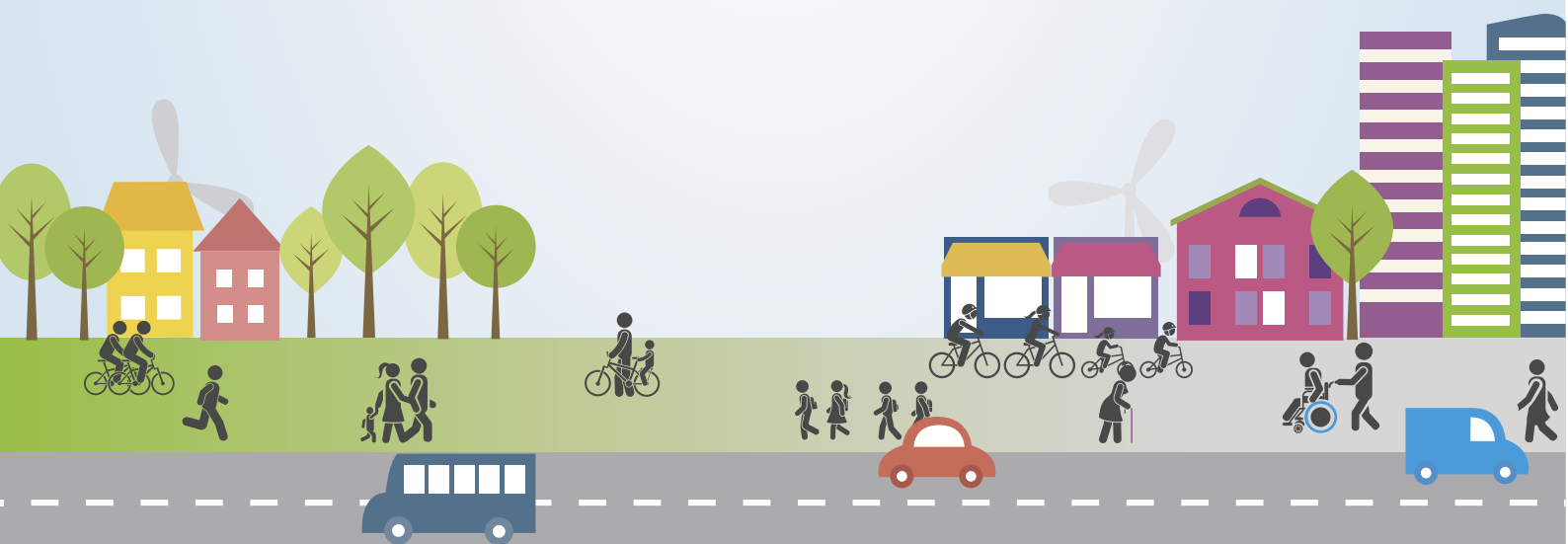Shaping Places for Wellbeing Programme

Dunoon Project Town

What We're Hearing in our Communities

A qualitative report on the findings from stakeholder conversations and a review of engagement documentation

Introduction

This report presents the work of the Community Link Lead working on the Shaping Places for Wellbeing Programme in Dunoon. It reviews previous qualitative data, reports or formal community engagement available in relation to Dunoon and gathers insights from conversations with local stakeholders. It adds qualitative, narrative and experiential data to the programme's understanding of inequality, place and wellbeing in Dunoon.

The report details the process the Community Link Lead undertook, supported by the Project Lead, and provides further information on the key topics captured in this visual summary.

These insights have informed Place and Wellbeing Assessments of a range of plans and strategies and continue to shape the ongoing support of the Shaping Places for Wellbeing Programme.

Contents

Summary

This report builds on a quantitative data profile on health inequalities produced by Public Health Scotland and reviewed by the Dunoon Steering Group. This indicated the inequality focus areas for Shaping Places for Wellbeing in Dunoon as:

- People living in the three areas of Dunoon listed within the bottom decile of the Scottish Index of Multiple Deprivation
- People affected by alcohol misuse
- People experiencing income inequality
- People aged 15-44 (in relation to statistics suggesting excess early deaths in this age group)*

Read our infographic summary of the quantitative data profile :<<hyperlink>>.

These inequality focus areas were used as the starting point for the Community Link Lead's work.

* This focus area was removed after further consideration of the data, though had already been included in the research for this report and was relevant to include findings.

What did we find?

Inequalities

Overall, the findings supported the key inequalities areas from the quantitative data review as a good representation of issues in Dunoon. Insights from the Community Link Lead's work included:

- **Alcohol misuse was expanded to become substance use** to include the misuse of drugs.
- Income inequality was supported by more detailed data including **impact of caring responsibilities, fuel costs, and single person households**.
- While it was agreed deprivation was a key inequality in Dunoon, it was challenging to obtain specific information
- There were challenges in identifying other data supporting early deaths as an area of inequality

In addition, two emerging areas of inequality were identified:

- **Mental health**: both as a cause of inequalities and as an issue where service provision struggles to meet demand
- **Challenges to the stability of the local third sector** and the effects of this on local opportunities, service delivery and sustainability.

Findings by Place and Wellbeing Outcomes

More broadly than specific inequality areas the findings were also mapped against the Place and Wellbeing Outcome themes and included what people valued about their place as well as what people felt was need in their project town.

