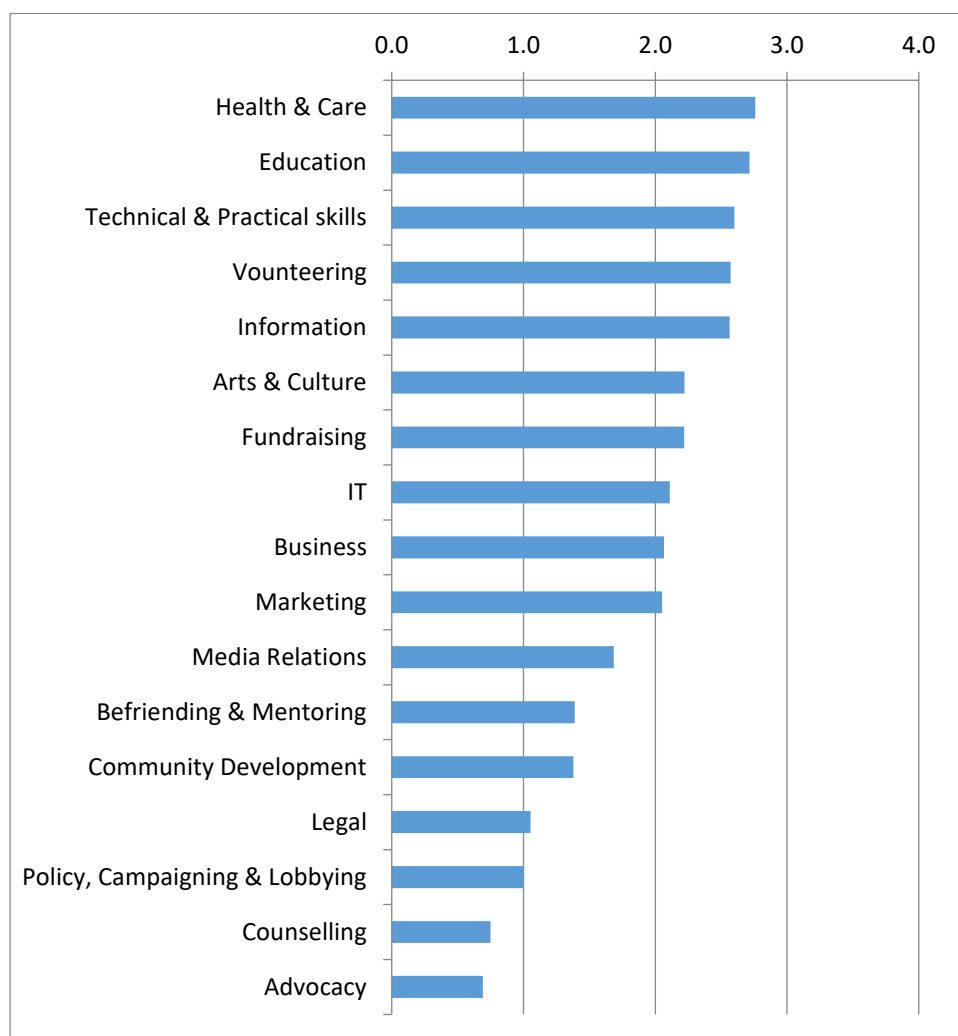


Figure 26: Skills of third sector organisation in Falkirk

Physical assets

With regard to physical assets, the survey reported that 5.4% of organisations who completed the survey own their buildings and do not rent, 54.6% rent their premises

and 7.1% both own and rent, leaving 23% neither not reporting, or having other arrangements such as non-rent access to others premises.

	Offices	Training Rooms	Meeting Rooms	Halls	Workshops
Number owned	0.54	0.71	1.53	0.47	0.60
% stating asset could be shared	33.0	47.0	56.0	14.0	11.0
% Renting	26.8	30.6	53.6	0	0

Table 10: Summary of Physical Assets (Falkirk TSOs)

7.1% of reporting organisations report owning their own land, 25.0% have access to transport and 51.8% have equipment available.

Finance

The mean income of the third sector organisations surveyed in Falkirk is £160,650 per annum and their expenditure is £135,076 per annum. Within the survey there is a great deal of variation, the range of income reported by the TSOs had a minimum to maximum range of £894,554 and the range of expenditure from minimum to maximum was £675,475.

The proportion of funding obtained from different sources is displayed in Figure 27.

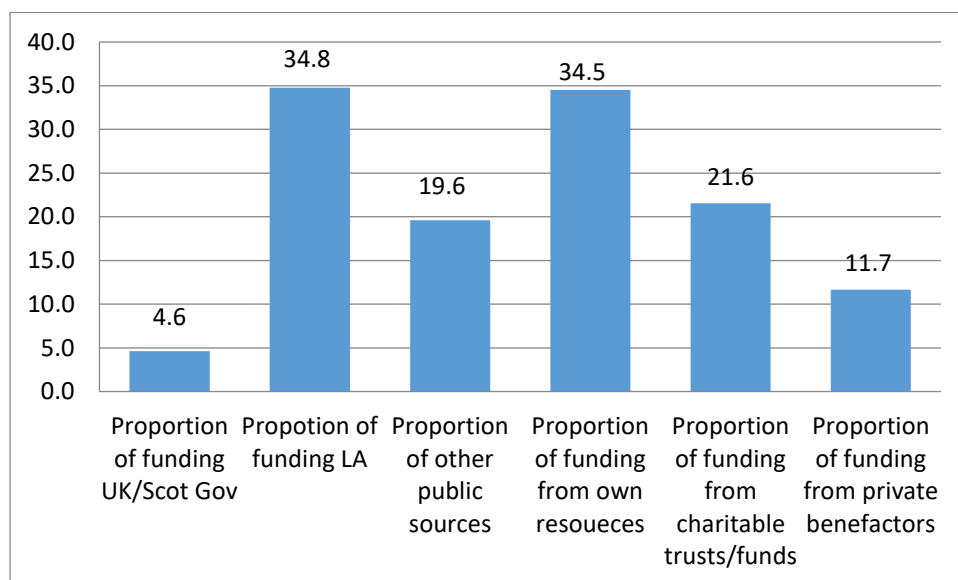


Figure 27: Percentage of funding from different bodies

Contribution to National Health and Wellbeing Outcomes

60.7% of responding organisations were aware of national health outcomes. Precisely half of the organisations viewing their activities as contributing to the “People are able to look after and improve their own health and wellbeing” objective. A further six of the objectives were contributed to by around 20-25% of the TSOs.

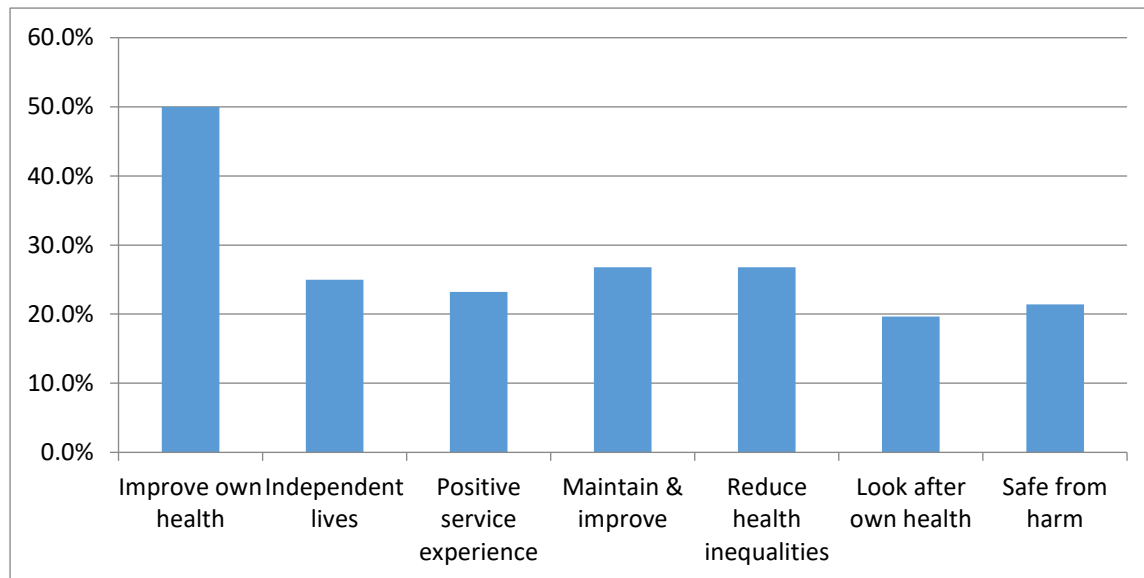


Figure 29: Percentage Contribution to National Health and Wellbeing Outcomes

Strength of Contacts and Social Network Analysis

The key concern of the research project is on how the TSOs are able to communicate and share resources. Participants were asked to fill out the survey and offered to rate their connections to Scottish Government, Local Authorities, NHS, Social work, spiritual/religious centres, other TSOs, and funders. The respondents were asked to score on a scale from 0 (weak) to 4 (strong) on their strength of connections with various bodies. The mean level of connection strength is shown in Figure 28.

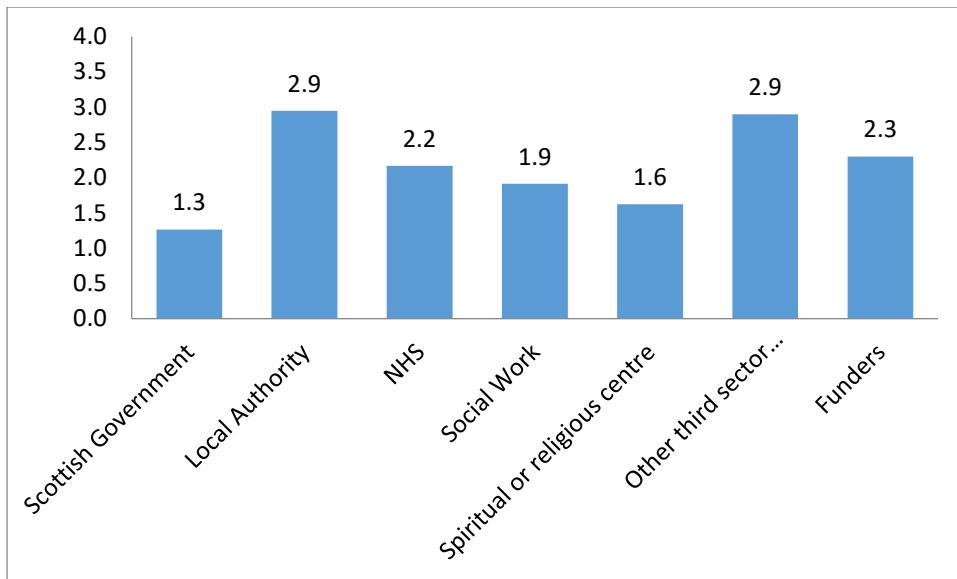


Figure 28: Mean reported strength of contact

In addition, the participants were asked to list five of the organisations they are closest linked to and to explain the nature of the connection. In total 139 organisations were reported. Displayed within Figure 29, Figure 30 and Figure 31 are the results of the Social Network Analysis for the Falkirk area. As would be expected, from Figure 29, the organisations with the greatest connection to most of the TSOs were Falkirk Council, CVS Falkirk, NHS and Social Work.

Health and social care organisations dominated the secondary level analysis with advocacy groups, addiction support groups and the local foodbank figuring high in the secondary connections (see Figure 30).