- **Movement:** People in Dunoon can be disconnected from key services and resources by its geography and transport links.
- **Spaces:** Access to free, open spaces is seen as an asset but there is a perception of a lack of things to do and of some public spaces being underused.
- **Resources:** Cumulative negative impacts of austerity on public and third sector services create challenges both for people affected by inequality and for those supporting them – contributing to the 'emerging areas of inequality' identified above.
- **Resources:** A shortage of private rental sector accommodation is a recognised local problem.
- **Resources:** Local support groups and advocacy are highly valued and there is a desire for more local and integrated health services.
- **Civic:** Dunoon is a place where people generally feel safe and local connections are strong. More data and local partnership working could help understand perceived variation in engagement with services.
- **Stewardship:** There is a strong culture of community-led local action and peer support, but also an appetite for increased information sharing, communication and involvement in decision making.

- Prioritisation of pressing issues including the cost of living may limited engagement with Planetary Health or some Outcomes such as Spaces.

Key gaps and challenges identified during the process of preparing this report

- **Scarcity of recent comprehensive community engagement,** and lack of demographic data, limited objective assessment of groups most impacted by inequality in respect of the Place and Wellbeing Outcomes.

- Representation of seldom-heard voices was limited in available engagement.

Key learning across project towns

- Stakeholder conversations revealed an **appetite for greater sharing of insights and data** within and across sectors, provided confidentiality could be maintained.

- Third sector organisations and voluntary groups are seeking **mechanisms to strengthen partnership and co-production** with statutory and formal services.

- Stakeholder conversations were very valuable in building a consensus on need, to define important assets and to suggest local priorities.

Background

Shaping Places for Wellbeing Programme

Shaping Places for Wellbeing is a 3-year programme, running until March 2024, which is being delivered by Public Health Scotland (PHS) and the Improvement Service (IS) jointly with local authorities and NHS local boards. The programme has funding from The Health Foundation and Scottish Government.

Programme ambition and structure

The ambition of the Shaping Places for Wellbeing programme is to

Improve Scotland's wellbeing by reducing the significant inequality in the health of its people while addressing the health of our planet.

The Programme objective is to deliver on this ambition by promoting the long-term preventative impact of the places we live, work and play on the wellbeing of those using them. This work is anchored in embedding the evidenced features that we need to get right in every place to enable people make choices that improve their wellbeing. These are called Scotland's Place and Wellbeing Outcomes.

The programme is supporting seven 'Project Towns': Alloa, Ayr, Clydebank, Dalkeith, Dunoon, Fraserburgh and Rutherglen. Each project town has a steering group made up of local authority and local health board representatives to provide oversight and direction.

The role of the Community Link lead is to:

- Promote understanding of the Place and Wellbeing Outcomes among local organisations.
- Identify and engage with a range of stakeholders impacting the town.
- Gather data on inequality that clarifies the people most impacted in that town, connect with community organisations to sense check this data.
- Connect with existing community groups and activity, using an asset based approach and reviewing qualitative data to identify what those people need from their place.

Dunoon project town
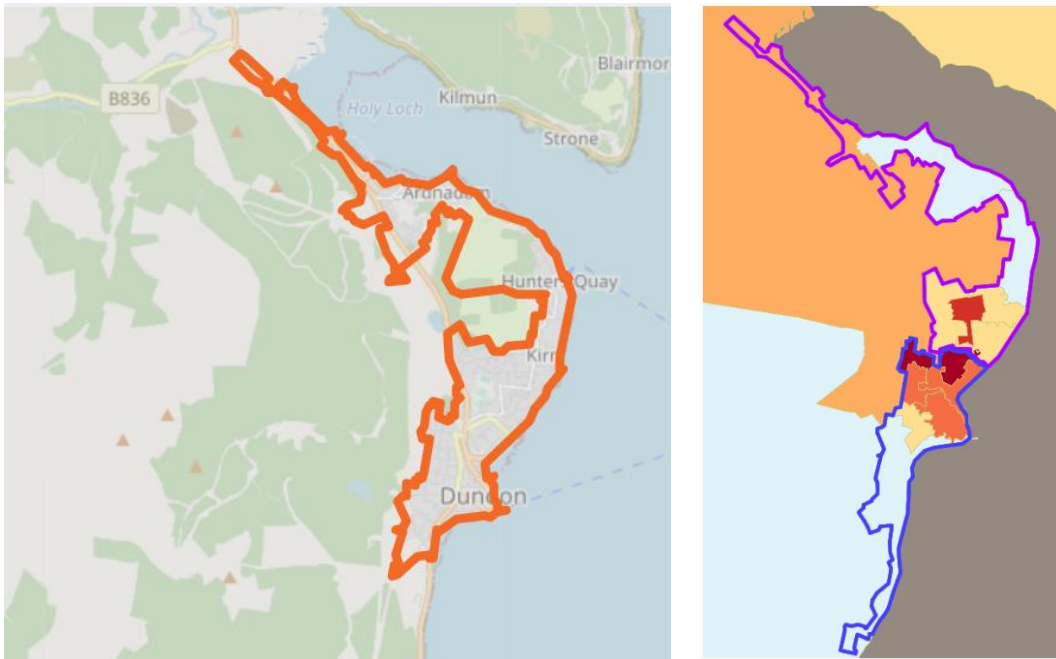
National Records of Scotland's Left: Dunoon and Sandbank settlement. Right: Map of Intermediate zones of Dunoon (blue) and Hunter's Quay (purple). Red and dark red areas indicate datazones in the bottom quintile of the Scottish Index of Multiple Deprivation.

The Dunoon project town area is based on the National Records of Scotland's Dunoon and Sandbank settlement. It approximately equates to the two intermediate zones of Dunoon and Hunter's Quay, giving a total population of 8980 (mid-2020 population estimates).