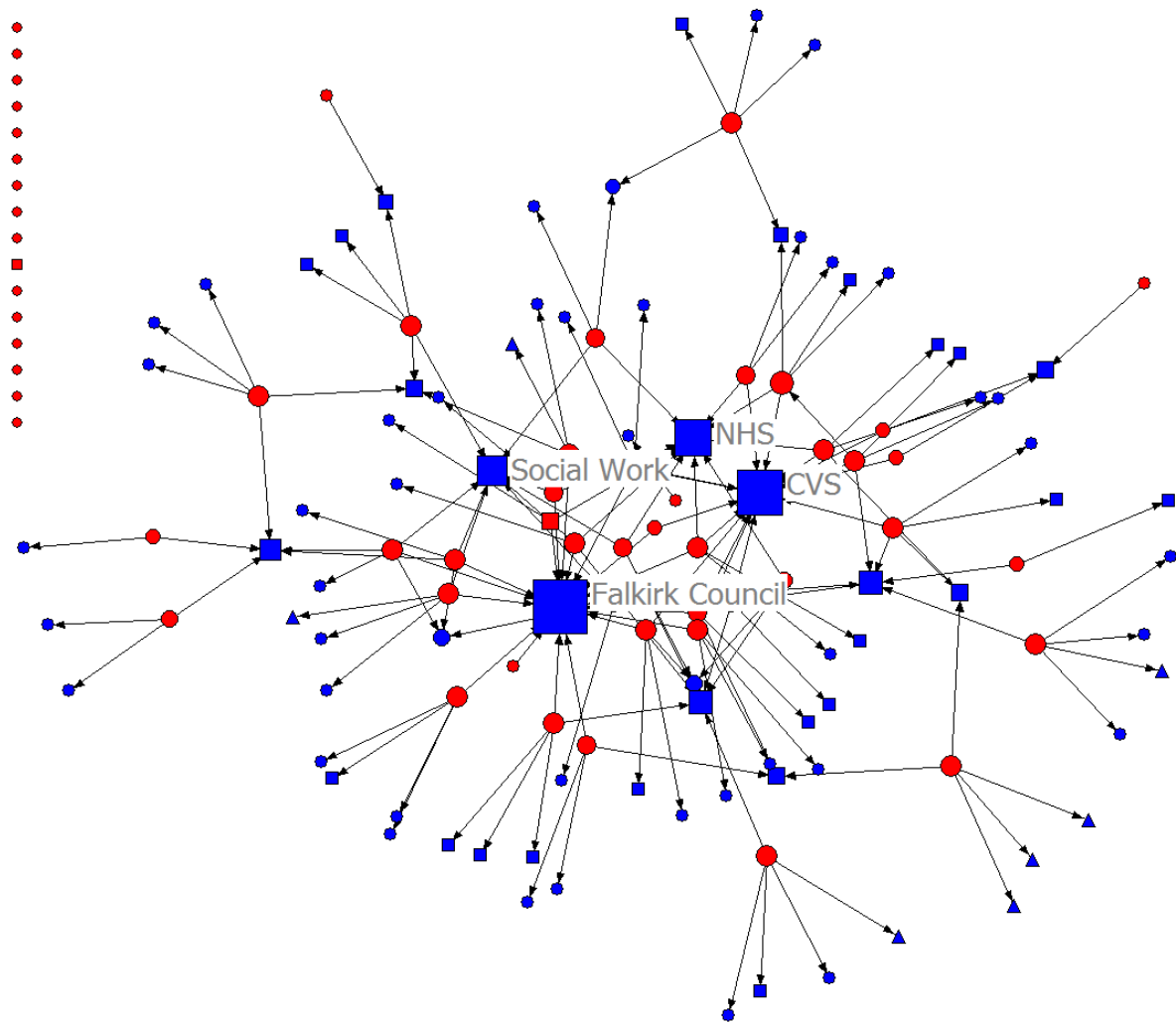


Figure 29: Strongest connections in Falkirk Social Network

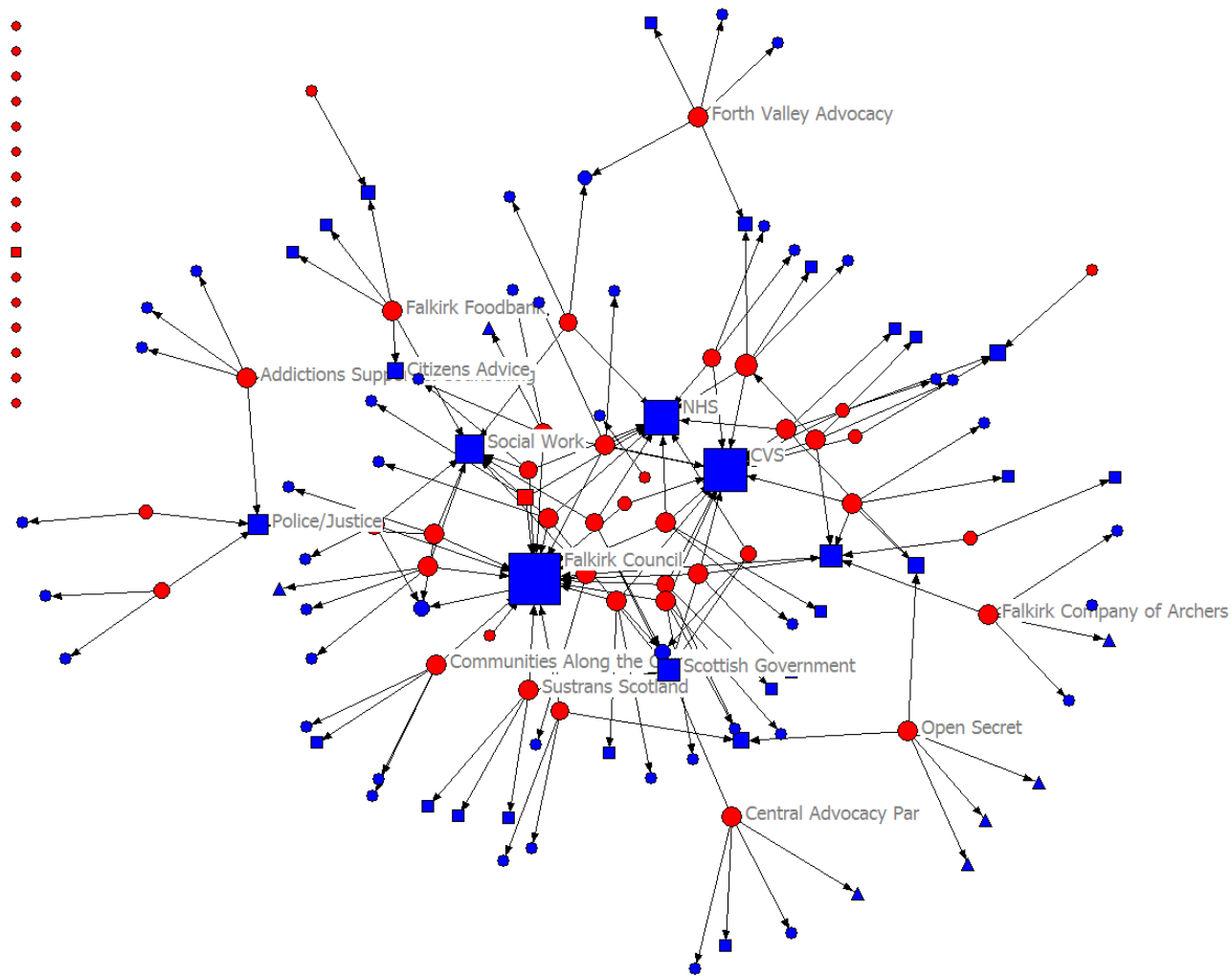


Figure 30: Secondary Connections in Falkirk Social Network

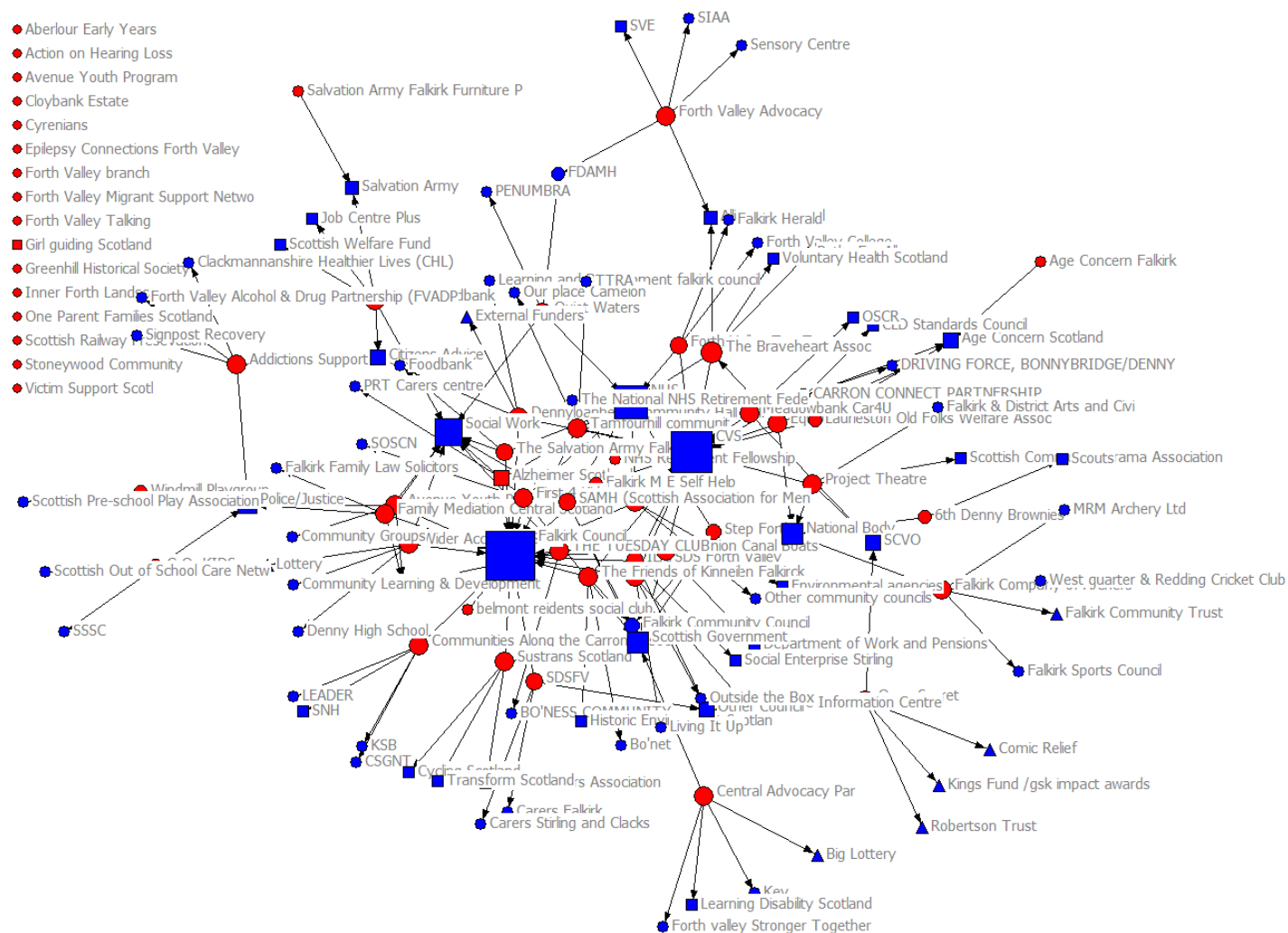


Figure 31: Complete Falkirk Social Network Analysis

The networks had a high degree of centralisation at 13.1% suggesting cohesive networks. The most central organisations were Falkirk Council, CVS, NHS and Social Work with a normalised indegree centrality scores of 13.768 and 10.870, 7.971 and 5.522 respectively. This centrality measure demonstrates that Council and CVS Falkirk are very important hubs within the social network. However, 16 organisations are isolates and did not report any connections.

Conclusions

- In Falkirk TSOs provide services which address the demand in the area and are mainly help with volunteering, giving advice and information, services for older people, training and learning support and services for young people. Physical and mental health service provision is also relatively frequent. The main skills in TSOs in Falkirk are health and care, education and technical and practical skills.
- Physical property assets were mainly owned, although the majority of meeting rooms were rented. 33%, 47% and 56% stated they could share office space, training rooms and meeting rooms respectively.
- Funding for the TSOs was mainly from the local authority or from TSOs own fundraising by charging membership or engaging in fundraising activities.
- 60.7% of the responding TSOs were aware of the national health outcomes and the most frequent contribution to these were in helping to allow people to improve their own health.
- The network of connections amongst TSOs in Falkirk is fairly dense and cohesive, but this is mainly via important hubs of Falkirk Council, CVS, NHS and Social Work

Findings: Aberdeen City

The following section will present the findings of the survey of the Aberdeen City area. As with the previous areas, the report into the Aberdeen City survey is divided into five sections; an overview of demand through macro analysis of the 2011 Census and Nomis, analysis of data held in Milo for Aberdeen City, the findings of the survey into Aberdeen City, the contribution to the National Health and Wellbeing Outcomes found, and a Social Network Analysis of inter-organisational communication in Aberdeen City

	Banchory	Ellon	Fraserburgh	Inverurie	Peterhead	Portlethen	Stonehaven	Turriff	Westhill	Aberdeen	Aberdeenshire	Scotland
Total resident population	7278	10268	13100	12654	18537	7271	11431	5177	10984	222793	252973	5295403
- % 0-4 years old	6.1	6.2	6.1	6.3	6	5.8	5.5	5.7	6	5.2	6	5.5
- % 5-15 years old	13.6	11.4	12	10.9	11.4	12.9	12.8	11.6	14	9.3	12.7	11.8
- % 60-74 years old	15.8	15.3	15.6	14.8	15.4	11.4	16	17.1	13.1	12.9	15.9	15.5
- % 75 and over	8.1	7.8	7.7	8.7	7.7	4.3	7.8	11.4	5	7.1	7.2	7.7
- % Females	50.9	51.4	50.9	51.2	50.3	50.8	51.3	52.1	51.4	50.6	50.5	51.5
All persons aged 16-74	5256	7663	9721	9376	13886	5599	8447	3695	8244	174869	187492	3970530
Economically active: % Unemployed	1.8	2.1	3.8	2.2	4.4	2.0	2.2	2.9	1.8	3.1	2.5	4.8
Economically inactive: % Looking after home/family	5.3	3.6	4.4	3.5	4.1	3.0	4.0	3.8	4.3	3.2	4.2	3.6
Economically inactive: % Long-term sick or disabled	1.6	2.0	5.6	2.4	4.6	1.8	2.6	3.1	1.3	3.4	2.7	5.1
All persons aged 16-74 who were unemployed (excluding full-time students)	92	163	367	210	613	110	183	108	145	5367	4772	189414
- % aged 16-24	31.5	23.3	29.2	33.8	39.3	40.9	35.5	28.7	22.8	29	31.7	30.2
- % aged 50-74	19.6	20.9	13.6	18.6	16.6	21.8	19.1	18.5	20.7	17.7	20.8	18.4
- % Last worked in 2010 to 2011	62	58.3	50.7	57.1	51.4	61.8	60.7	47.2	61.4	54.1	55.6	47.4
Average age of a person with good/very good health	38.4	37.9	35.6	37.4	35.8	34.9	37.7	38.7	36.6	35.4	37.4	36.2
Average age of a person with a limiting long term illness	62.7	61.3	58.8	61.7	59.3	57	62	63.9	58.6	59.3	60.1	59.2
Percentage of economically inactive people aged 16 to 74 who are long-term sick or disabled	6	8.5	18.4	10.7	16.6	10.1	9.9	11.1	5.9	12.9	10.9	16.6
- % With one or more long- term health conditions	26	28.2	29.8	27.1	29.5	22.5	26.4	29.5	21.8	26.5	26.9	29.9
Total number of households (with residents)	2986	4301	5548	5590	8062	2855	4840	2355	4256	103371	104714	2372777
- % Owned	75	80.2	58.2	69.6	61.8	87.2	72.5	69.4	88.8	57.3	72.6	62
- % One person household - Aged 65 or over - pensioner	13.8	12.4	13.4	13.6	12.5	7.1	13.3	19.2	8.8	11.1	11.8	13.1
- % Lone parent household - with dependent children	4.2	4.1	5.6	5.1	6.2	5.6	4.9	4	4.1	4.8	4.5	7.2

Table 11: Demographic profile for towns in Aberdeen from 2011 Census data

Demand

The demographic profile of Aberdeen City can be seen in Table 11. The following pages will examine detail how the area compares to the rest of Scotland.

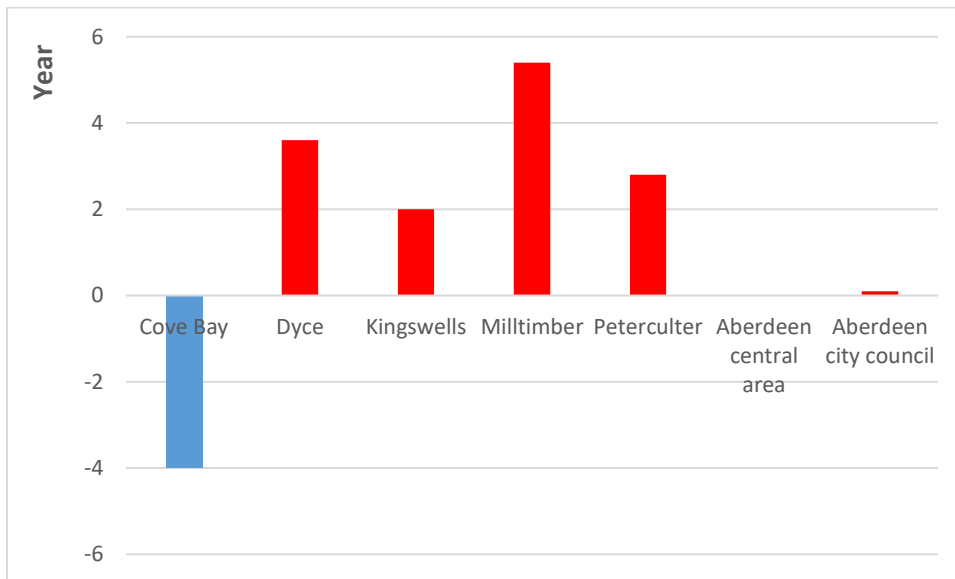


Figure 32: Deviation from Scottish average age of a person with a limiting long-term illness

From Figure 32 it can be seen that in the majority of the areas of Aberdeen City that there is a higher percentage of people with limiting long-term illness than on average in Scotland.

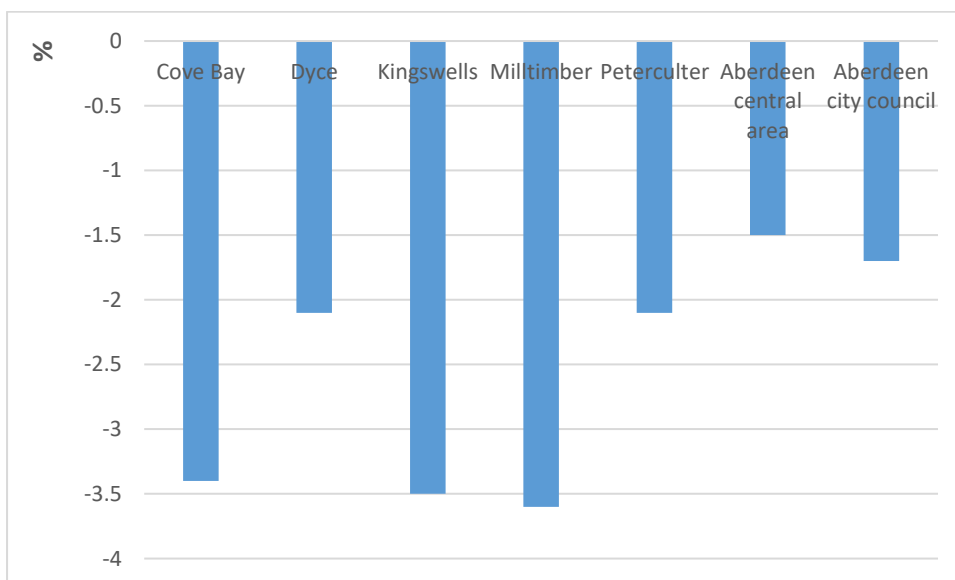


Figure 33: Deviation from Scottish average economically inactive rate: percentage permanently sick/disabled

The population of Aberdeen City contrasts with the Scottish average in having a lower proportion of the area being economically inactive due to permanent sickness or disability.

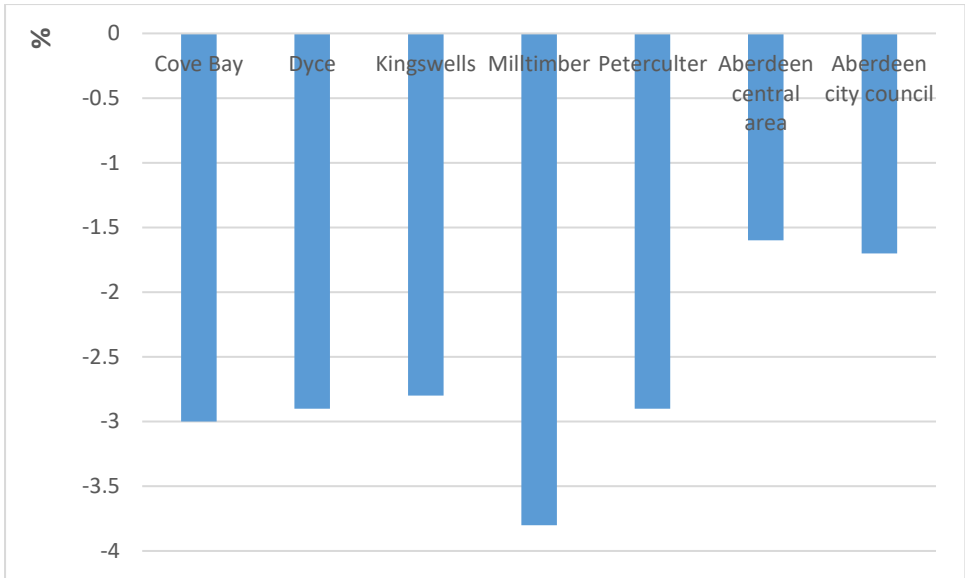


Figure 34: Deviation from Scottish average economically active rate: percentage unemployed

It can be seen from the results shown in Figure 34 and Figure 35 that Aberdeen City is a relatively affluent area in comparison to the rest of Scotland. Figure 34 shows that the percentage of unemployed people is lower than the Scottish average. Likewise, the Aberdeen City area shows greater home ownership in comparison with Scotland and its surrounding area.

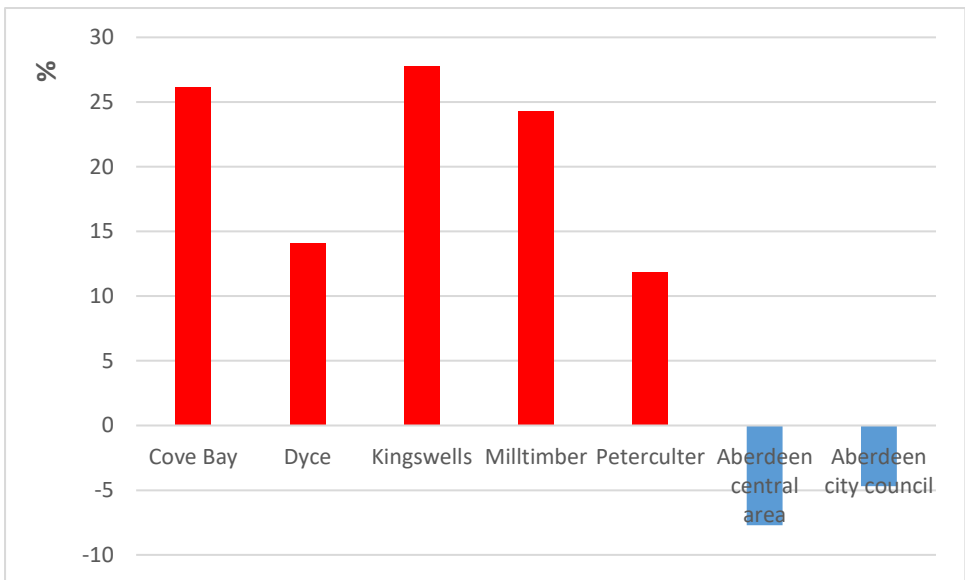


Figure 35: Deviation from Scottish average housing percentage owned

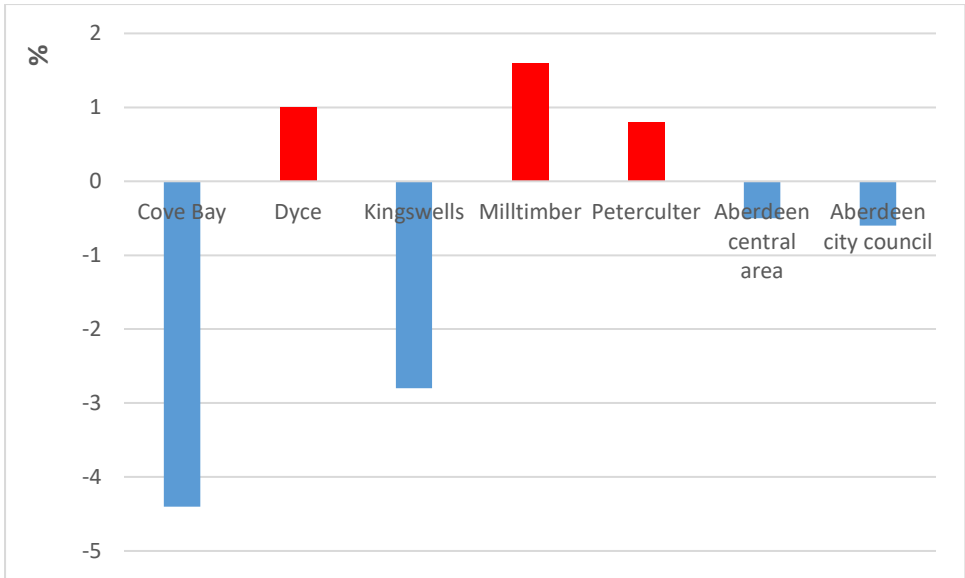


Figure 36: Deviation from Scottish average percentage of population 75 years old and over

The statistics show that Aberdeen City has a lower proportion of population under 75 years old in comparison to the wider area and Scotland. Similarly, isolation is less of a problem than Scottish average.

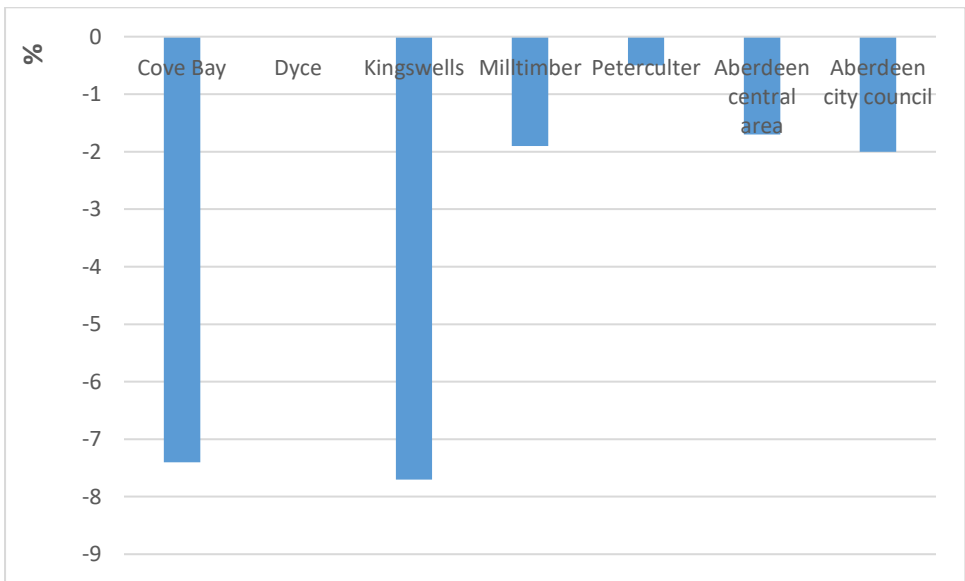


Figure 37: Deviation from Scottish average percentage of one-person households - pensioner

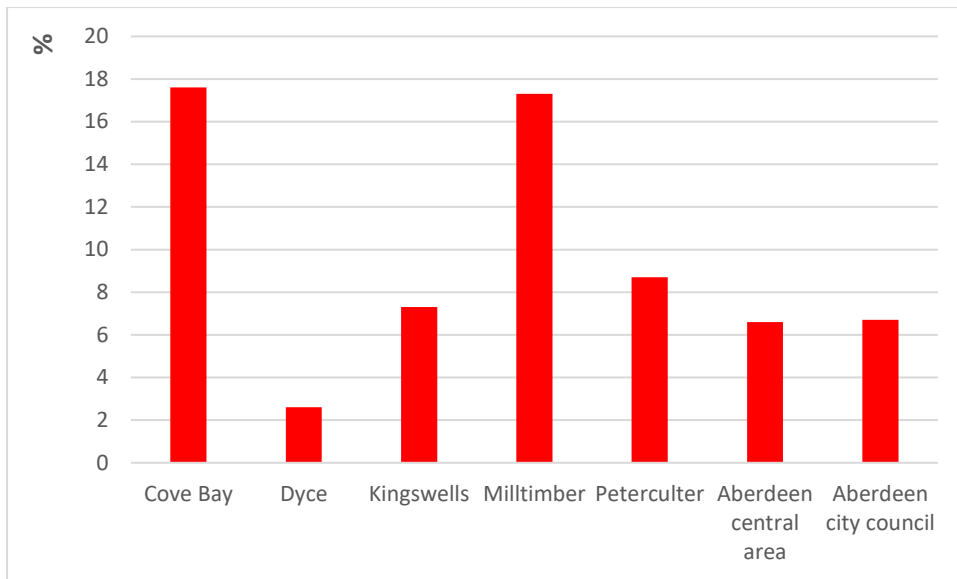


Figure 38: Deviation from Scottish average percentage last worked in 2011

In summary, it can be seen that Aberdeen City offers a somewhat younger demographic profile than the rest of Scotland. The area can be seen as more affluent as measured by home ownership and has a lower economically inactive proportion of the population in comparison to Scotland in general.