Dunoon is situated on the Cowal peninsula and is defined as a Very Remote Small Town by the Scottish Government Urban Rural 8-fold Classification (2016). It is accessed either by ferry from Gourock in Inverclyde, or by road. Road access is primarily from the north of the peninsula, with travel to the central belt via the Rest and Be Thankful pass at Glen Croe.

Scenes from Dunoon. Top left: signage near the passenger ferry exit. Top right: Castle Gatehouse Lodge. Bottom left: ferry passing Dunoon pier. Bottom right: the Rose Garden.

The population in Cowal gradually fell between 2011 and 2020, with a net loss of younger age groups and a net gain of those aged 75 and over (National Records of Scotland 2021). The population is estimated to decrease further, by 2.4%, from 2020 to 2025.

Significant episodes in Dunoon's social history include its decline as a tourist destination following the availability of cheaper foreign holidays in the 1960s and 1970s; the siting between 1961 and 1992 of an American submarine base on the Holy Loch at Sandank, and the economic downturn associated with the closure of the base. These changes altered the social fabric of the town and people's perception of it. The loss of a town centre vehicle ferry in 2011 is often cited as adding to Dunoon's challenges.

During and following Covid-19 Dunoon and the wider area began to see indications of in-migration from urban areas.

Approach and methodology

Introduction

The **purpose** of the review was to:

- Sense check the quantitative findings and identify anything missing.
- Build a narrative around the area of inequality – what is behind the data?
- Identify which demographic groups are experiencing the inequalities.
- Explore what these groups need from their place.
- Identify what people felt are the key assets.

The **methods** included:

- Stakeholder mapping
- Review of **documents** including reports, surveys and engagement exercises
- Structured **conversations** with local stakeholders.

Analysis of the data included

- Mapping against Place and Wellbeing Outcomes
- Sense checking.

Based on the identified inequality focus areas, we undertook a desk review of available qualitative data relating to Dunoon and developed a local stakeholder map for Dunoon (see Appendix). Between November 2022 and June 2023, we held structured conversations with key stakeholders identified from the mapping exercise.

Document review

Reports and surveys identified by local stakeholders

We reviewed available place-based engagement and used our interviews, programme email update and steering group meetings to ask stakeholders to alert us to relevant reports and surveys that they had produced or were aware of. This included additional quantitative data, which wasn't analysed for this review but formed part of the insight. We focused on direct report (e.g. views expressed by participants) from within these documents rather than recording conclusions drawn by the authors.

Web searches for additional data

Searches were conducted in February 2023 and refreshed in June 2023 using both Google and Bing search engines, examining any results within the first 5 pages returned by using the following search terms: Dunoon+health+inequality*, +/-report*; survey*; Dunoon+health, +/-report*; survey*; Dunoon+inequality*, +/-report*; survey*. We also searched the consultation database [Citizen Space](.).

Results providing general service information or contacts were excluded. Where results were not specific to Dunoon, this term was then applied to locate pertinent information within the documents.

Documents found:	excluding those:	We considered:	to identify:
from stakeholders	older than 10 years	the type of engagement	document's conclusions
from Google/Bing	lacking direct consultation/ engagement findings	respondents	any inequality groups
From Citizen Space		geographic coverage	themes related to Place and Wellbeing Outcomes
		any limitations	
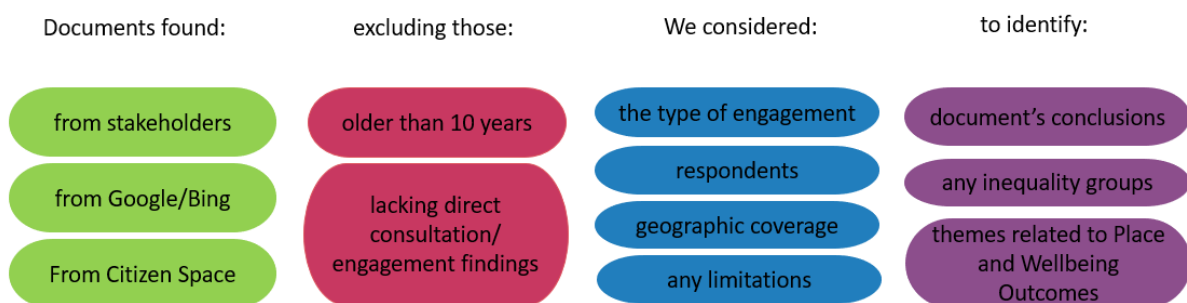
Structured conversations with local stakeholders

Stakeholder selection and process

The Project Lead held initial conversations with a range of stakeholders in May – Dec 2022 to introduce the project and sense check the data profile. Notes from these conversations were used alongside the Community Link Lead work and as a starting point for a stakeholder map.

Following a stakeholder mapping exercise, we undertook structured conversations with additional local stakeholders prioritising those people working in roles supporting people with lived experience of our inequality focus areas.

Stakeholders were invited to identify key issues for Dunoon and how these impacted on any specific sub-groups within the focus areas. We invited reflection on any specific needs people with lived experience of inequality have for changes to their place, and on potential opportunities to progress those changes.

Analysis

As themes emerged from the above processes, we iteratively explored available data and sought to triangulate views. This helped us to understand where there was consensus, and where further confirmation or mechanisms needed to be identified to confirm the findings.

We summarised available information on respondent demographics. Focussing on comments or feedback gathered during local stakeholder engagement processes, we then collated references to any of the four inequality focus areas as well as more generic references to inequality and/or health. The same process was followed when examining engagement exercises relating to specific services or strategies.