Supply of Services: Analysis of Milo

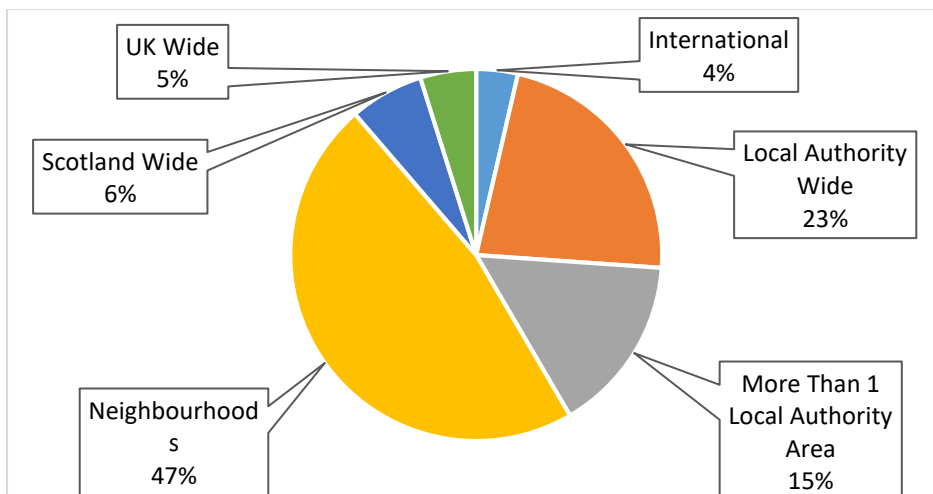


Figure 39: Geographical Reach from Milo for Aberdeen City

The main activities by frequency are listed in

Table 12. In total 3046 activities were cited of which 60 were unique activities, the most frequent activity is connected with volunteering, young people, advice and information, education/learning and training, health, faith/religion and belief and community development. These made up 39% of all activities offered.

Main Activity	Frequency	%	Main Activity	Frequency	%
Volunteering	244	8.0	Equality	43	1.4
Young People	200	6.6	Environment / Recycling	42	1.4
Advice / Information	181	5.9	Advocacy	41	1.3
Education / Learning / Training	165	5.4	Befriending / Mentoring	41	1.3
Health	148	4.9	Social Economy / Social Enterprise	41	1.3
Faith / Religion / Belief	126	4.1	Counselling	38	1.2
Community Development	125	4.1	Women	38	1.2
Older People	119	3.9	Poverty	37	1.2
Sport / Leisure / Recreation	114	3.7	Campaigning / Lobbying	34	1.1
Children Services	109	3.6	Employment	34	1.1
Self Help / Support	106	3.5	Drug / Alcohol Issues	28	.9
Community Facilities	105	3.4	Helplines	28	.9
Arts And Culture	79	2.6	Housing / Homelessness	28	.9
Family Support	77	2.5	Black / Minority Ethnic	27	.9
Mental Health	70	2.3	Overseas Aid / Developing World	27	.9
Physical Disability	63	2.1	Charity Shop	25	.8
Social Care	61	2.0	Community Forum	22	.7
Carers	60	2.0	Addictions	21	.7
Fundraising / Funding	55	1.8	Men	21	.7
Learning Disability	46	1.5	Other	177	5.8

Table 12: Main Activities Undertaken by TSOs in Aberdeen City

There are 53 different client groups served by TSOs in Aberdeen City, the frequency of services offered to these groups is documented in

Table 13. Young people (aged 12 to 24 years) are the most frequently served, followed by children (those aged 0 to 11 years). Combined with the following most frequent services - volunteers, education and literacy, families, health/hospitals and Hospices and elderly and those with physical disabilities – contribute to 46% of the client groups served.

Client Group	Number of TSOs providing Service		Client Group	Number of TSOs providing Service	
	Number	%		Number	%
Young People (12-25)	101	7.7%	Ethnic Minorities	23	1.7%
Children (0-11)	94	7.1%	Tackling Unemployment	23	1.7%
Volunteers	83	6.3%	Homelessness/Housing	22	1.7%
Education/Literacy	72	5.5%	Human/Civil Rights/Justice	21	1.6%
Families	72	5.5%	Overseas Aid/Developing World	19	1.4%
Health/Hospitals/Hospices	61	4.6%	Crime And Safety	18	1.4%
Elderly	59	4.5%	Disaster/Emergency	17	1.3%
Physical Disability	59	4.5%	Religious/Faith	17	1.3%
Learning Disabilities	43	3.3%	Men's Groups	16	1.2%
Sport/Outdoor Activity	41	3.1%	Offenders And Ex-Offenders	14	1.1%
Anti-Poverty	40	3.0%	Gender/Sexuality	13	1.0%
Carers	40	3.0%	Miscellaneous	12	0.9%
Mental Health	40	3.0%	Older People	11	0.8%
General Public	38	2.9%	Refugees/Asylum Seekers	10	0.8%
Local Community	33	2.5%	Animals	9	0.7%
Arts (Music, Drama, Craft)	27	2.1%	Parents	8	0.6%
Sensory Impairment	27	2.1%	Museums/Galleries/Heritage	7	0.5%
Women's Groups	27	2.1%	People With Ill Health	7	0.5%
Drugs/Alcohol	25	1.9%	Unemployed	6	0.5%
Environment	23	1.7%	Other	37	2.8%

Table 13: Client Groups served by TSOs.

Aberdeen City Survey

There were 91 useable responses from 735 Milo contacts to the survey giving a response rate of 12.4%. When taking into account the main method of delivery of the survey, email, the response rate rises when Milo contacts without email addresses are removed. From the 621 email requests, a more representative response rate of 14.7% was found.

Service Provision

The profile of the rationality of provision by the sample is presented in Figure 40.

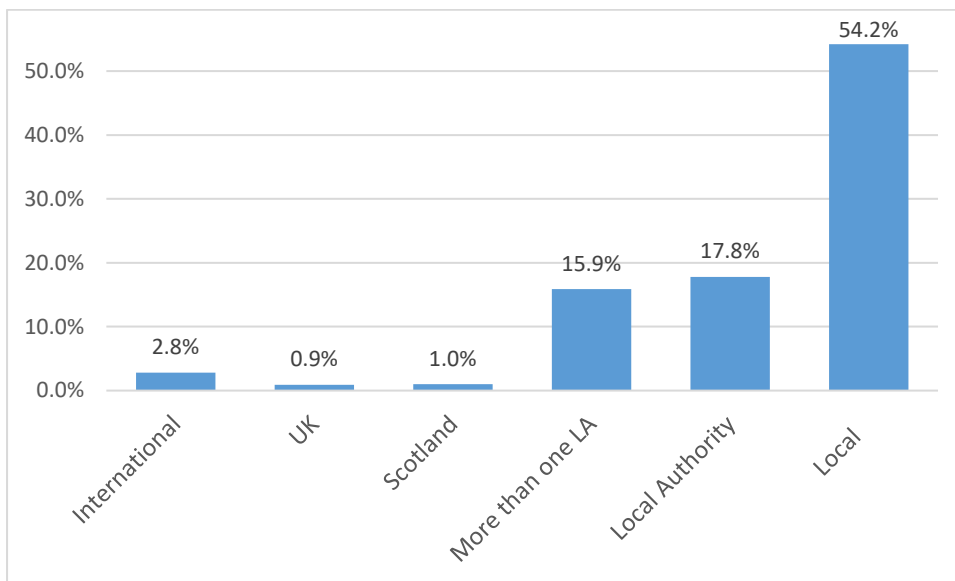


Figure 40: Provision by region (Aberdeen City)

The results of Figure 40 demonstrate the concentration of TSOs services within the region, with almost three-quarters of the services offered by the organisations surveyed to service users within the immediate local area or the reach of the local authority. Less than 5% of the services offered by the organisations surveyed extended nationwide or further.

It terms of the services provided these are shown in Figure 41.

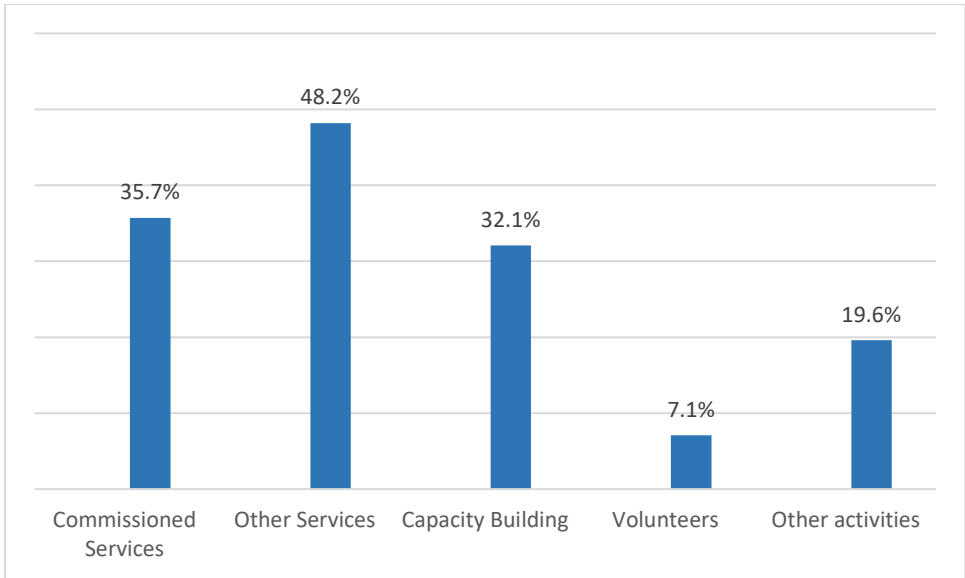


Figure 41: Type of service provision (Aberdeen City)

In terms of accessibility most third sector organisations are at least partially wheel chair accessible (85.7%) and 45.1% have accessible car parking and 70.3% has accessible toilets.

Though the service provision is concentrated within the local authority, as can be seen from Figure 42, the number of people that are supported or provided a service is quite high. From the survey results, it is clear that over 52% of services are supporting over 200 users. A quarter of the services provide for 10 people or less with just less than a quarter providing for between 10 and 200 people.

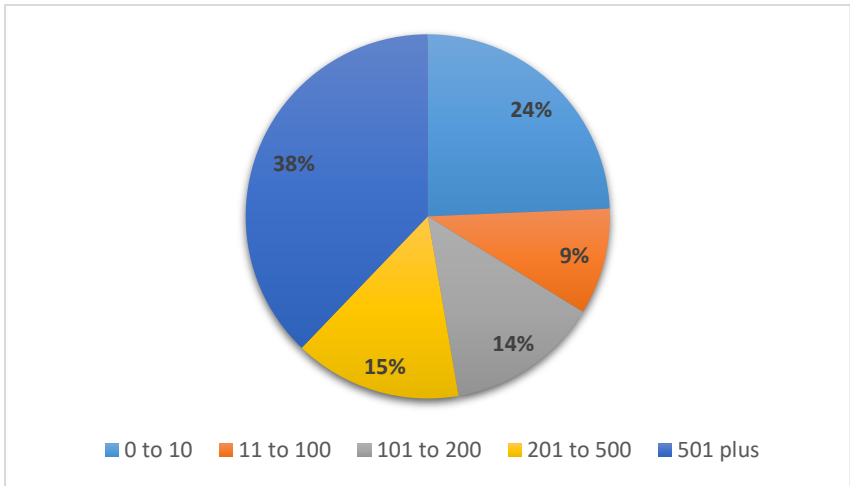


Figure 42: Number of people supported

The groups of people a served is provided for is illustrated in Figure 43 on the following page. Services offered by the Aberdeen City TSOs are generally open to all ethnic groups, though a proportion of the TSOs did not provide an answer to this question.

The organisations vary in terms of the age groups provided, with a fairly even split observed between the TSOs who have age-specific services, with around two fifths of organisations open to all age groups while one fifth each for the different age groups. Children-specific services are the exception with less of these organisations operating in the Aberdeen City area. Economically, the services are generally open to any economic group (almost 60%), but groups specifically targeted at disability groups and retired workers being slightly more common.

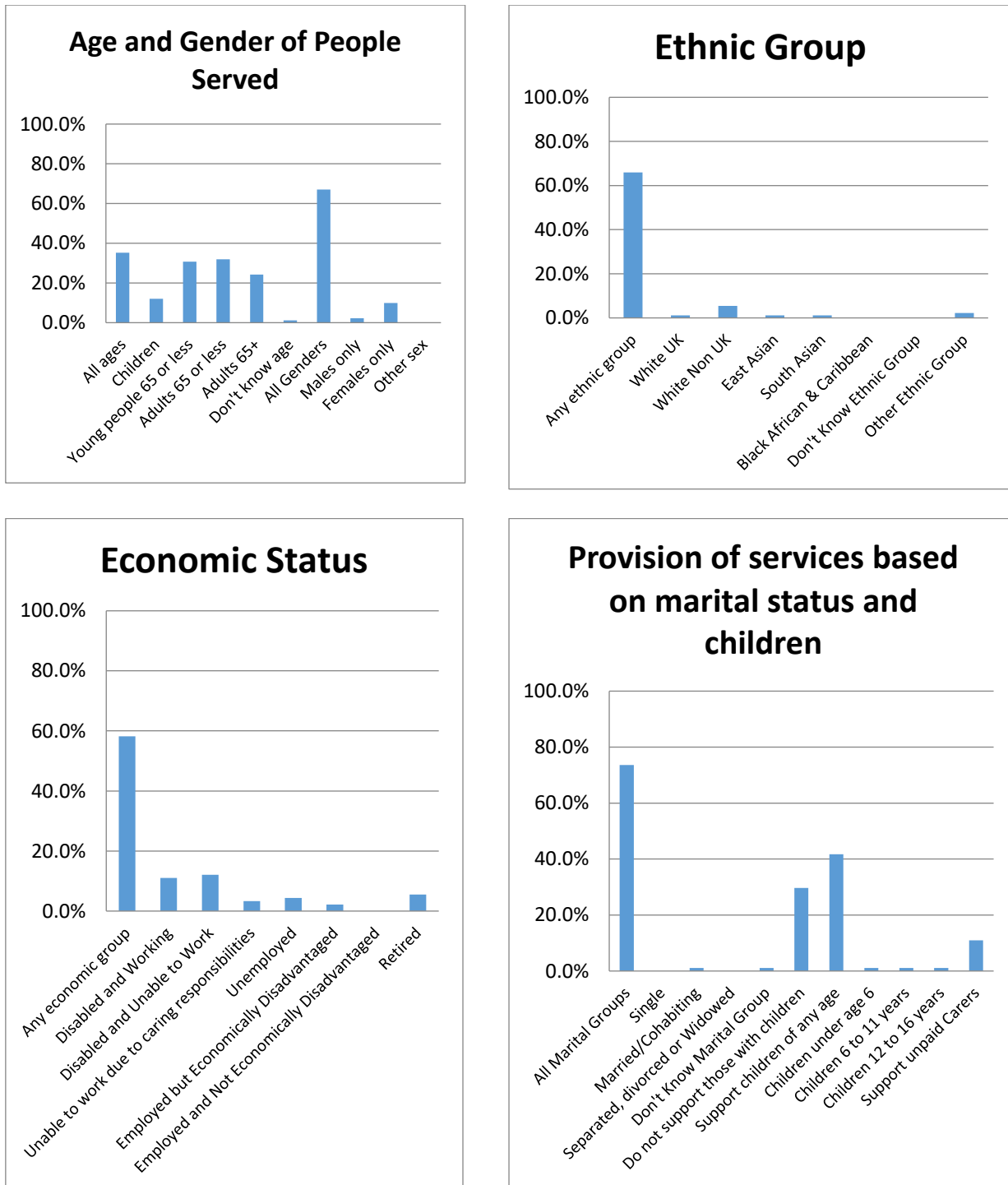


Figure 43: Groups served by Aberdeen City TSOs

The services provided are summarised in Figure 44. Education, Learning & Training services dominate the surveyed TSOs, with almost half of the organisations reporting these services. High scores were also found for Advice & Information services, Volunteering, Young People services and Mental Health services with over 30% of organisations citing these services.

The services provided are summarised in Figure 44.

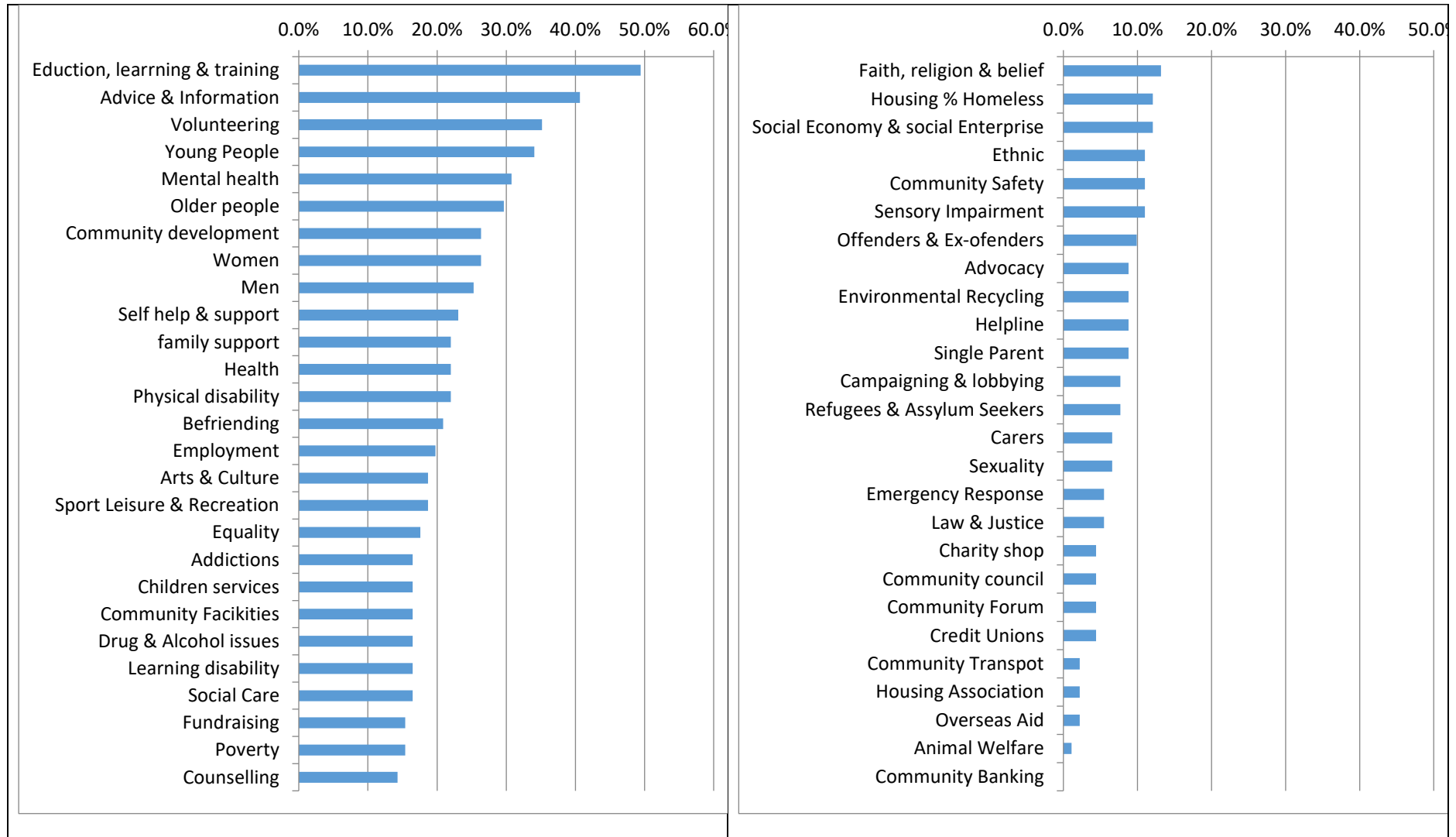


Figure 44: Services provided by Aberdeen City TSOs

The organisations were asked how effective they considered themselves to be on a scale of 0 not at all effective to 10 very effective. The mean reported score was 6.2. 54.9% of third sector organisations reported soliciting formal performance feedback and 68.1% reported getting informal feedback on performance. In terms of the organisations themselves, 77% of third sector organisations report as having governance arrangements – such as a board of directors, trustees or an executive committee.

The skills set of the providers in Aberdeen City are reported in Figure 45, which displays the measure of skill on a scale of 0 (no skill) to very skilled (4). The skill levels are highest for health and care, education, technical & practical, volunteering and information provision.

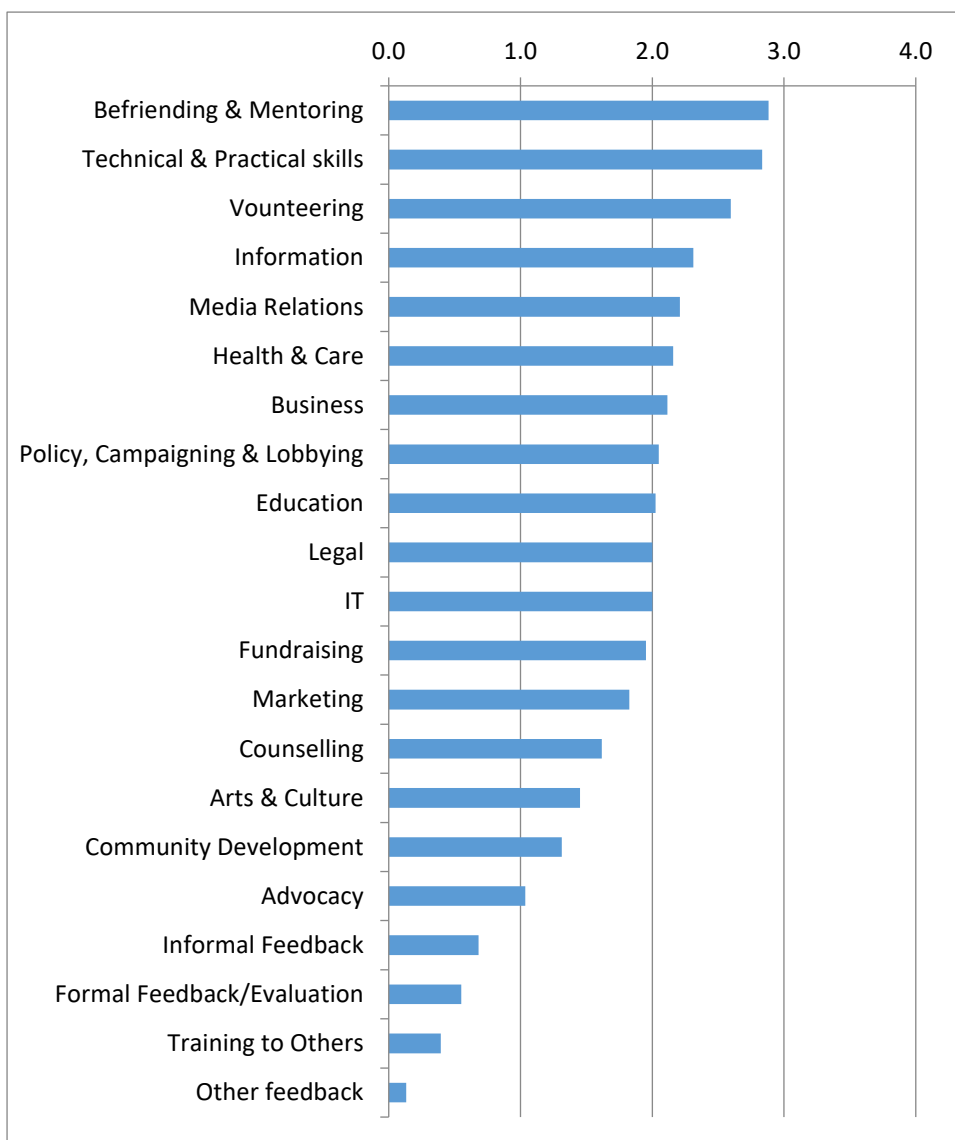


Figure 45: Skills of third sector organisation in Aberdeen City

Physical assets

Within the Aberdeen City region, of the TSOs who completed the survey, 29.7% of organisation own their buildings and do not rent, 18.7% rent their premises and 17.6% both own and rent, leaving 34% neither not reporting or having other arrangements such as non-rent access to others premises. Furthermore, 7.7% of reporting organisations report owning their own land, 24.2% have access to transport and 58.2% have equipment available.

	Offices	Training Rooms	Meeting Rooms	Halls	Workshops
Number owned	1.4235	1.9412	2.0000	.97	1.067
Others can use %	50.0	71.0	76.0	17.0	27.0
% Renting	19.8	.30.1	44.0	0	0

Table 14: The physical asset number for third sector organisation in Aberdeen City

Finance

The mean income reported by the third sector organisations in Aberdeen City survey is £944,645 per annum and their mean expenditure is £840,377 per annum. However, there is a great deal of variation, the range of income from minimum to maximum was £15,193,281 and the range of expenditure was £16,106,766.

The percentage of funding obtained from different sources is displayed in Figure 46.

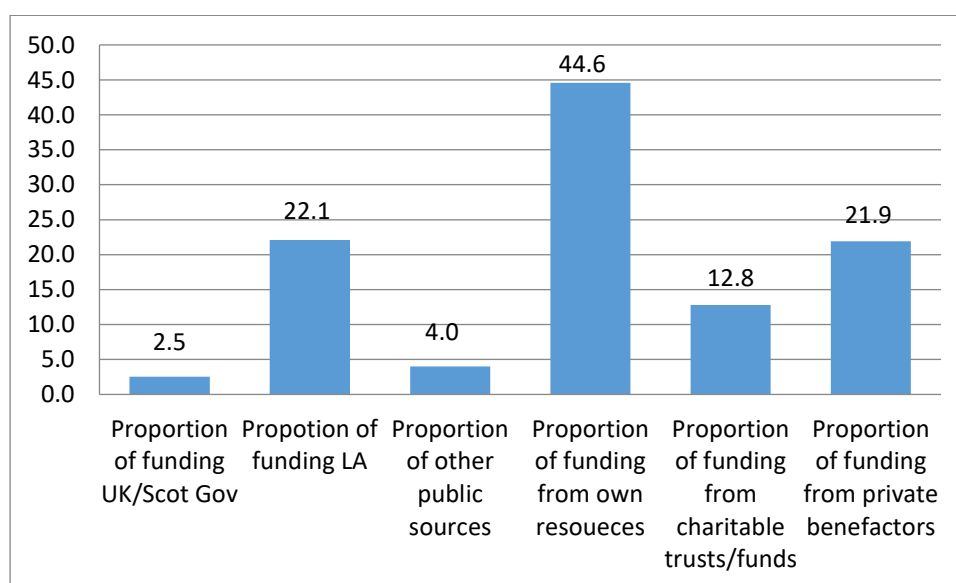


Figure 46: Percentage of funding from different bodies

Contribution to National Health and Wellbeing Outcomes

52.8% of responding organisations were aware of national health and wellbeing outcomes. Over half of the TSOs viewed their activities as contributing to the “People are able to look after and improve their own health and wellbeing” objective. A further 30% of the TSOs felt their activities contributed to four of the outcomes. The outcome contributed to least by the Aberdeen City TSOs was “People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and well-being”

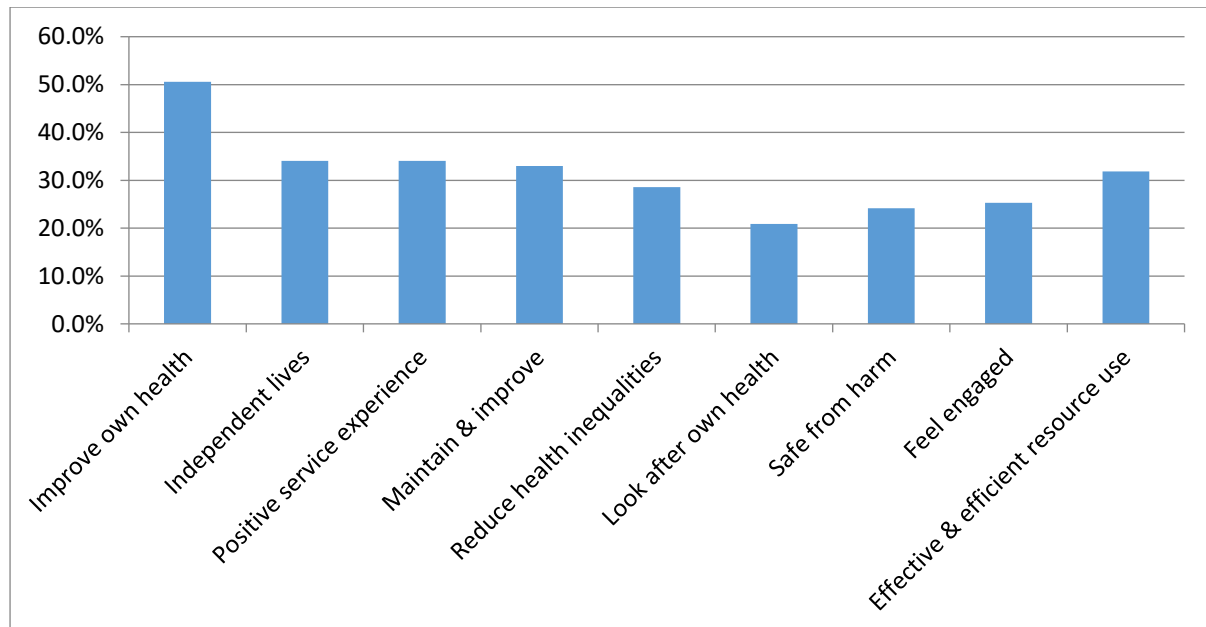


Figure 47: Aberdeen City TSOs contribution to National health and wellbeing outcomes

Strength of Contacts and Social Network Analysis

Participants were asked within the survey to rate their connections to Scottish Government, Local Authorities, NHS, Social work, spiritual/religious centres, other TSOs, and funders. The respondents were then asked to score on a scale from 0 (weak) to 4 (strong) on their strength of connections with various bodies. The mean level of strength is shown in Figure 48. The results demonstrate that there are strong connections between the TSOs and their local authority and other third sector organisations. Lesser connections are the TSOs to NHS, Social Work, Spiritual Organisations and the TSO Funders.

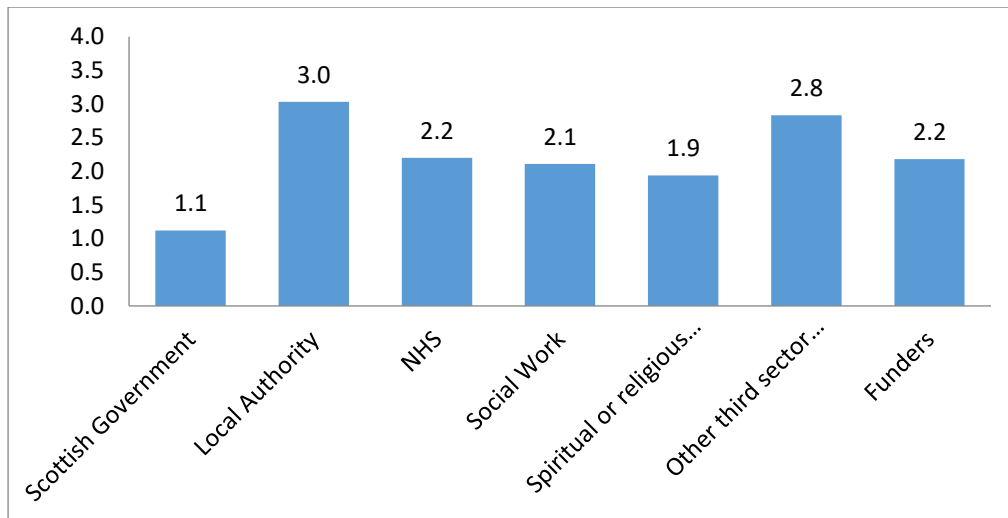


Figure 48: Reported mean strength of contact

In addition, the participants were then asked to list five of the organisations they are most closely linked to and to explain the nature of the connection. The results of this part of the survey can be seen from Figure 49 which shows a sociogram of the connections found in the survey of Aberdeen City TSOs. As would be expected the local authority is represented as the strongest connection. The NHS then follows as a hub for a number of organisations. The Aberdeen City TSI AVCO is represented as a weaker connection than would be expected.

In Aberdeen City 126 organisations were referred to and a high indegree centrality (direct references to other organisations) resulted of 31% network centralisation. The sociogram of the network in Aberdeen City is presented in Figure X.

The sociogram is centred on the hubs of Aberdeen City Council, NHS and AVCO (the Third Sector Interface). There are two important bridges linking peripheral TSOs into the mainstream one is national bodies (national governing bodies of TSO) and the other is Aberdeen Foyer.

In terms of centrality the most central organisations are Aberdeen City Council, NHS, National bodies, Aberdeenshire City Council, Social Work and ACVO with respective normalised centrality scores of 32.0, 24.8, 14.4, 8.8, 8.0 and 8.0. The centrality scores show that the City Council is a key hub within the Aberdeen City social network. Likewise, NHS scores an extremely high score. The Aberdeen City TSI, ACVO, represents an important hub in the network, but is less central to the network.

There were 29 respondents who gave no information about their contacts and are classed here as isolates.

There is a peripheral self-contained group outside of the central social network. These are all TSOs related to ex fishing and maritime professions. These groups seem to be distant from the regular City based TSOs.

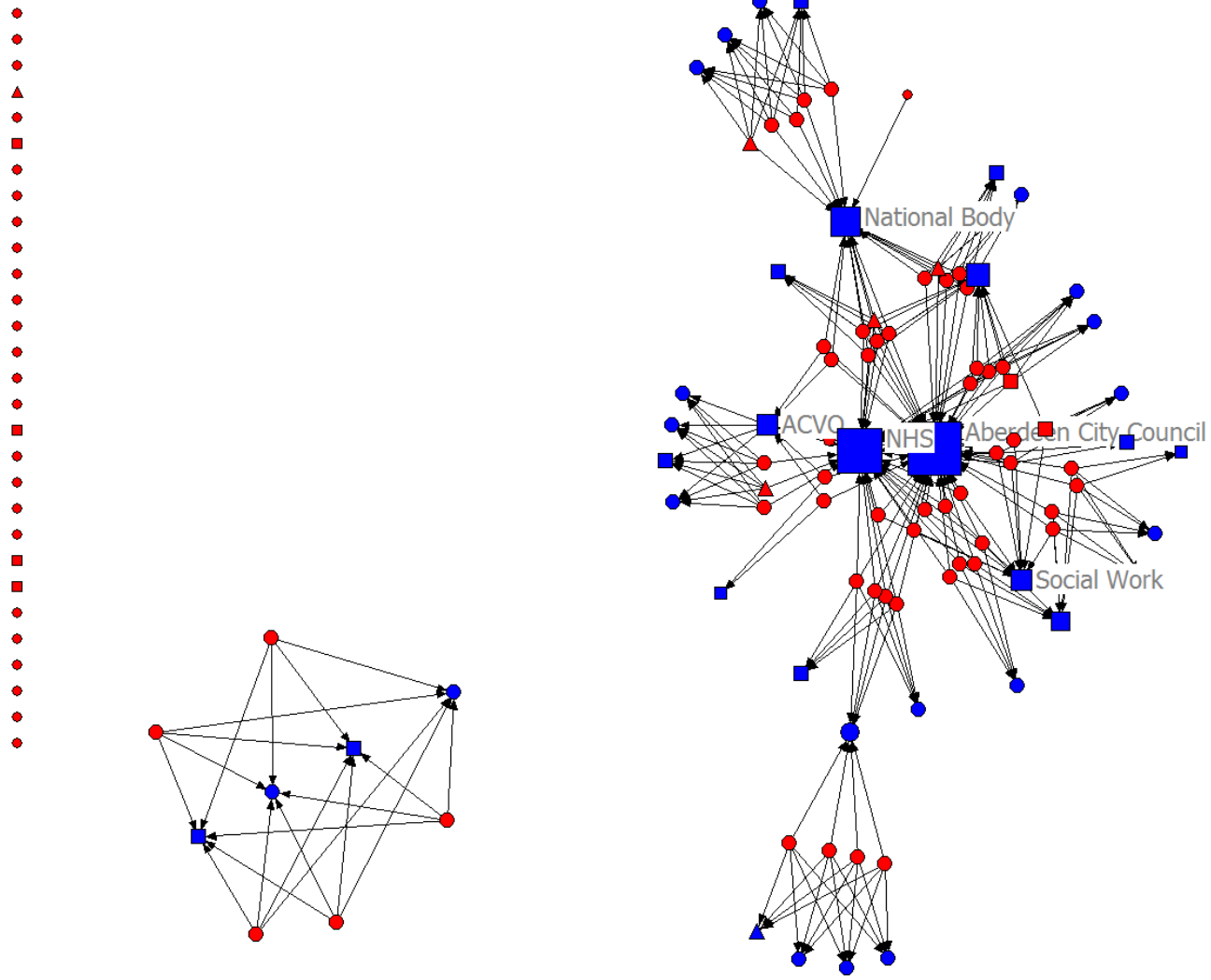


Figure 49: Aberdeen City Social Network Sociogram (red coloured nodes are respondents and the blue are alters reported).