Sense checking

The themes and emerging ideas captured in this report were identified by the Community Link Lead. There is therefore a degree of subjectivity and personal interpretation inherent to the findings. To reduce this, themes or ideas were only included if they had been raised by multiple sources, and the Community Link Lead discussed held follow-up conversations with key stakeholders to sense check the main points emerging and to invite any comment or refinement.

Mapping themes against the Place and Wellbeing Outcomes

The Place and Wellbeing Outcomes provide a set of outcomes for all stakeholders to work towards for the places they live, work, learn or relax in. Based on shared evidence with the Place Standard Tool, the outcomes fall into five overarching themes, with 13 Outcomes as illustrated below. More information and context can be found in this briefing paper.

People are central to the Outcomes. The principles of equality, net-zero emissions and sustainability underpin all of these themes.

The Place and Wellbeing Outcomes were used as a lens to frame conversations, and to interpret and capture the things we heard. The Community Link Lead identified key findings and conclusions from the reviewed documents and pulled out those relevant to the Outcomes.

Data sources

We examined the following place based exercises conducted in or relating to Dunoon:

- Argyll and Bute Community Planning Partnership "How Good is Your Place?" Place Standard exercise, 2019
- Think Dunoon Charette, 2017
- Out and About in Dunoon – an Outdoor Activity Spaces Masterplan, 2019.

A full list of reports and surveys included in our review is listed in the Appendix, along with key findings from each of these and from the place based exercises. The appendix also includes a list of the groups or organisations with whom the Community Link Lead had conversations.

Emerging themes

The summaries below detail the recurring themes emerging from views expressed in the reviewed documents from our stakeholder conversations, including how they map against the Place and Wellbeing Outcomes. What do people in Dunoon, particularly those most impacted by inequality, want decision makers to know about their place, health and wellbeing?

This report is not an exhaustive representation of all the topics raised, but those raised by multiple stakeholders across sectors and thus suggesting a more collective, shared experience of place.

They tend to focus on areas of concern and on desired action; it is also important to recognise that Dunoon's assets were often raised, and these are discussed under Mapping our findings to the Place and Wellbeing Outcomes and to Planetary Health.

Reflections on inequality focus areas

People are at the centre of the Place and Wellbeing Outcomes. Stakeholders generally agreed that the inequality focus areas identified by the quantitative process were an accurate representation of issues in Dunoon.

Specific findings in relation to the inequality areas were:

Areas of multiple deprivation

While it was agreed this this was a key inequality in Dunoon, it was challenging to obtain specific data for a number of reasons:

- We could not identify any projects or organisations specifically based in or focused on areas ranked in the bottom quintile of the Scottish Index of Multiple Deprivation (SIMD).
- Several stakeholders reported that uptake of their support or services seems similar across project datazones but felt this was likely to be due to confounding factors such as lower engagement with formal services in less affluent areas (where need might actually be greater).
- It was noted that there are areas of hidden inequality, e.g. where small areas such as the Finbracken estate in Sandbank are 'miscategorised' by SIMD scores.

People affected by alcohol misuse

Reports and conversations often cited substance misuse as an issue, though tended to focus on problem drug use at least as much as alcohol. Specific feedback included:

- Responding to quantitative data indicating that rates of alcohol hospitalisations are significantly higher in Dunoon (including one data source highlighting rates in women aged 35-49), interviewees focused on
  - lack of access to services
  - concerns that official figures do not acknowledge the extent of need
  - a desire to strengthen integration between support for substance use and for poor mental health.

- A desire for greater communication and influence with statutory services on tackling substance abuse was raised by a number of support organisations.
- Overall it was felt that this inequality area should be broadened to "People affected by substance misuse including alcohol".

Income inequality

Reports and conversations confirmed income inequality as a key issue for Dunoon. There were specific impacts on income raised and particular demographic groups noted as being affected:

- **Caring responsibilities**, either relating to childcare or to care for an older or disabled relative were reported to limit people's ability to seek or retain employment, as well as placing a strain on carers' wellbeing. Specific examples relating to childcare included
  - Limited availability and flexibility of childcare places
  - Local out of school care charity is unable to cater for zero hours or shift workers.
  - Childcare is regularly reported as a key problem for employability clients.
  - Recent local research by Dunoon and Cowal Co-works identified caring responsibilities as a barrier to work by freelancers.
- **Fuel costs and fuel poverty** were raised by many as having a significant impact on quality of life. Contributing factors cited included old housing stock, lack of mains gas and living in single person households. Several stakeholders noted that increasing numbers of people are now seeking help as they are unable to meet basic living costs, including working people not eligible for benefits.
- **Time and cost barriers to working** or studying elsewhere were also cited as limiting people's options, including those of young people.
- Other significant contributors include limited range, low pay, seasonality and precarity of local employment.
- **Single-person households** were mentioned by several stakeholders as a group where the impacts of the above factors were particularly problematic. Causal links were also mentioned between employment or relationship breakdown, or alcohol or drug misuse, and people becoming single person households. An increase in households facing eviction was an emerging issue as the review period came to an end.
- Where other **demographic-specific factors** were suggested, these focused on mental health of older men, and caring responsibilities falling more to working age women. This is consistent with quantitative data for the Cowal area suggesting high rates of both UC and Carers' Allowance in women aged 30-34.
- Recent data from a local financial support organisation also reports associations between benefit claims in the PA23 postcode and being female, living in social housing and in the age range of 25-54. The ability to explore comparable data at intermediate zone level would be valuable.

Understanding who is most affected by income inequality was also complicated by rapid and ongoing increases in the cost of living. Organisations providing financial, energy and housing

advice reported large increases in demand and a changing picture of support needs to include more working households and those who have not previously needed to seek financial support.

Life expectancy, and ill health among people aged 15-44

This was initially highlighted as an inequality focus area. However, during the review period it was agreed that the quantitative data wasn't robust enough, and there were challenges in identifying other data supporting it as an area of inequality. The reasons for this included:

- Interviewee insights did not present consensus on the key health conditions; perceptions that drug and alcohol-related morbidity and mortality underpin these figures could not be linked to official data.
- Reports and stakeholder conversations mentioned a need for referral pathways for mental health problems and weight loss, indicating that these are unmet needs that may be contributing to early morbility or mortality.

Emerging areas of inequality

In addition, a few topics were raised that do not directly relate to the inequalities identified or the Place and Wellbeing Outcomes. The following headings group similar ideas that were raised by multiple interviewees and/or written sources as key to understanding lived experience of inequality locally.

> Mental health as a cause of inequalities and as an issue where service provision doesn't meet demand.

Mental health emerged consistently as a significant local issue that wasn't included in the inequality focus areas. Poor mental health was cited in many of our conversations, both as a contributing factor in health inequality and as a consequence of the strain of living with inequality, especially where this results in people falling into poverty. Concerns focused on a perceived lack of statutory support services and treatment locally (including in comparison to other parts of Argyll and Bute), and a lack of integration of treatment for mental health and for substance misuse.

Examples included

- Reports of a **lack of statutory or community services** to refer patients on to for mental health support.
- **Links between mental health and substance misuse**, including:
  - mental health as a causative factor in addiction

- o a perceived lack of integration of treatment to recognise this
- o concerns that waiting times and other elements of standards such as the Minimum Addiction Treatment standards are not being met for addiction referrals, combined with a lack of confidence that these problems are reflected in official statistics
- o concerns that volunteering increases risk of deterioration or relapse (addiction and/or mental health problems) in volunteers.
- The critical importance of dealing with mental health and self-worth to the success of employability and pre-employability interventions.
- Very **limited capacity of some mental health organisations**, networks and peer support groups due to a number of factors including small volunteer base, peer leaders' own health challenges, and difficulty recruiting to low-paid, part-time posts.
- **Increasing need from vulnerable young people**, and lack of organisations able to monitor or support mental health once young people leave school or care unless presenting in crisis.
- **Unpaid carers** were consistently identified as a group whose mental health is impacted by inequality.
- It was valued that support for mental health and wellbeing is now a vital and recognised component of programmes such as **employability support schemes**, though it was noted that these need to complement community work rather than replace it.

Challenges to the stability of the third sector

The importance of the third sector was raised in multiple contexts, with key messages relating to:

- **Reliance on the third sector for delivery of key public services**, including unequal provision of mental health support as a result in Dunoon compared with other parts of Argyll.
- A perceived **lack of influence**, including limited links with the Health and Social Care Partnership.
- Limited **staff capacity**.
- Small or **dwindling volunteer pools**, volunteer fatigue and increased caring responsibilities of volunteers.
- **Limited communication and collaboration** between third sector organisations, due to lack of capacity and perception of being in competition for funding.
- The importance of **mentoring and safeguarding oversight** (sometimes mentioned as an unmet need), particularly in relation to peer-led support services.

Mapping our findings to the Place and Wellbeing Outcomes and to Planetary Health

We framed this report around the inequality focus areas emerging from the quantitative data profile for Dunoon created by the Shaping Places for Wellbeing Programme, and the additional themes raised by local engagement and qualitative data. It is also useful to consider how our findings relate to the Place and Wellbeing Outcomes in which the Shaping Places for Wellbeing Programme's work is anchored.

The themes raised locally were not evenly spread across the outcomes.

Movement

The **Movement** outcome was represented strongly. Representation focused on Dunoon's limited connectivity to other places, people and services and on the impacts this has across all aspects of life including employment, autonomy and mental health.

The most commonly raised issues related to:

- Costs and limited provision of public transport and reliance on car ownership.
- Unreliable or inaccessible ferry routes.
- Feelings of personal isolation and/or the need for young people to leave the area to find employment or pursue education or training.
- Difficulty in accessing centralised health and other services, as well as loss of associated skilled local employment opportunities.

Assets mentioned included local community transport provision and opportunities for walking, cycling and watersports.

Spaces

Where **Spaces** were mentioned, this tended to be as an asset. Dunoon has good access to free, open spaces. Landscapes and natural spaces, and proximity to the waterfront were referenced often, along with heritage (historic buildings and heritage stories).

Several reports and conversations did describe a lack of facilities, especially for young people. A perceived lack of things to do – especially in bad weather – was mentioned as impacting on young people's mental health and behaviour. Some public spaces were reported to be

underused, partly due to limited transport connectivity and scarce funding for maintenance or improvements.

Resources

The majority of areas highlighted related most closely to **Resources**. Under **Housing and Community**, a shortage of private rental accommodation is a concern for many. Most comments about Resources related to **Work and Economy** and **Services and Support**, with many conversations centred on the cumulative negative impacts of funding cuts and austerity on public and third sector services. These create challenges both for people affected by inequality but also for those supporting them and were noted as contributing factors to the 'Emerging areas of inequality' of mental health and challenges to the stability of the third sector.