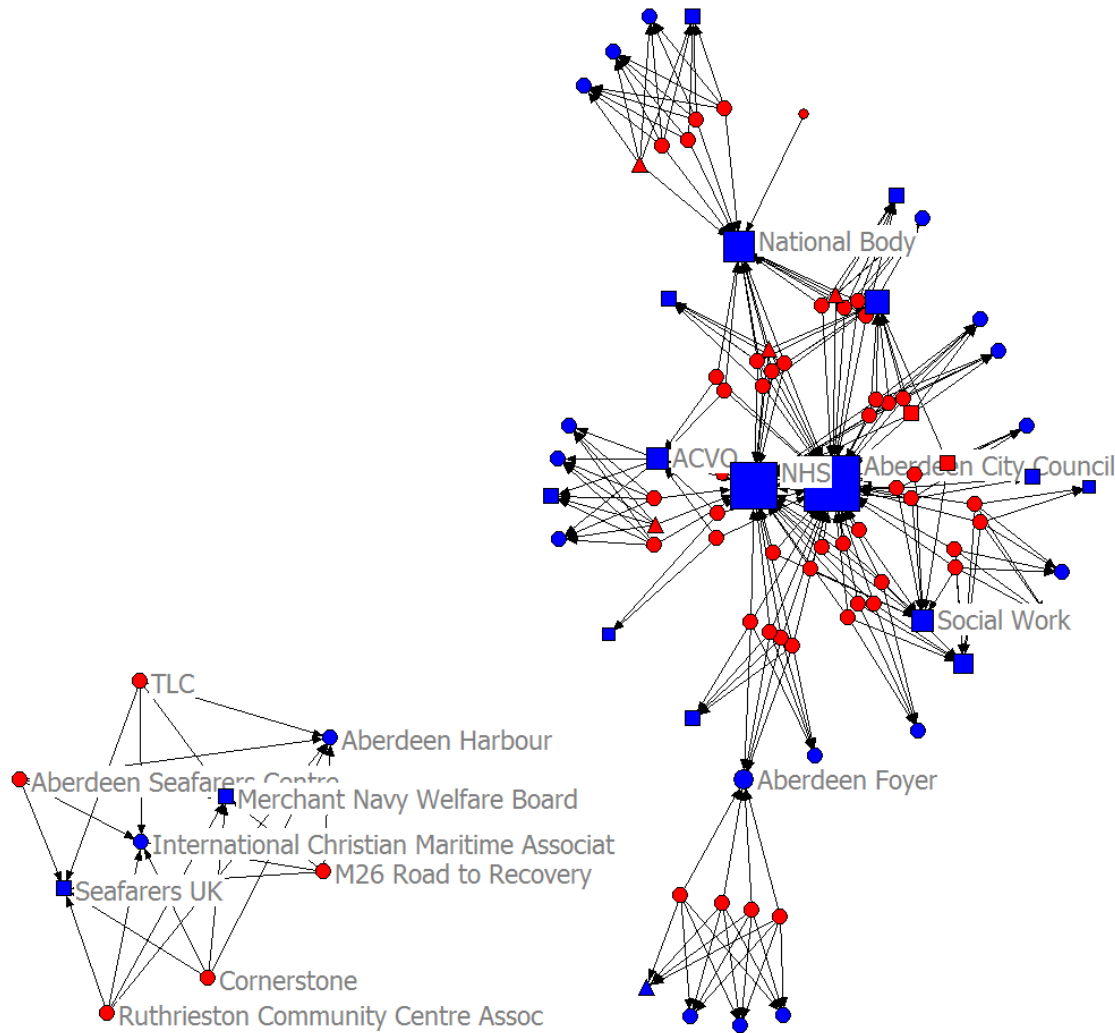


Figure 50: Aberdeen City Social Network Sociogram showing separate communities (red coloured nodes are respondents and the blue are alters reported).

- Aberdeen Healing Centre
- Aberdeen Lads Club
- ABERDEEN SANDS
- Aberlour Child Care Trust
- Access to Training and Employment
- ACIS
- Bipolar Aberdeen
- Code The City
- Community Food Initiatives North E
- Doonies Rural Education Group
- Dyce and Stoneywood Community Asso
- Equiworld Club Ltd (a NPMO with no
- F-Connect North East
- Inspire PTL
- International School of Aberdeen
- Langstane Housing Association
- Mental Health Aberdeen
- Momentum Skills
- Newton Dee Camphill Community Ltd.
- Pushing Out the Boat
- Richmondhill House
- Royal Voluntary Service
- RSCDS Aberdeen Branch
- Shopmobility Aberdeen
- Silver City Surfers
- Solstice Nurseries
- The OpenSpace Trust
- Throwinggllery
- Tillydrone Vision

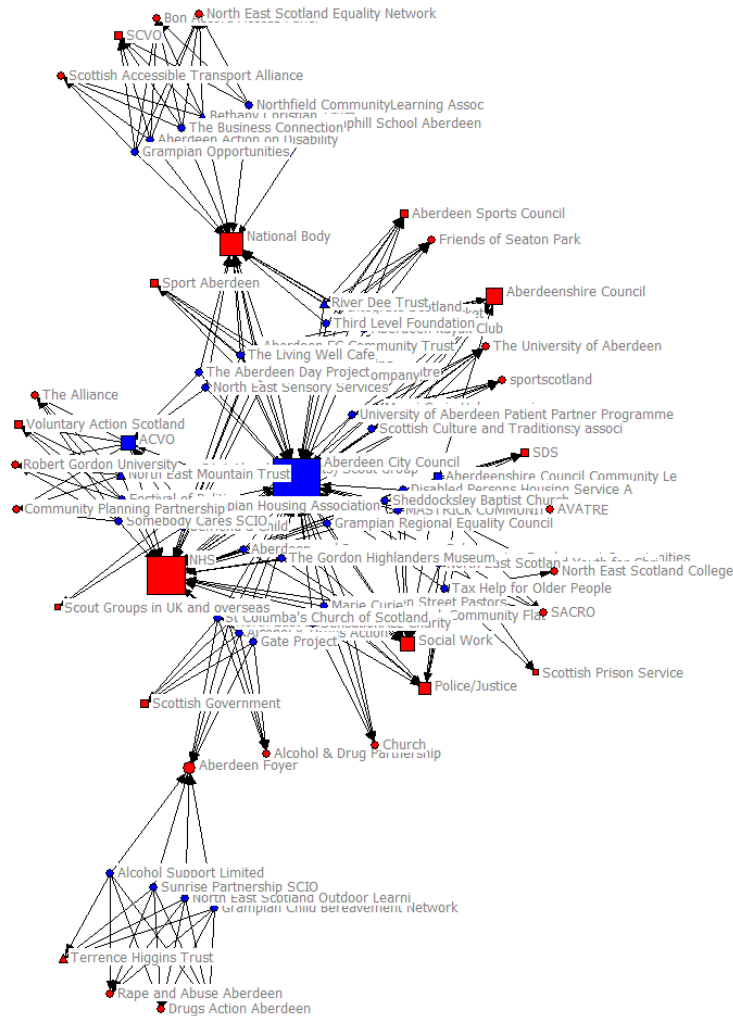
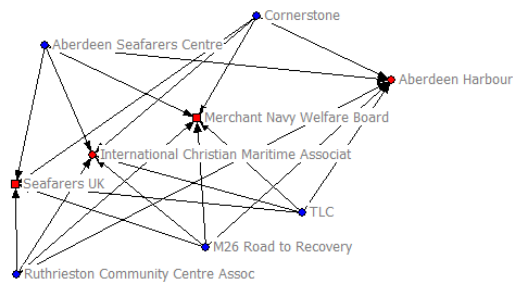


Figure 51: Aberdeen City Social Network Sociogram with Full Labelling

Conclusions

- The population of Aberdeen City is relatively younger than Scotland as a whole and are relatively economically better off with lower rates of unemployment. Accordingly, service provision by TSOs focusses more on education and training, giving advice and information, volunteering, younger people, and mental health. This is reflected in the skills set which is dominated by befriending and mentoring, technical and practical skills, giving information, volunteering, media relations and health care.
- In terms of physical assets, most owned their premises but many rented. Fifty percent reported that others could share office space, 71% could share training rooms and 76% stated others could share meeting rooms.
- The main source of funding was self-funding by charging fees or undertaking fundraising activities (44.6% gave this response). Next came local authority (only 22.1%) which was closely followed by private beneficiaries (21.9%).
- Only 52.8% were aware of national health and wellbeing outcomes and of those who were fifty percent focused on helping people improve their own health.
- The social network is very cohesive and centralised mainly around Aberdeen Council and the NHS.

Findings: Argyll and Bute

The following section will present the findings of the final surveyed area: the Argyll and Bute region. As with the previous areas, the report of the Argyll and Bute area survey is divided into five sections; an overview of demand through macro analysis of the 2011 Census and Nomis, analysis of data held in Milo for Argyll and Bute, the findings of the survey into Argyll and Bute, the contribution to the National Health and Wellbeing Outcomes found, and a Social Network Analysis of inter-organisational communication in Argyll and Bute.

	Campbeltown	Dunoon	Garelochhead	Helensburgh	Oban	Rothesay	Argyll and Bute	Scotland
Total resident population	4852	8454	2277	14220	8574	4637	88166	5295403
- % 0-4 years old	5.5	5.2	3.9	5.4	5.8	4.4	4.7	5.5
- % 5-15 years old	11.3	12.4	7.9	13.1	12.6	10.7	11.7	11.8
- % 60-74 years old	20.1	19.5	9	17.7	14.6	21.8	20.4	15.5
- % 75 and over	11.9	11.2	4.7	9.3	7.5	11.9	9.7	7.7
- % Females	52.1	52.3	33	51.9	51.2	53	51.1	51.5
All persons aged 16-74	3460	6025	1902	10272	6352	3385	65156	3970530
Economically active: % Unemployed	5.5	6.3	3.0	4.3	4.3	6.2	4.1	4.8
Economically inactive: % Looking after home/family	3.4	3.1	1.8	4.0	3.1	3.9	3.2	3.6
Economically inactive: % Long-term sick or disabled	5.0	6.3	1.9	3.3	3.3	5.4	3.6	5.1
All persons aged 16-74 who were unemployed (excluding full-time students)	191	378	57	440	272	209	2665	189414
- % aged 16-24	29.3	30.7	33.3	28.9	34.6	28.7	28.3	30.2
- % aged 50-74	26.2	19	21.1	19.3	17.3	28.7	24.7	18.4
- % Last worked in 2010 to 2011	48.7	51.1	42.1	48	58.5	47.8	51.6	47.4
Average age of a person with good or very good health	39	38.5	30.9	38.4	36.1	40.2	39.9	36.2
Average age of a person with a limiting long term illness	62.3	61.9	57.3	62	59.2	62.6	62.4	59.2
Percentage of economically inactive people aged 16 to 74 who are long-term sick or disabled	14.5	18.2	12.7	10.1	13.5	14.2	11.5	16.6
- % With one or more long-term health conditions	34.4	36	22.3	29.2	27.7	36.8	31.6	29.9
Total number of households (with residents)	2424	3986	587	6269	3884	2418	40125	2372777
- % Owned	52.6	63	66.4	70.7	59.5	50.8	66.5	62
- % One person household - Aged 65 or over - pensioner	20	18	14.1	15.4	14.9	21.9	16.5	13.1
- % Lone parent household - with dependent children	7.1	7.9	6.5	6.4	8.2	7.4	5.8	7.2

Table 15: Demographic profile for towns in Argyll and Bute from 2011 Census data

Demand

The demographic profile of Argyll and Bute can be seen in Table 15. The following pages will examine greater detail how the area compares with the rest of Scotland. From the following diagrams, it can be seen that the Argyll and Bute are not representative of the population of the Scotland in terms of the average age of people with limiting long-term illness. Argyll and Bute contrasts Scotland, having a population that are older before experiencing a limiting condition.

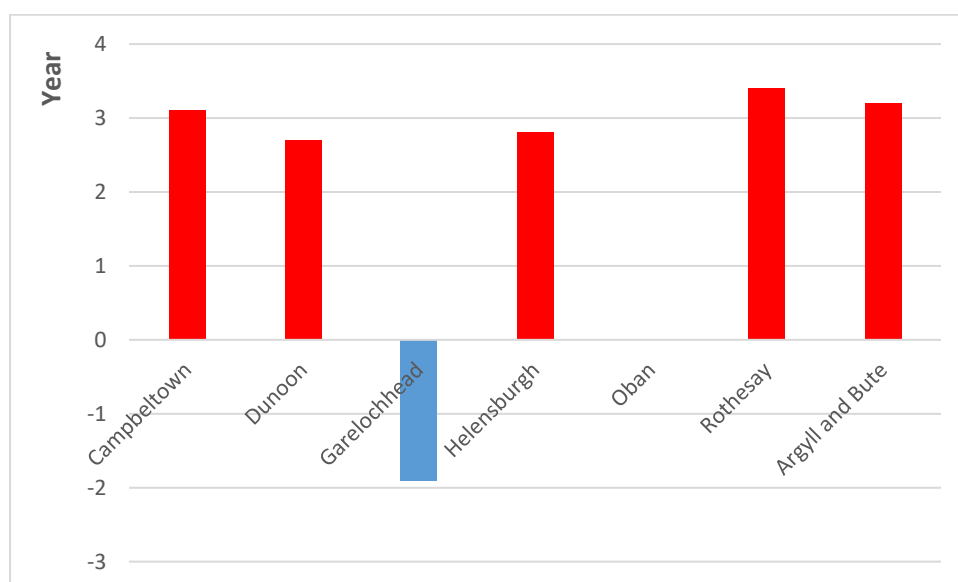


Figure 52: Deviation from Scottish average age of a person with a limiting long-term illness

Figure 52 demonstrates that Argyll and Bute, and the majority of the areas within it, have people with long-term limiting illnesses at an older age than the rest of Scotland. While this indicates a relatively healthy population, Garelochhead is exceptional, with a younger grouping of long-term illness. Generally, the percentage of population that have left the labour market through permanent sickness and disability is lower in Argyll and Bute than the rest of Scotland, as shown in Figure 53.

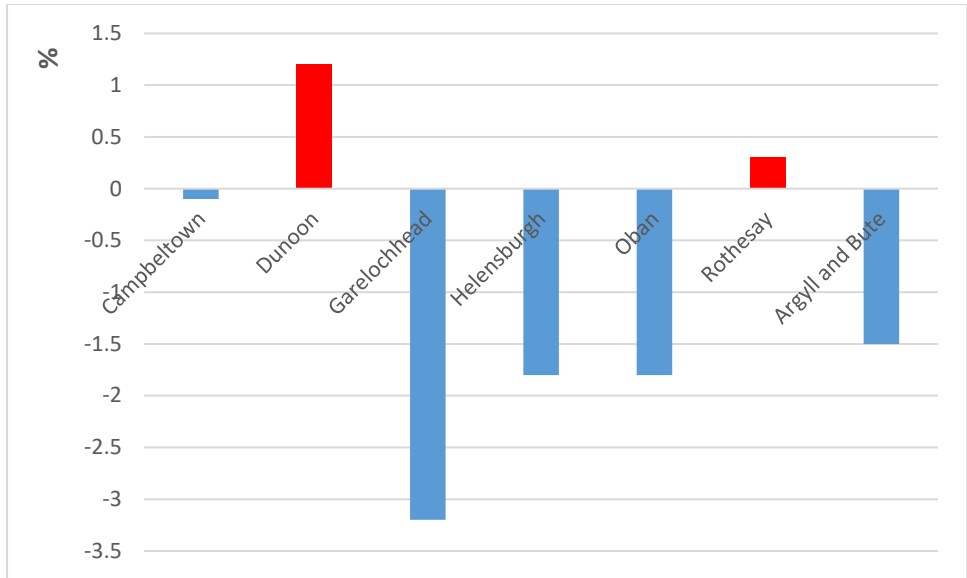


Figure 53: Deviation from Scottish average economically inactive rate: percentage permanently sick/disabled

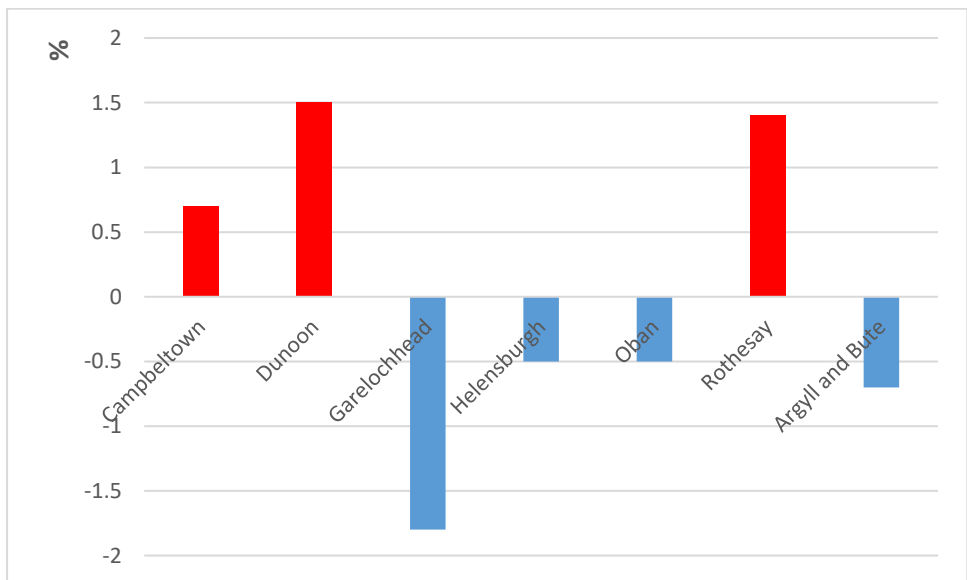


Figure 54: Deviation from Scottish average economically active rate: percentage unemployed

A great amount of variation emerges between the locations of unemployed people in Argyll and Bute. Generally, Argyll and Bute has a lower unemployed population than the rest of Scotland, but the towns of Campbeltown, Dunoon and the island of Rothesay have a greater amount of unemployed people. Similarly, Figure 55 illustrates that the population of Argyll and Bute is relatively affluent with greater home ownership compared to Scotland but exceptions like Rothesay and Campbeltown show that there are less affluent centres.

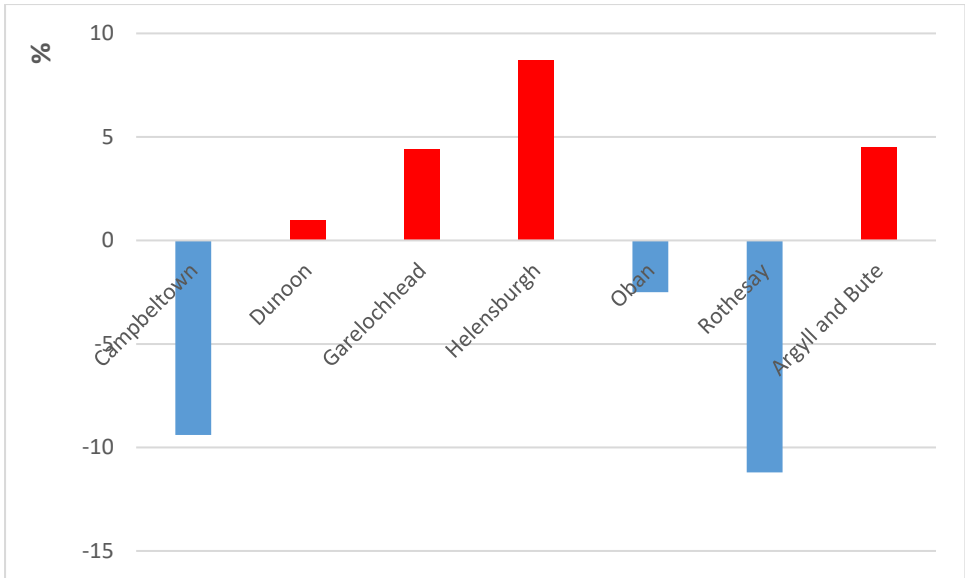


Figure 55: Deviation from Scottish average housing percentage owned

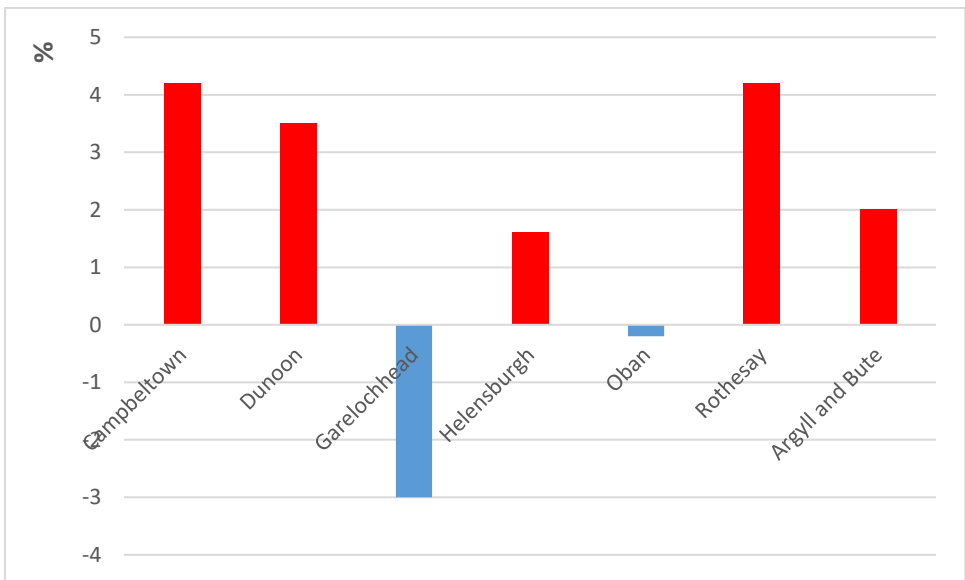


Figure 56: Deviation from Scottish average percentage of population aged 75 years old and over

Argyll and Bute can be seen to have a greater proportion of older people in comparison to Scottish average. In addition, the statistics show that there is increasing isolation within the area, with a greater proportion of one-person households for pensioners.