Stakeholder conversations also highlighted the important role of support groups, both informal and formal, and advocacy in addressing inequality. Peer-led groups were particularly valued in relation to substance misuse, mental health and unpaid carers, but there was recognition that these need to be adequately resourced and connected with formal services.

Other positive comments and aspirations voiced by multiple stakeholders included:

- A desire to reverse trends of more centralised services and so to 're-skill' Dunoon was voiced by many.
- A wish for greater influence and collaboration with the public sector in prioritising, designing and delivering services.
- Appreciation of local initiatives to improve communication within and between sectors (such as the Dunoon Town Team, led by Dunoon Community Development Trust).

In addition, assets mentioned included formal and informal support groups (especially carers' groups and Branching Out/Moving On mental health support programmes); advocacy groups and networks; volunteers; activities for young people (including input from Community Learning and Police); employability support, and support from family and friends.

Stewardship

Stewardship tended to be raised in relation to **Influence and Control.** There was evidence of strong third sector and voluntary involvement in this area, though discussions often highlighted frustration at limited influence, as well as resource constraints and concerns about capacity and sustainability.
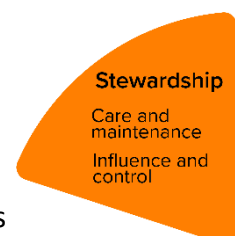
Civic

Dunoon's attractive natural outdoor environment is a source of pride and people tended to report feeling safe in the town (with some exceptions). A number of assets were mentioned that contribute to **Identity and Belonging** within the **Civic** Outcome: good local connections between organisations; pride in Dunoon; independent businesses; local cultural groups; Community Councils; local Development Trust; strong family connections; the people; diversity of skills and experiences; no division in secondary schools.

Common concerns included a perceived apathy or decline in civic pride, linked by some with ever-increasing pressure on resourcing for maintenance of public assets. Some geographic areas were perceived to have less engagement with local services. Data to support or rebut this were scarce and stakeholders were keen to understand such patterns better. A long-term frustration with dog fouling throughout the town was also expressed.

Local connections are strong, though it was observed that joining a close knit community can be challenging for new arrivals. This may be a factor in recruiting and retaining workers.

Many of the assets and concerns about could be considered also as relating to **Stewardship (Care and Maintenance)** and **Resources**.

Planetary Health

The Place and Wellbeing Outcomes are underpinned by the concepts of Planetary Health (climate change, sustainability and biodiversity) and Equitable Outcomes for All. While equity was a consistent feature of discussions, we were surprised by how rarely climate change was raised except in the context of initiatives with wider social goals such as community food growing or gardening for mental health benefits.

We understand that it can be challenging to gather feedback from community groups and residents on some Place and Wellbeing Outcomes (e.g. active travel), or on themes around planet and climate change, when people's priorities are things like food or fuel poverty. We need to recognise these as barriers to engagement with some topics rather than assuming that people are satisfied.
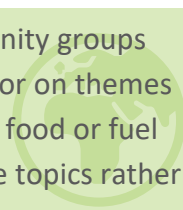
Learning

This report was the result of an iterative process to sense check and build on quantitative data about health inequalities in Dunoon and to understand more about what people need from their place. It was not intended as a formal piece of social science research or community engagement, nor intended to be fully comprehensive given our focus on particular areas of inequality. Nonetheless, the work did reveal a number of recurring themes relevant to the experience and needs of people affected by health inequalities in Dunoon.

The people and sources we consulted largely agreed on the key issues and assets in Dunoon. These were consistent with earlier place-based exercises though the emphasis on mental health and challenges to the stability of the third sector emerged as much stronger themes that complemented and brought to life the findings from our quantitative data process.

Limitations

We identified a number of limitations in the information gained through our review and discussion processes and from the quantitative data exploration that informed it. These are helpful in determining next steps and identifying where additional data exploration and sharing may be valuable.

- Engagement was potentially biased as not all local organisations we approached had the capacity to make time to speak with us.
- Qualitative data and insights from interviewees did not pinpoint specific demographics or geographical areas affected by inequality as initially expected.
- Similarly, stakeholders tended to agree about the key issues facing people in Dunoon but rarely focused on particular demographic groups or areas. Reasons may include that
    - several of the key issues raised are perceived as widespread nationally
    - Hunter's Quay and Dunoon intermediate zones differ in many demographic characteristics, whereas services and support tend to cover both areas
    - demographic information was generally sparse of lacking (likewise responses were rarely broken down in relation to place), either because it was not collected or could not be shared across organisations.
- Where collected, demographic information indicated primarily older and often female respondents.
- Personal report from some interviewees suggested that engagement with seldom-heard groups was very limited in major exercises such as the charette.
- We could not identify any broad community engagement exercise since the Place Standard exercise in 2019, making it difficult to assess how recent developments may have changed people's perceptions and priorities for the Dunoon area.

- GP data was subsequently accessed through the Scottish Primary Care Information Resource (SPIRE). It did not include age groupings for different health conditions but newly available date (June 2023) does, and may merit further exploration. However, practice boundaries do not fully correspond with our project boundaries and not all practices submit data to SPIRE.

Future opportunities

A number of opportunities were raised by stakeholders to address some of the issues discussed. These are listed below alongside the inequality areas they relate to.

Opportunity	Relevant inequality area or emerging theme
Many organisations collect postcode data and expressed an interest in mapping and sharing data on service provision with other organisations – assuming data confidentiality could be maintained	Areas of deprivation Challenges to the stability of the third sector
There was an interest in exploring alternative measures to account for hidden inequality, e.g. where small areas such as the Finbracken estate in Sandbank are 'miscategorised' by SIMD scores.	Areas of deprivation
Further engagement with carers' groups could be valuable to explore the patterns and indirect impacts of ill health on those providing care.	Life expectancy, and ill health among people aged 15-44
Greater sharing of data across organisations and finer granularity of new GP data (SPIRE) offer opportunities to better understand need and potential solutions	Substance misuse including alcohol Life expectancy, and ill health among people aged 15-44
Exploring where additional and/or linked data is available at datazone level would be valuable - this is being explored with key partners as part of Shaping Places for Wellbeing's ongoing work	Income inequality

Organisations providing financial, energy and housing advice are keen to collaborate with statutory services to explore mechanisms to report early trends and anticipate future need.	Areas of deprivation Income inequality Challenges to the stability of the third sector
If available at an intermediate zone level, data such as rates of drug prescription, waiting times or referral rates could help quantify mental health as a key factor in health inequality. Stakeholders were keen to access such data and to link with other organisations and with statutory bodies, to strengthen understanding of mental health locally and to demonstrate evidence of need	Mental health Challenges to the stability of the third sector Substance use including alcohol

No opportunities were discussed that explicitly related to Issues of connectivity that exacerbate inequality in the Dunoon area.

Shared learning across Shaping Places for Wellbeing Project Towns

The timing of the Community Link Leads' work has varied across the different project towns but the team has collated emerging inequality areas, issues and stakeholder feedback.

- Quantitative data revealed early mortality and high instances of substance misuse as areas of inequality in multiple project towns.
- Mental health and public transport connectivity (especially access to secondary health services) emerged as key local issues raised by stakeholders across the towns.

The following three statements summarise key themes of feedback from stakeholders who engaged with the Community Link Leads.

Communities value joint working and partnership approaches – third sector and community groups are doing great work and improved partnership with statutory and formal services is needed.

Communities want strong and consistent communications between all stakeholders

Collective decision making by all stakeholders will strengthen partnerships

Additional common themes relevant across the project towns were:

- Short term funding has a big negative impact on good third sector projects and place-based working.
- It can be challenging to gain feedback from community groups on Place and Wellbeing Outcomes such as Spaces and Movement when people's priorities are focus on issues like food or fuel poverty. We need to recognise barriers to engagement with themes rather than assuming that people are satisfied.
- Community stakeholders value quality community engagement that goes beyond traditional consultation towards co-creation and co-design.
- Community stakeholders value Shaping Places for Wellbeing or other 'neutral' organisations bringing people together.
- Language use can have an impact on people's capacity to engage with consultation processes etc.
- Community stakeholders value information sharing across organisations (shared learning, data sharing/support).
- There is a lack of trust in formal/statutory services from both individuals and community stakeholders that needs to be built.

Next steps

The findings of this report are being used to inform Place and Wellbeing Assessments of a range of plans and strategies for Dunoon, and to determine how Shaping Places for Wellbeing can support implementation of their recommendations. Stakeholder conversations are an ongoing part of the Community Link Lead's work and we continue to review new data and explore opportunities to facilitate data sharing and collaboration as raised by the stakeholders contributing to this work.

Appendix 1 - detail of information sources and findings

Place-based exercises

"How Good is Your Place?" Place Standard consultation (2019)

108 people completed this exercise for Dunoon (58 female, 49 male, 1 Other). The majority of respondents were aged 45 plus. Areas for improvement, indicated by lowest average ranking by participants, and associated issues were:

Work and local economy: Lack of diversity, low pay, reliance on tourism, poor transport.

Influence and sense of control: Lack of information, feeling ignored, a perception that nothing ever changes, reports of barriers to inclusion.

Care and maintenance: dilapidated buildings, derelict sites, maintenance of public spaces, pavements, green spaces.

Comments relating to health inequalities focused on a lack of services, lack of active travel options, and opportunities for better use of local facilities. Lack of facilities and of social or employment opportunities for people with disabilities was also mentioned. Comments about drugs and alcohol primarily reported perceptions of increasing misuse. Safety was raised as an issue with examples including lack of policing and anti-social behaviour and crime in specific areas but a larger number of comments reported general feelings of Dunoon being a safe place.

Another common topic was jobs and employment. Concerns included a lack of jobs, of skilled jobs, of progression, and of opportunities for old or young workers. Ferries and commuting were listed by many as a barrier to employment, with mentions of services being unreliable, expensive, unsuitably timed or lacking connections, and that travelling across the water is time consuming. The need to make Dunoon attractive to employers was also raised.

Think Dunoon Charette (2017)

The Think Dunoon Design Charrette was co-ordinated by SURF, the Scottish Urban Regeneration Forum, during March 2017 to create a masterplan for Dunoon. It aimed to bring together local people of all ages with experienced design and planning professionals to create a long term vision, development framework and action plan for Dunoon. Engagement events included a mixed workshop for primary or secondary school pupils (30 pupils aged 10-14) plus engagements with community councils and with business audiences, public drop-ins, mixed-audience events on specific themes and a social media campaign. Engagement was reported

under themes of Community, Building, Open Space, Getting Around, Business/Economy and Tourism.

The report states that 520 people engaged plus social media reach, but very little demographic information is included. There were few comments from the community engagement elements of the charette specific to our identified inequality focus areas. Comments more generally relevant to Shaping Places focused on:

Accessibility and inclusivity – making services, activities and spaces more accessible to a wider range of people including those with physical and mental health disabilities, and longer opening hours; greater provision for youth; need for more flexible childcare.