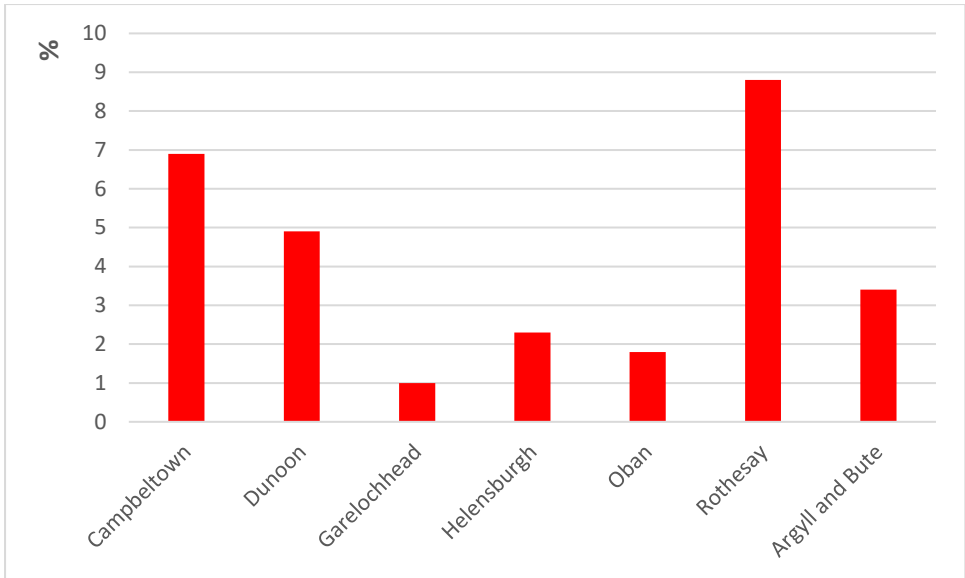


Figure 57: Deviation from Scottish average percentage of one-person households - pensioner

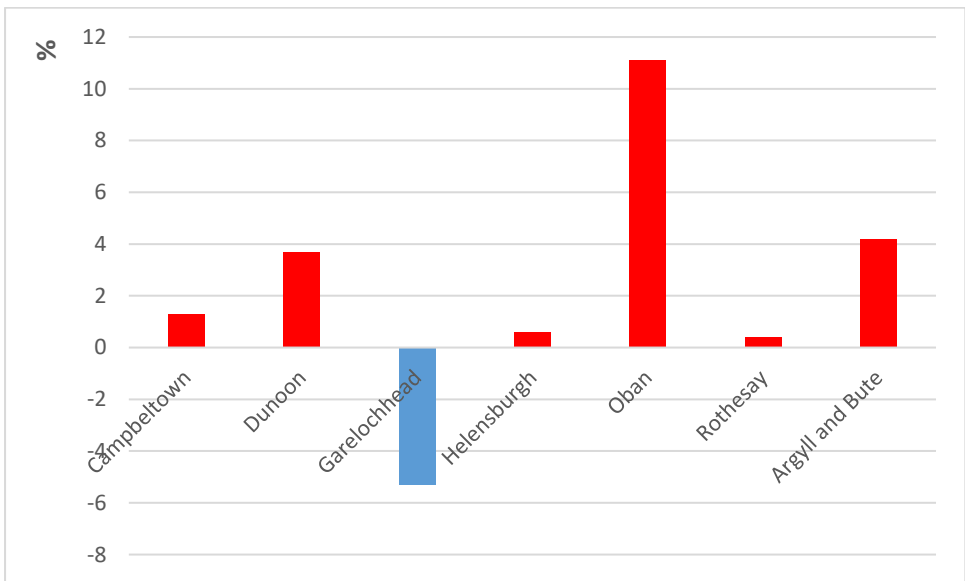


Figure 58: Deviation from Scottish average percentage last worked in 2011

From this analysis, Argyll & Bute demonstrates a number of key differences with the wider population of Scotland. Most distinctive would be the age profile, which suggests an older population in comparison to the rest of Scotland. The proportion of older people is greater in Argyll and Bute in comparison to Scotland and is reflected in the economically inactive population, which is proportionately larger than the rest of Scotland. The differences do show however that the area is slightly more affluent as measured by home ownership.

Supply of Services: Analysis of Milo

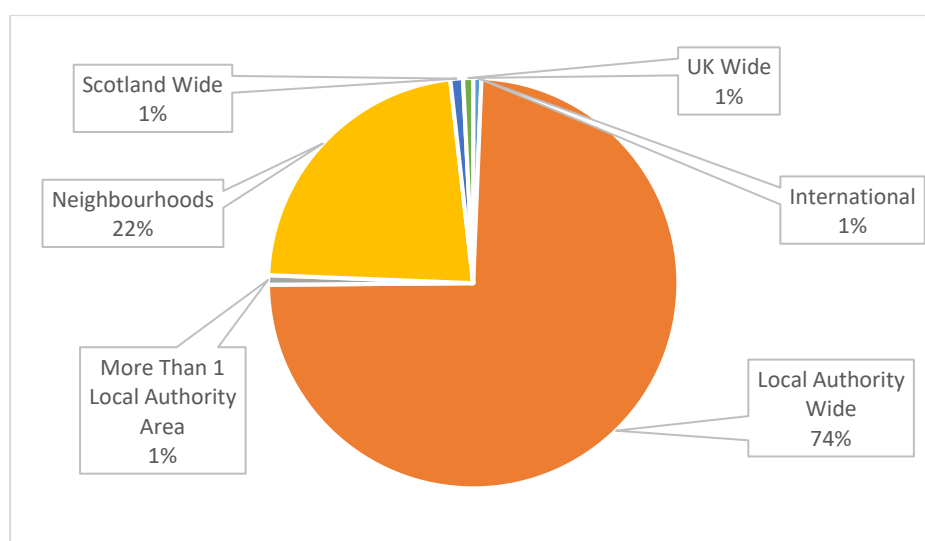


Figure 59: Geographic Reach of TSO services in Argyll & Bute

1599 services were offered by 549 third sector organisations in Argyll and Bute. The types of services are presented in Table 16. The most frequent service provided is education/learning and training, followed by sport/leisure and recreation, young people, community development and arts and culture. These make up 33.6% of the services offered in Argyll and Bute by TSOs.

Service offered	Number of TSOs	%	Service offered	Number of TSOs	%
Education / Learning / Training	122	7.6%	Poverty	22	1.4%
Sport / Leisure / Recreation	116	7.3%	Fundraising / Funding	21	1.3%
Young People	113	7.1%	Learning Disability	19	1.2%
Community Development	104	6.5%	Animal Welfare	18	1.1%
Arts And Culture	83	5.2%	Charity Shop	16	1.0%
Community Facilities	74	4.6%	Family Support	16	1.0%
Older People	67	4.2%	Helplines	16	1.0%
Environment / Recycling	66	4.1%	Housing Association	15	0.9%
Health	66	4.1%	Counselling	12	0.8%
Women	64	4.0%	Befriending / Mentoring	11	0.7%
Faith / Religion / Belief	53	3.3%	Self-Directed Support	11	0.7%
Men	49	3.1%	Social Economy / Social Enterprise	11	0.7%
Self Help / Support	49	3.1%	Employment	10	0.6%
Advice / Information	45	2.8%	Equality	10	0.6%
Volunteering	45	2.8%	Housing / Homelessness	10	0.6%
Children Services	34	2.1%	Social Care	10	0.6%
Physical Disability	31	1.9%	Community Transport	9	0.6%
Carers	29	1.8%	Drug / Alcohol Issues	9	0.6%
Mental Health	29	1.8%	Addictions	8	0.5%
Community Forum	28	1.8%	Other	78	4.9%

Table 16: Services offered in Argyll and Bute

The client base of TSOs in Argyll and Bute is listed in

Table 17. The most served groups are children (those aged 0 to 11 years), young people (12 to 25 years), families, elderly and health/hospitals and hospices, these account to 32.6% of all clients provided for.

Client Group	Number of TSOs providing Service	%	Client Group	Number of TSOs providing Service	%
Children (0-11)	57	7.2%	Homelessness/Housing	16	2.0%
Young People (12-25)	54	6.8%	Men's Groups	15	1.9%
Families	53	6.7%	Museums/Galleries/Heritage	15	1.9%
Elderly	52	6.6%	Ethnic Minorities	14	1.8%
Health/Hospitals/Hospices	42	5.3%	Disaster/Emergency	13	1.6%
Education/Literacy	38	4.8%	Animals	12	1.5%
Environment	35	4.4%	Human/Civil Rights/Justice	12	1.5%
Physical Disability	35	4.4%	Crime And Safety	11	1.4%
Carers	33	4.2%	Offenders And Ex-Offenders	11	1.4%
Learning Disabilities	33	4.2%	Religious/Faith	11	1.4%
Mental Health	33	4.2%	Overseas Aid/Developing World	8	1.0%
Sport/Outdoor Activity	31	3.9%	Gender/Sexuality	6	0.8%
Drugs/Alcohol	27	3.4%	Miscellaneous	6	0.8%
Women's Groups	23	2.9%	Refugees/Asylum Seekers	6	0.8%
Tackling Unemployment	22	2.8%	General Public	2	0.3%
Arts (Music, Drama, Craft)	21	2.7%	New Beneficiary/Client Group	1	0.1%
Sensory Impairment	21	2.7%	People With Ill Health	1	0.1%
Anti-Poverty	20	2.5%	Victims Of Crime	1	0.1%

Table 17: Client base of Argyll and Bute

Argyll & Bute Survey

There were 107 useable responses to the survey giving a response rate of 5.5%. This overall response rate however does not reflect the email contacts available through Milo. The survey was sent to 959 organisations via email, giving a more representative response rate of 11.2%.

Service Provision

From the survey, it can be determined that service provision of TSOs within Argyll and Bute is concentrated within the immediate region or a number of local authorities as presented in Figure 60. It is no surprise that the majority of provision is within the Argyll & Bute region and contiguous regions. Only 14.3% of services provided extend nationwide or further.

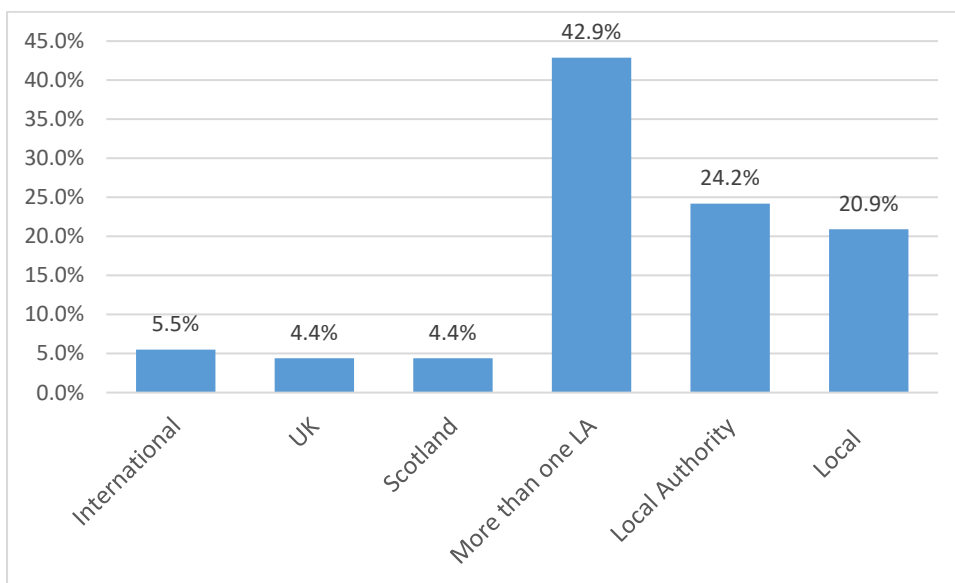


Figure 60: Provision by region (Argyll and Bute)

In terms of the services provided these are shown in Figure 61.

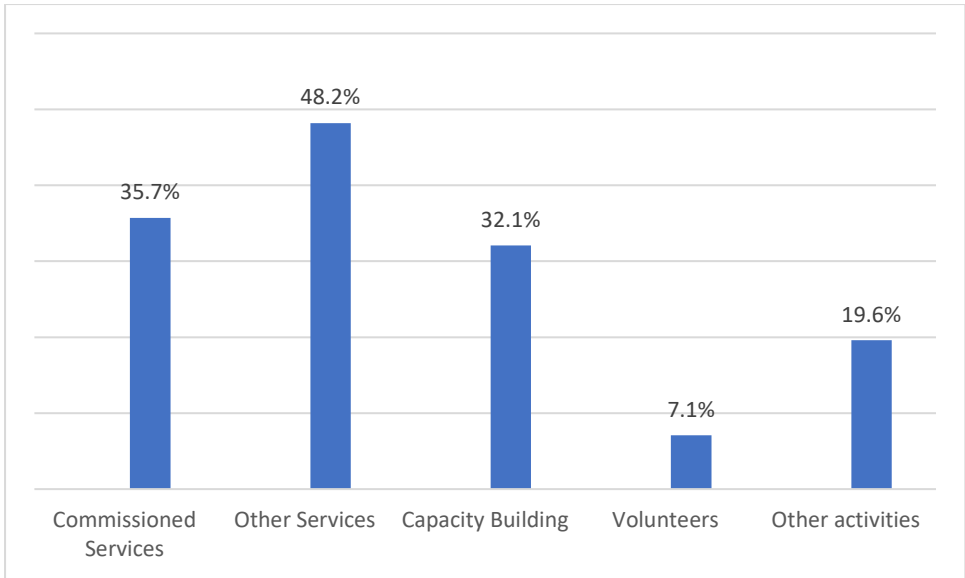


Figure 61: Type of Service provision (Argyll and Bute)

In terms of accessibility most third sector organisations are at least partially wheel chair accessible (86%) and 45.8% have accessible car parking and 61.7% have accessible toilets.

The number of people that are supported or provided a service is presented in Figure 62 and it is clear most provide for more than 200 people. Perhaps reflective of the large amount of TSOs operating in the Argyll and Bute area and the geographically dispersed nature of the region, the people supported by TSO activities is generally smaller than the other regions.

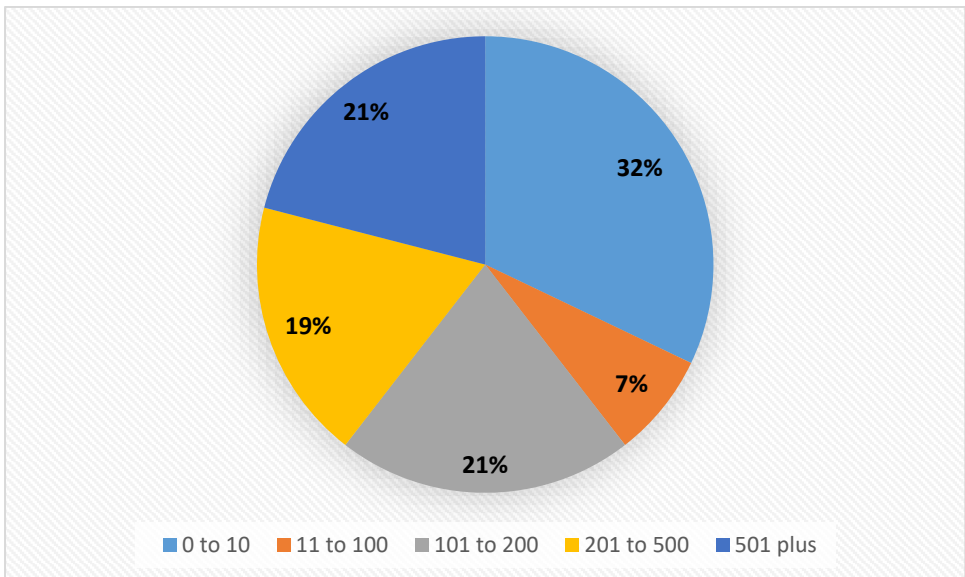


Figure 62: Number of people supported

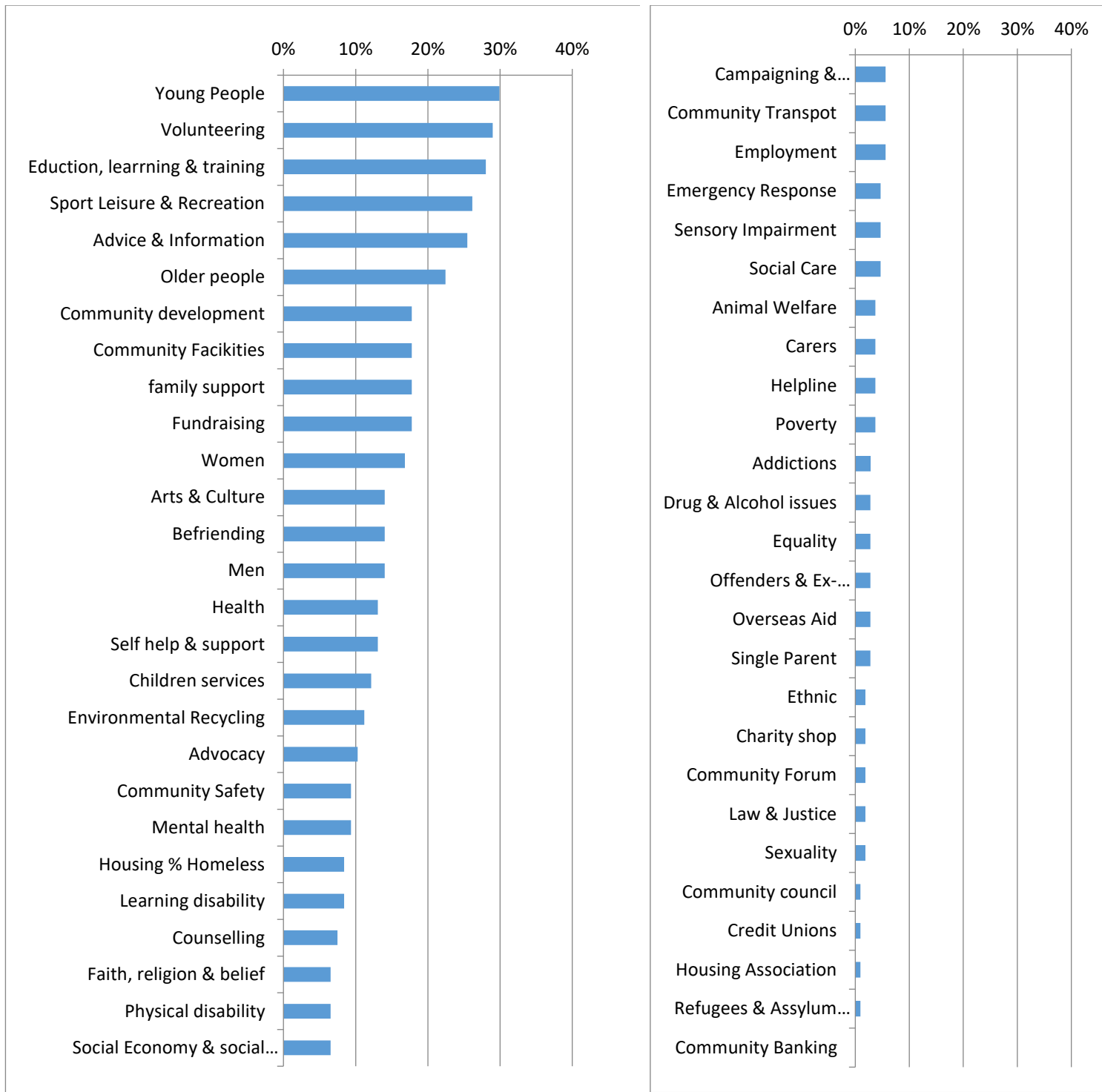


Figure 63: Services provided in Argyll and Bute

The services provided are summarised in Figure 63 and it appears that services for young people represents the top category with 30% of TSOs responding with this option. Volunteering follows, with Education, Learning & Teaching, Sports, Leisure & Recreation, Advice & Information and Older People selected as categories for the over one fifth of the TSOs.

The types of people for whom services are provided for is illustrated in Figure 64. Services offered by the Argyll and Bute TSOs are generally open to all ethnic groups, though a proportion of the TSOs did not provide an answer to this question. The organisations vary in terms of the age groups provided, with a fairly even split observed between the TSOs who have age-specific services, with around two fifths of organisations open to all age groups while one fifth each for the different age groups.

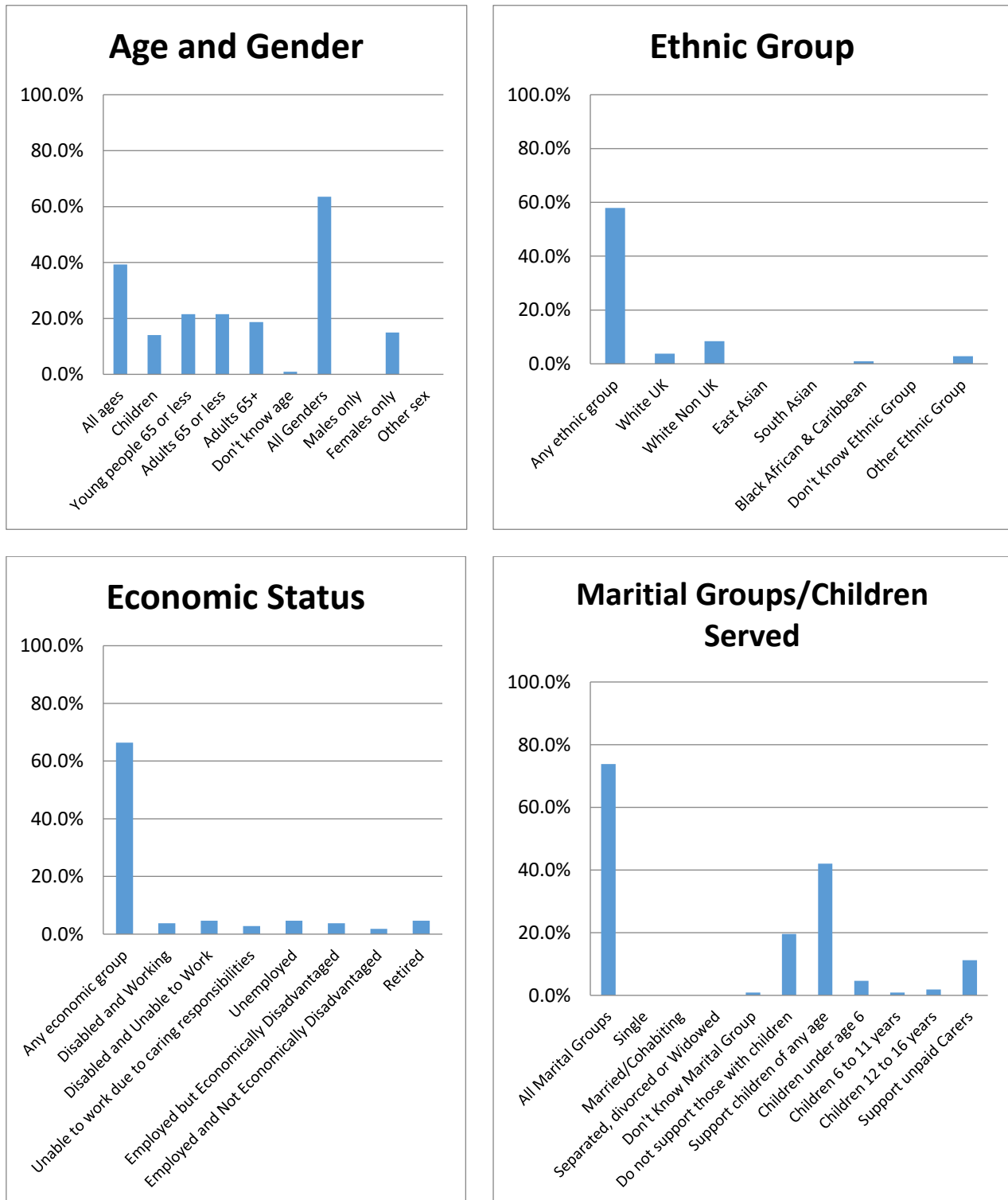


Figure 64: People served by third sector organisations in Argyll & Bute

The organisations were asked how effective they considered themselves to be on a scale of 0 not at all effective to 10 very effective. The mean reported score was 6.7. 40.2% of third sector organisations reported soliciting formal performance feedback and 71% reported getting informal feedback on performance. In terms of the organisations themselves, 82% of third sector organisations report as having governance arrangements – such as a board of directors, trustees or an executive committee.

The skills set of the providers in Argyll & Bute are reported in Figure 65, which displays the measure of skill on a scale of no skill (0) to very skilled (4). For the Argyll and Bute TSOs, volunteering represents the greatest skill with an average rating above 3. Furthermore, many of the organisations rated their skill levels highly for information provision, education, technical & practical skills, fundraising, health and care, befriending and mentoring and information technology (IT).

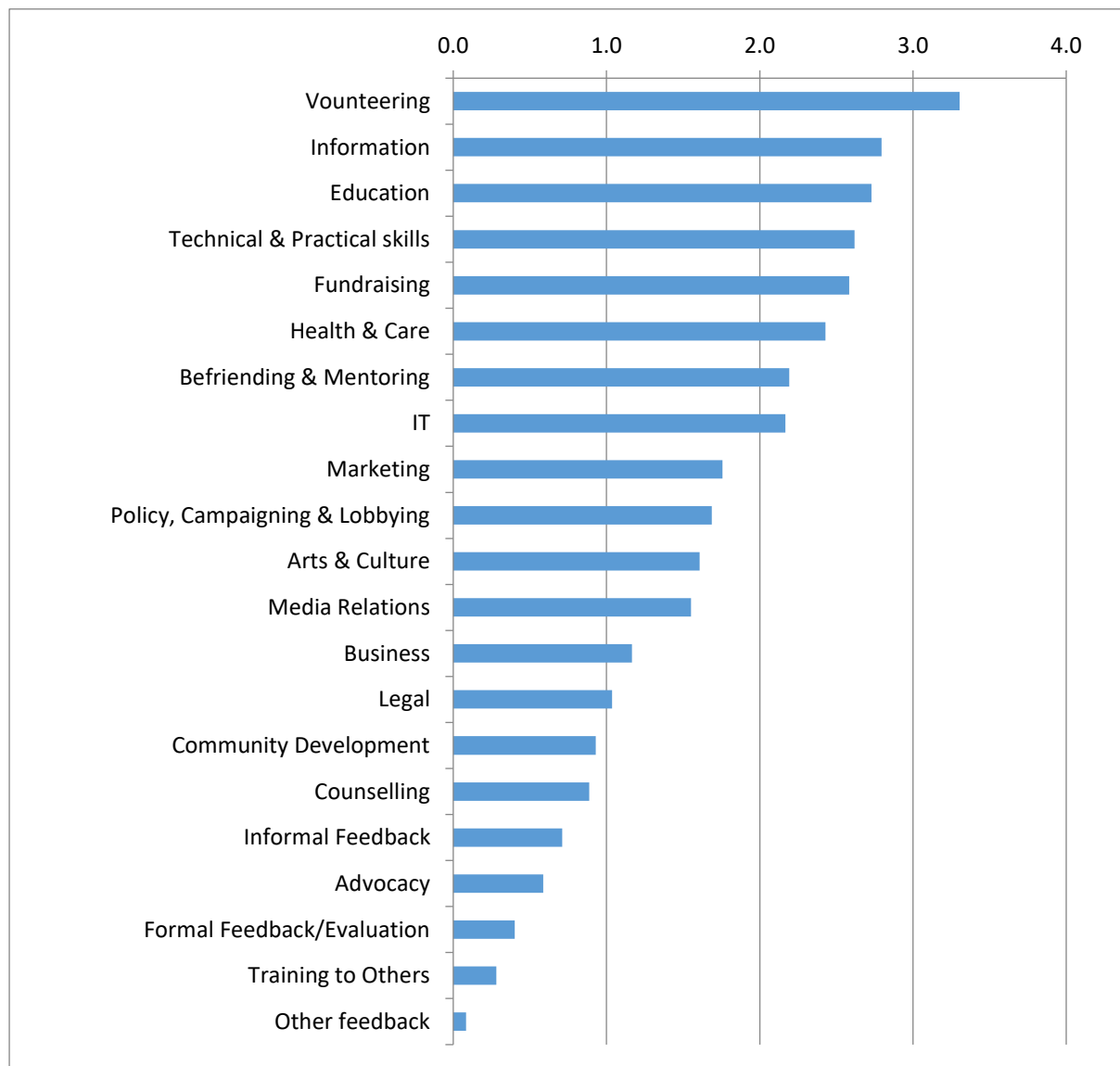


Figure 65: Skills of third sector organisation in Argyll & Bute

Physical assets

15.9% of organisation own their buildings and do not rent, 34.6% rent their premises and 2.8% both own and rent, leaving 46.7% neither not reporting nor having other arrangements such as non-rent access to others premises.

	Offices	Training Rooms	Meeting Rooms	Halls	Workshops
Number owned	.3646	.5714	1.1324	1.00	.316
Others can use	5.0	8.0	12.0	2.0	11.0
% Renting	8.4	.17.8	41.1	0	0

Table 18: The physical asset number for third sector organisation in Argyll & Bute

12.2% of reporting organisations report owning their own land, 18.7% have access to transport and 56.1% have equipment available.

Finance

The mean income of the third sector organisations in Argyll & Bute is £70,571 per annum and their expenditure is £56,534 per annum. However, there is a great deal of variation, the range of income from minimum to maximum was £515,641 and for expenditure, the range was £509,297.

The proportion of funding obtained from different sources is displayed in Figure 66.

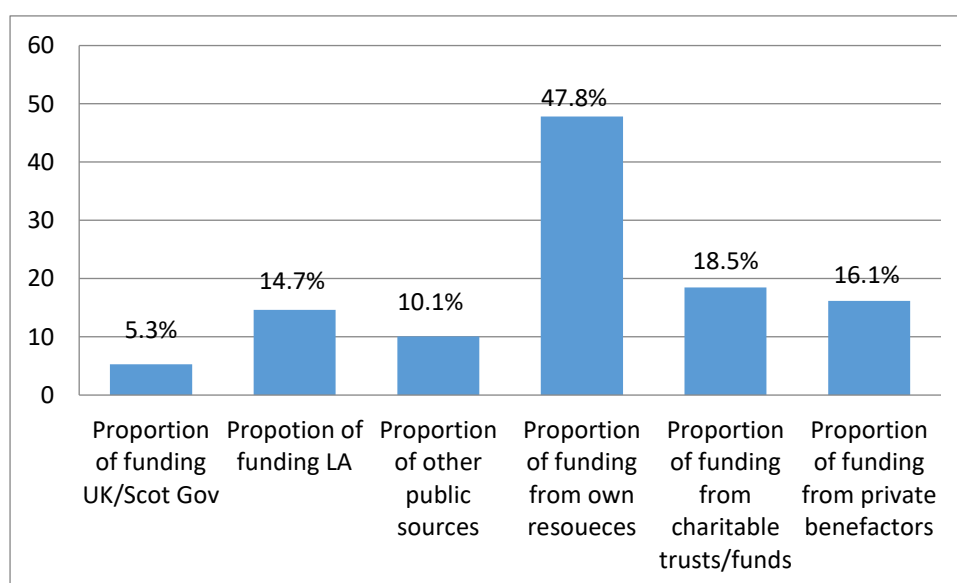


Figure 66: Percentage of funding from different bodies

Contribution to National Health and Wellbeing Outcomes

47.7% of responding organisations were aware of national health and wellbeing outcomes. Over a third of the TSOs viewed their activities as contributing to the “People are able to look after and improve their own health and wellbeing” objective. A further seven of the outcomes were contributed to by around 10-20% of the TSOs. While only 10% of the TSOs stated they contributed to the “Feeling engaged” outcome.

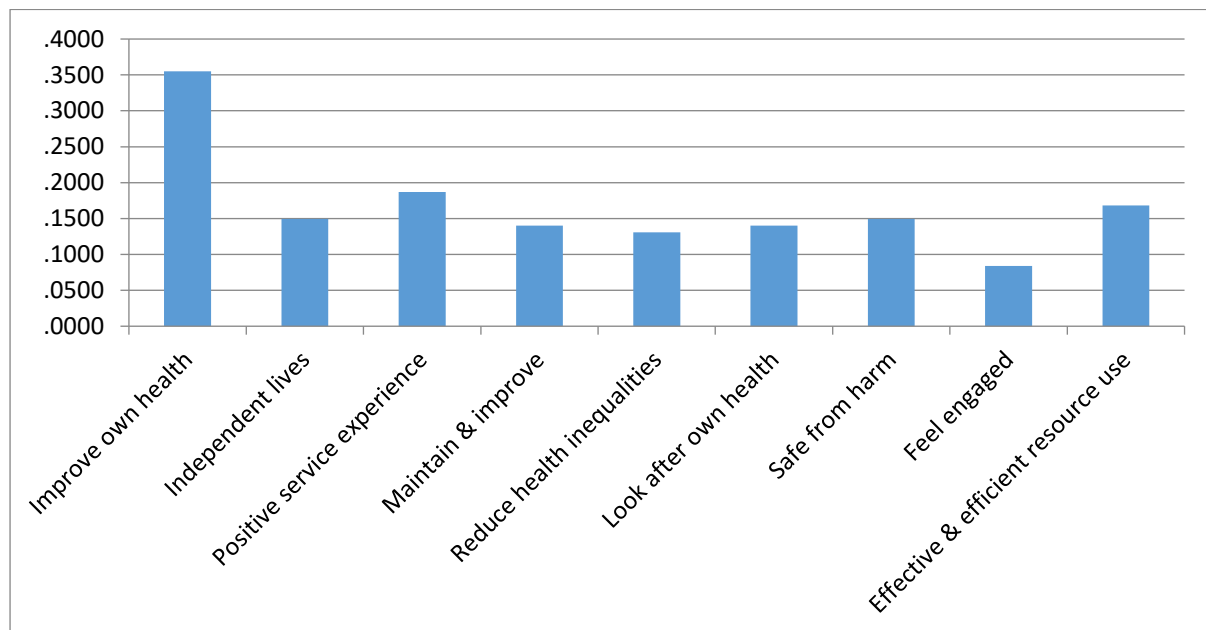


Figure 67: Argyll and Bute TSOs' contribution to National Health and Wellbeing Outcomes

Strength of Contacts & Social Network Analysis

Participants were asked within the survey to rate their connections to Scottish Government, Local Authorities, NHS, Social work, spiritual/religious centres, other TSOs, and funders. The respondents were then asked to score on a scale from 0 (weak) to 4 (strong) their strength of connections with various bodies. The mean level of strength is shown in Figure 68. The results show that there are strong connections between the TSOs and their local authority, third sector organisations and their funders.

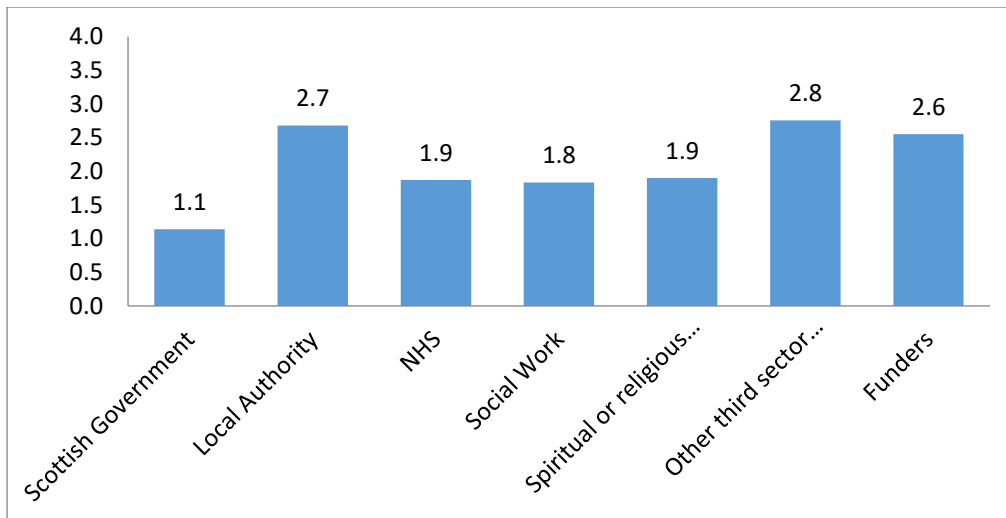


Figure 68: Mean report strength of contact

In addition, the participants were then asked to list five of the organisations they are closest linked to and to explain the nature of the connection. The results of this part of the survey can be seen from Figure 69, which shows a sociogram of the connections found in the survey of TSOs in Argyll and Bute. As would be expected the local authority is represented as the strongest connection. The NHS then follows as a hub for a number of organisations. The Argyll & Bute TSI is represented as a slightly weaker connection than would be expected.

The strength of contact is reflected in the sociogram shown in Figure X where the most central organisations are Argyll and Bute Council, the NHS and Argyll and Bute TSI. These had respective normalised degree centrality scores of 15.686, 10.294 and 5.882 respectively. This centrality measure demonstrates that the council dominates in this authority region with the NHS also representing an important hub in the social network, while the Argyll and Bute TSI is less central to the network than would be expected. This region has a low indegree centrality score of 15.3%.

There are three peripheral groups located outside the central network that connect two dyadic pairs one containing sporting groups and the other focusing on the environment. There is another group of four organisations, which are all related to business development and entrepreneur start-ups.

There are pendants linked to the main network through MECOPP and in connecting these Skills Development Scotland (SDS) plays an important bridging role.

There are 41 isolated organisations reporting no contacts with other organisations, which is 20% of the 205 organisations reported in this exercise.

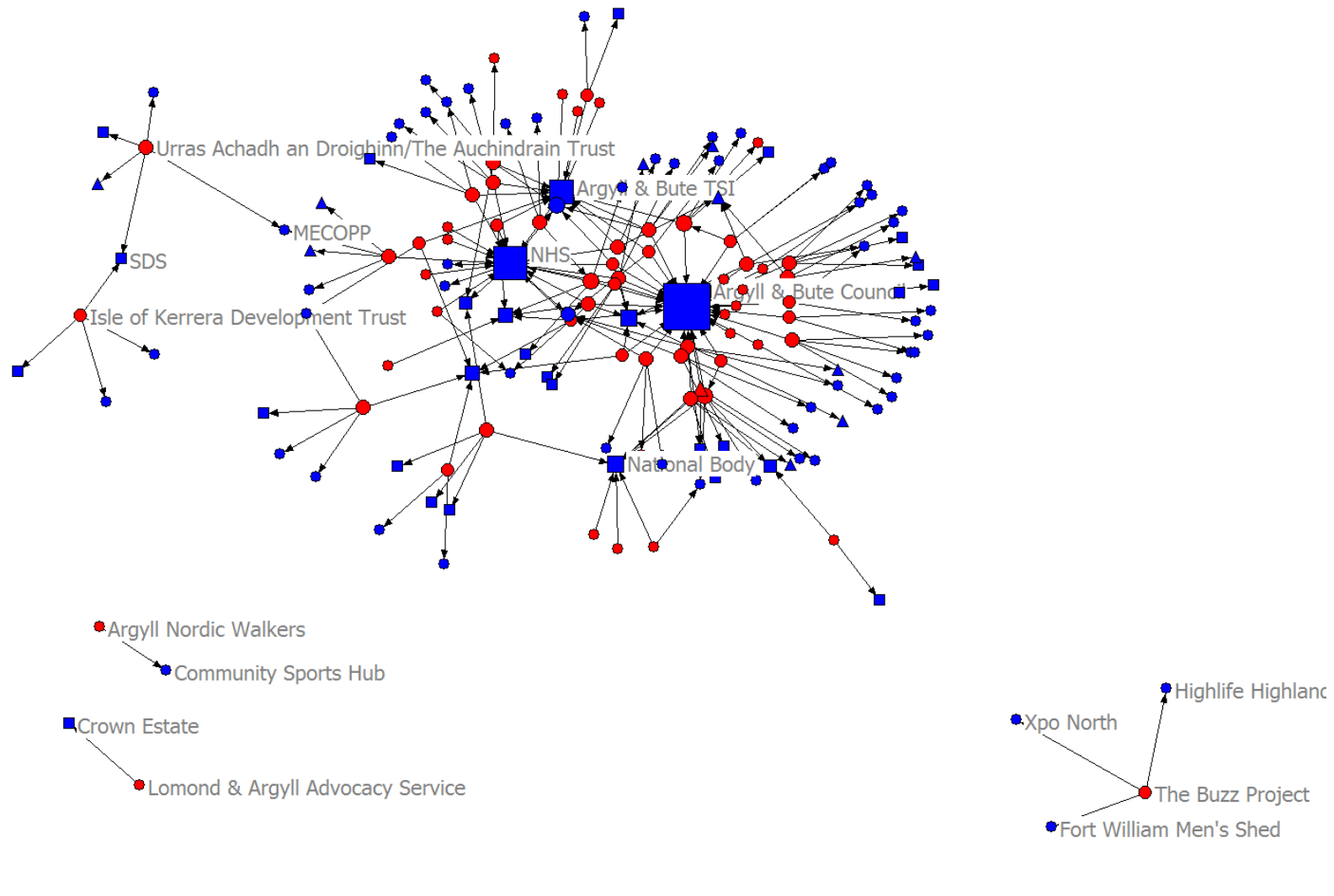


Figure 69: Argyll and Bute Social Network Sociogram

Conclusion

- Argyll and Bute is mainly a rural population which is ageing yet the top services provided by TSOs are for young people, volunteering, training and education, sport, leisure and recreation and advice and information – only then comes services to older people. Around a third of the TSOs surveyed provide services to 10 people or less and is perhaps reflective of the rural location.
- Within the area, the top seven skills reported by the TSOs are volunteering, provision of information, education, technical and practical skills, fundraising, health and care and befriending and mentoring
- 15.9% of organisation own their buildings and do not rent, 34.6% rent their premises and 2.8% both own and rent, leaving 46.7% neither not reporting nor having other arrangements such as non-rent access to others premises. There is very limited ability to share physical resources – probably a consequence or geographical dispersion.
- Less than half (47.7%) of responding organisations were aware of national health and wellbeing outcomes and of those who were the main contribution was to improving the individuals own health.
- The Social Network Analysis suggests that the network is not as dense and cohesive as Aberdeen City – this is probably a consequence of the geography of the area.

Comparisons

- Service provision between the areas varies in terms of how many people are served by the TSOs. Over half of the services provided in the Falkirk and Aberdeen City surveys are provided to over 200 people. Within Argyll and Bute, 60% of the services provide for less than 200 people. This can be seen as related to geography of the area, with the greater area and lower population density resulting in a greater number of small service TSOs. Indeed, Milo reports a far greater number of TSOs within the Argyll and Bute region (1936) than Aberdeen City (735) and Falkirk (340).
- Reflective in the variation in service provision, the areas of Aberdeen City and Falkirk reported greater financial resources available than the TSOs within the Argyll & Bute region. This is again perhaps reflective of the greater number of TSOs and smaller provision of services in the Argyll and Bute region.
- The TSOs vary per region in terms of the services offered, with a greater number of services for young people found in the more rural Argyll and Bute region, a greater number of education and training services in the younger and economically more active Aberdeen City region and greater volunteering services in the Falkirk area.
- The intangible assets within the regions vary too, with Falkirk reporting more skills in health & care, education, and technical & practical skills. Within Aberdeen City, befriending & mentoring, technical & practical skills, giving information are the top three skills. While Argyll & Bute TSOs report volunteering, provision of information, and education as their top three skills.
- Similar levels of awareness for the National Health and Wellbeing Outcomes were shared in the areas surveyed. Varying from a 47% to 60% awareness of the outcomes, the majority of the TSOs in the surveyed areas reported that their activities contributed to the ““People are able to look after and improve their own health and wellbeing”” outcome. The other outcomes are less supported by the TSO activities throughout the regions, averaging 25% in Aberdeen City, 20% in Falkirk and 15% in Argyll & Bute. This may be related to the difficulty of some of the TSOs to associate their actions with health and wellbeing.
- The Social Network Analysis has shown that the importance of the TSI in the social networks varies across the region. Falkirk’s TSI CVS Falkirk is slightly more central to the activities in its region as compared to Aberdeen City and Argyll & Bute. With the exception of the Falkirk area, all the regions’ TSOs report the greater links between the local authority and NHS than with their TSI. Certainly, with the case of Argyll and Bute, this perhaps reflects geographic differences.

- The Social Network Analysis also shows variations in the density and cohesiveness of the social networks in the regions. Reflective perhaps of the variation in geographies, Aberdeen City reports a strong, cohesive network focused around the local authority and NHS. Falkirk reports a less strong network but still focused around central hubs such as Falkirk Council, NHS and CVS Falkirk. The more rural region of Argyll and Bute reports a more dispersed and less cohesive network.

Overall Conclusions

- The nature of TSO provision is different in each authority as would be expected, showing evidence of responsiveness to the needs of the resident population. The TSOs surveyed in the Aberdeen City area report that they provide service that reflect the needs of a relatively affluent and younger population. While, the geographically rural area of Argyll and Bute demonstrates a large number of TSOs that provide services to smaller numbers.
- Patterns of provision change with nature of population distribution. In Argyll and Bute the networks are less cohesive and the ability of asset sharing is restricted – most likely due to geographical restrictions.
- Social Network Analysis (SNA) represents a powerful tool for highlighting and understanding connectedness within the third sector. The work reported here demonstrates the ability of SNA to show the links between TSOs and thus the network of assets and skills sets within communities.
- The SNA demonstrates that the local authority, the NHS and TSIs have key roles in the network, acting as hubs and could offer the facility to allow TSOs to connect with one another. Likewise, the research has shown that TSIs have a key role in these networks. Further work should be done to enable TSIs to manage the network relations and increase connectedness.
- To effectively share assets and better serve the needs of the local community networking skills are crucial. These need to be developed and this implies the need for change. But change management is difficult and slow.
- However, the low response to the surveys is a limitation – especially in reporting on the social networks. Many organisations that completed the survey did not identify organisations they connected to. Furthermore, many TSOs who were asked to participate in the survey may not have seen the relevance of their activities to health and wellbeing. This is perhaps a contributing factor as to why many did not complete the survey.
- Reflective of the last point, many organisations that completed the survey indicated a limited awareness of the National Health and Wellbeing Outcomes. For a number of organisations there is a lack of belief in their contribution to health and wellbeing of their communities.

Recommendations

The process of mapping assets has produced valuable learning, which we are keen to incorporate and use to inform future delivery and policy:

- The value and role of TSI and communities' local knowledge, role and experience is crucial when undertaking asset mapping and should be the starting point to co-produce all asset-mapping activities.
- Strategic level 'buy-in' from all partners and potential recipients should be achieved at the outset of any asset mapping project, to ensure fuller understanding, commitment, management of expectations and maximum influence for planning, commissioning and delivering of integration.
- Using a tool such as this to broaden engagement has enabled reach to a wealth of health and wellbeing organisations across Scotland. Going forward, the ethos should be 'aim big, start small' to be more focused. This will allow efficient use of resources, and enable reporting in line with Integration Authorities' localities and strategic plans, to highlight particular local needs and inform decision-making at local level.
- A shorter survey with more targeted questions will engage the appropriate audiences, the findings of which can be presented and promoted in a more accessible and digestible format.
- The National Health and Wellbeing outcomes should be explored further, in order to understand how and why organisations view their contribution to these in the way they do. Focus groups should be held with participating partners and organisations to seek if this asset mapping has increased their awareness of health and wellbeing, strengthened their connections and increased their understanding and opportunities to influence and participate in the integration agenda.
- A review of resourcing of TSIs and how best to support their capacity in capturing assets should be undertaken.
- There is a range of programmes, many funded by Scottish Government, mapping assets across Scotland. It would be helpful for collective lessons learned to be captured and more conjoined work to be taken forward by national intermediary organisations and funded by Scottish Government.
- TSIs have a crucial role in ensuring communication and provision of encouragement. They need to recognise their place in the social networks and become managers of the network.

- The method followed here has gone some way to establish a baseline. The baseline can be assessed as to its ability to fulfil demand from the community.
- It is recommended that Social Network Analysis is re-examined to allow understanding of the capacity of TSOs to net future needs of each region.

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Appendix 1: Example Survey



Activities and resources of voluntary organisations in Argyll & Bute

1. What is the name of your organisation?

2. Where is your organisation located including the full postal address (the room number if applicable, the office building's name, road number and name, city or town's name and post code)?

Postal address line 1

Postal address line 2

Postal address line 3

Post code

Town / City

Is this a home address (Y / N)

3. Please provide your contact information below.

Title

First name(s)

Last Name

Job title / position

Telephone number (main contact)

Mobile number (main contact)

Email address (main contact)

How would you prefer to be contacted by us (phone, mobile or email)?



Activities and resources of voluntary organisations in Argyll & Bute

4. In which geographical areas do you operate?

Please tick all that apply

International UK-wide Scotland wide 1 or more local authority area(s) Local authority wide Specific local neighbourhoods

5. Where you work in specific areas/localities/neighbourhoods please list each of these below

List all applicable areas/localities/neighbourhoods

6. Is your organisation governed by a board of directors/trustees or management/executive committee?

Yes No

7. How many full time equivalent paid staff are there in your organisation?

8. How many volunteers does your organisation have?

Please enter the number:

What is the average hours per month contributed by each volunteer?

9. Which of the roles listed below does your organisation undertake

Please tick all that apply

- Delivery of commissioned services (services funded by Local Authority, Scottish Government and/or NHS)
- Delivery of other services within the community
- Capacity building and other support to third sector organisations
- Provides staff and/or volunteers
- Other



Activities and resources of voluntary organisations in Argyll & Bute

10. Are your premises wheelchair accessible?

Yes No Partially

11. Do you have dedicated accessible parking spaces at these premises?

Yes No

12. Do you have fully accessible toilets at your premises?

Yes No

13. Are you aware of any other accessibility issues at this location?



Activities and resources of voluntary organisations in Argyll & Bute

14. Which of the following activities/services are provided by your organisation (please tick all that apply)?

- | | | |
|---|---|--|
| <input type="checkbox"/> Addictions | <input type="checkbox"/> Advice / Information | <input type="checkbox"/> Advocacy |
| <input type="checkbox"/> Animal Welfare | <input type="checkbox"/> Arts and Culture | <input type="checkbox"/> Befriending / Mentoring |
| <input type="checkbox"/> Black / Minority Ethnic | <input type="checkbox"/> Campaigning / Lobbying | <input type="checkbox"/> Carers |
| <input type="checkbox"/> Charity Shop | <input type="checkbox"/> Children Services | <input type="checkbox"/> Community Banking |
| <input type="checkbox"/> Community Council | <input type="checkbox"/> Community Development | <input type="checkbox"/> Community Facilities |
| <input type="checkbox"/> Community Forum | <input type="checkbox"/> Community Safety | <input type="checkbox"/> Community Transport |
| <input type="checkbox"/> Counselling | <input type="checkbox"/> Credit Unions | <input type="checkbox"/> Drug / Alcohol Issues |
| <input type="checkbox"/> Education / Learning / Training | <input type="checkbox"/> Emergency Response / Disaster Relief | <input type="checkbox"/> Employment |
| <input type="checkbox"/> Environment / Recycling | <input type="checkbox"/> Equality | <input type="checkbox"/> Faith / Religion / Belief |
| <input type="checkbox"/> Family Support | <input type="checkbox"/> Fundraising / Funding | <input type="checkbox"/> Health |
| <input type="checkbox"/> Helpline | <input type="checkbox"/> Housing / Homelessness | <input type="checkbox"/> Housing Association |
| <input type="checkbox"/> Law and Justice | <input type="checkbox"/> Learning Disability | <input type="checkbox"/> Men |
| <input type="checkbox"/> Mental Health | <input type="checkbox"/> Offenders / Ex-Offenders | <input type="checkbox"/> Older People |
| <input type="checkbox"/> Overseas Aid / Developing | <input type="checkbox"/> Physical Disability | <input type="checkbox"/> Poverty |
| <input type="checkbox"/> Refugees / Asylum Seekers | <input type="checkbox"/> Self Help / Support | <input type="checkbox"/> Sensory Impairment |
| <input type="checkbox"/> Sexuality | <input type="checkbox"/> Single Parent | <input type="checkbox"/> Social Care |
| <input type="checkbox"/> Social Economy / Social Enterprise | <input type="checkbox"/> Sport / Leisure / Recreation | <input type="checkbox"/> Volunteering |
| <input type="checkbox"/> Women | <input type="checkbox"/> Young People | |

15. Which one of the above would you consider your main area of activity/service provision?

16. Does your organisation provide activities/services

- All year round
- Only seasonally



Activities and resources of voluntary organisations in Argyll & Bute

17. When does your organisation provide activities/services?

- Daily/weekly
- Fortnightly/monthly
- Less frequently



Activities and resources of voluntary organisations in Argyll & Bute

18. What are your opening / available (office) hours for each day of the week?

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

19. Please name your top 3 main services / activities and give the time when they are available each week

You only need to tell us about the details you feel are relevant

	3 main activities/service	The time available each week						
	Name of activity/service	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Main activity/service 1								
Main activity/service 2								
Main activity/service 3								



Activities and resources of voluntary organisations in Argyll & Bute

20. Approximately how many people did your organisation directly support or provide activities/services to last year?

21. Does your organisation provide services to any of the following age groups?

- All Children Young people (16-25 years) Adults aged 65 or less Adults aged 66+ Don't know

22. Does your organisation provide services for any of the following gender groups?

- All Male Female Other Don't know

23. Does your organisation provide services to any of the following ethnic groups?

24. Does your organisation provide services to any of the following economic groups?

- Anyone In employment but economically disadvantaged
 Disabled and working In employment and not economically disadvantaged
 Disabled unable to work Retired
 Unable to work due to caring responsibilities Don't know
 Unemployed Other

25. Does your organisation provide services to any of the following marital status groups?

- Anyone
 Single
 Married/cohabiting
 Separated /divorced/widowed
 Don't know

26. Do you provide support for those with children?

- No
 Children of any age
 Children aged under 6 years
 Children aged 6-11 years
 Children aged 12-16 years

27. Do you provide support specifically for unpaid carers

- Yes No



Activities and resources of voluntary organisations in Argyll & Bute

28. What is your organisation's main aim/goal?

29. How effective do you feel your organisation is in achieving its goals?

Please score out of 10 where 0 is the lowest and 10 is the highest.

Rating										
Low			Neutral				High			
0	1	2	3	4	5	6	7	8	9	10
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

30. What are the main challenges/barriers you feel your organisation faces?

31. How do you know what impact you are having on those who access your activities / services (please tick all that apply)?

- Formal feedback / Evaluation
- Informal Feedback – (e.g. verbal comments, thank you cards, letters etc.)
- Other

32. Does your organisation provide training to others?

- Yes No

Activities and resources of voluntary organisations in Argyll & Bute

33. What skills does your organisation have?

Please rate 0 to 4, where 0 is none and 4 is highly skilled

Not applicable

	Skill rating
	Number
Counselling/Self-help/Support	<input type="text"/>
Education/Training	<input type="text"/>
Legal/Law	<input type="text"/>
Health and Social Care	<input type="text"/>
Business/Enterprise	<input type="text"/>
Information/Advice services	<input type="text"/>
Arts/Culture/Leisure	<input type="text"/>
Policy/Campaigning/Lobbying	<input type="text"/>
Community Development	<input type="text"/>
Fundraising/Funding	<input type="text"/>
Advocacy	<input type="text"/>
Befriending/Mentoring	<input type="text"/>
Volunteering	<input type="text"/>
Marketing	<input type="text"/>
Media relations	<input type="text"/>
IT/Digital	<input type="text"/>
Technical/Practical skills	<input type="text"/>

Other skills please list

34. Which of the following statements apply to your organisation:

- We own our building(s)
- We rent our building(s)
- We own and rent our buildings
- Other

35. What physical assets does your organisation have?

Not applicable

	How many do you have?	Buildings
	Please enter	Can these be used by other organisations?
Offices		<input type="text"/> ▾
Training rooms		<input type="text"/> ▾
Meeting rooms		<input type="text"/> ▾
Halls		<input type="text"/> ▾
Workshops		<input type="text"/> ▾

36. Apart from the building(s) you own or rent can you access any of the following (please tick if these apply)?

Tick all that apply

Office space Training space Meeting space

37. Does your organisation own land?

Yes

No

38. Does your organisation have access to any transport that supports delivery of your service/activities?

Yes

No

39. Does your organisation have equipment that supports the delivery of your service/activities?

Yes

No



Activities and resources of voluntary organisations in Argyll & Bute

Contribution to Outcomes

40. Are you aware of the National Health and Wellbeing outcomes?

- Yes
- No

41. Does your organisation and/or the services you provide have a role in contributing to the following health and wellbeing outcomes?

Please tick all that apply

- People are able to look after and improve their own health and wellbeing and live in good health for longer
- People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community
- People who use health and social care services have positive experiences of those services, and have their dignity respected
- Health and social care services are centred on helping to maintain and improve the quality of life of people who use those services
- Health and social care services contribute to reducing health inequalities
- People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing
- People using health and social care services are safe from harm
- People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide
- Resources are used effectively and efficiently in the provision of health and social care services

N/A



Activities and resources of voluntary organisations in Argyll & Bute

42. How strong are your links/communications with the following organisations?

Please rate 0 to 4 where 4 is strong.

Not applicable

	Strength rating					
	Weak			Strong		
	0	1	2	3	4	NA
Scottish Government	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Local authority	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
NHS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Spiritual/religious centres	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other third sector organisations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Funders (excluding Scottish Govt. and Local Authority)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Others please list

43. Please list 5 organisations (public, private or third sector) that your organisation has the strongest connections with

Organisation 1

Organisation 2

Organisation 3

Organisation 4

Organisation 5

44. Please tell us why or in what way you are connected to each of the organisations you have listed above

Organisation 1

Organisation 2

Organisation 3

Organisation 4

Organisation 5



Activities and resources of voluntary organisations in Argyll & Bute

Please note: this information will not be shared publicly

45. What date did your most recent financial year end?

46. What was your total income (in £s) from all sources last financial year?

47. What was your total expenditure (in £s) for the last financial year?

48. Who is your primary funder?

49. Thinking about your total income please provide approximate % contributions from the following funders/funds:

Proportion of funding from UK/Scottish Government

Proportion funding from Local Authority

Other public sources

Proportion from own organisation fund raising activities

Proportion from charitable trusts/funds

Private benefactors

50. Do you have any other source(s) of funding? if so, please list it in the box below including the % contribution.



Activities and resources of voluntary organisations in Argyll & Bute

51. If you wish a chance to win a new Kindle Fire, please enter your email address in the box below.