Community and volunteering – volunteer shortages and fatigue; need for more collaboration and better communication; declining civic pride or apathy.

Employment – lack of working spaces in town; need to promote the town's creative work community; local challenges to business (e.g. high carriage costs).

Transport – lack of connectivity with surrounding areas, especially in relation to ferry service; desire for more and safer active travel routes and opportunities (including comments on pedestrian safety, parking and signage).

Open space – desire for greater access to local spaces; public toilets; shelter; play facilities and community allotments.

Out and About in Dunoon – an Outdoor Activity Spaces Masterplan (2019)

An online survey "Out and About in Dunoon" asked what local people felt about the current levels of play and open space provision, what they might like in future, and what barriers they were facing to making more use of outdoor spaces. 505 people completed the survey with additional online and live consultation of schools, nurseries, community groups and during public events giving total responses of 1326. Questions were largely closed, with simplified options for children and young people. For the online survey, the vast majority of respondents were female and most were aged 35 plus; gender split for online survey of 100 high school pupils was more even. No demographic data were reported for any of the other groups.

The top three concerns putting both adults and secondary pupils off using outdoor spaces were dog mess, availability of public toilets and weather. Various issues related to accessibility were important to both groups: primarily frequency of public transport, but also its cost, distance from home, as well as condition of paths. Street lighting and perceptions of safety were less prioritised; health issues and accessibility for specific groups were selected least. Questions were closed so no further details was available to further explore the choices selected.

Other than public toilet provision, young people's priorities for improvements focused on more places to go, more activities and equipment, and better signage. The report presented summarised response themes from the "older population". These were similar but with more focus on walking routes, path infrastructure and public transport.

Both adults and secondary school pupils primarily reported participating in walking related activities with cycling and other sports cited by fewer. Bike or scooter ownership was high in primary school pupils but very few reported cycling to school, whereas around half walked.

The report includes recommendations for priority improvements to key sites in the town.

Stakeholder conversations

Organisation	Relevant inequality area
ACUMEN mental health network	All
Addiction Recovery Café	Substance misuse
Argyll Third Sector Interface	All
ALIEnergy	All
Branching Out	All
Citizens' Advice Argyll and Bute	Income inequality, Areas of deprivation
Community Planning, Argyll and Bute Council	All
Cowal Living Well Network	Early mortality, Substance misuse
Dunoon Community Council	All
Dunoon Community Development Trust	All
Dunoon Foodbank	Income inequality, Substance misuse
Elected Members for Dunoon (2)	All
EsCAPE out of school care	Income inequality
Fyne Futures (Employability coaching programmes)	Income inequality, Areas of deprivation
GamCare	Substance misuse, Income inequality
GP Cluster Lead for Cowal	Early mortality
Healthcare Improvement Scotland	Early mortality, Substance misuse
Housing, Argyll and Bute Council	Income inequality, Areas of deprivation
Inner Solas (holistic wellbeing services)	Income inequality, Substance misuse

Interloch Community Transport	All
POP Shop CIC	All
Rape Crisis	All
Scottish Communities Climate Action Network (Argyll Engagement Facilitator)	All
Social Work, Argyll and Bute Council	All
The Meeting Place	All
Unpaid Carers' Officer, Argyll and Bute Council	Income inequality
With You (Community Link Worker)	All

Key partners who were contacted at an early stage but with whom more detailed follow up is still ongoing include the Dunoon Business Improvement District; The Dunoon Project; Argyll Community Housing Association; Argyll and Bute Council Education and Live Argyll's Community Learning teams.

Early stakeholder conversations with the Project Lead which informed the report included; Argyll Coast and Countryside Trust, Hub Grub, Versus Arthritis, Dunoon Burgh Hall, High Kirk, Skills Development Scotland, Rape Crisis, Bothy Project, Elderly Befrienders, Crossroads Carers, Dunoon Community Shed, Bute Advice Centre, HELP, Highlands and Islands Enterprise, DWP, CARS Project Dunoon – Argyll and Bute Council, Alcohol and Drug Partnership, Sustainable Transport Team – Argyll and Bute Council, Gaelic Development – Argyll and Bute Council, Children and Families – Argyll and Bute Council, Community Prevention Team – Health and Social Care Partnership, Mental Health and Addictions – NHS Highland, Public Health Intelligence – HSCP, Health and Community Care – HSCP, Education – Argyll and Bute Council.

Additional reports and data identified by stakeholders or web search

Dunoon-specific	
Organisation/document	**Key findings**
Dunoon ferry consultation 2022	Online consultation about preferred options for the Dunoon-Gourock ferry service. Returned 222 responses and recorded respondents' location of residence (Dunoon 61%, Cowal 29%,

	non-resident 10%) but no other demographic information. Relevant themes to place and to inequality included: - Reliability – connection to places of employment, Glasgow, hospitals (including enforced car use because of unreliable ferry service). - Equality considerations including disabled access, women's safety waiting for ferries, - Importance of ferry services to tourism. - Environmental impact - Visual impact and heritage (importance of preserving Victorian pier) - Opportunities to improve facilities - ferry terminal waiting facilities/toilets; facilities for other marine users.
HELP Project impact report 2017-21 (support for vulnerable young people)	Report by charity supporting vulnerable young adults in Dunoon. Reports concern about increase in mental health difficulties presenting in young people and their family circles – increasing over 5 year period and exacerbated by pandemic. Clients presenting at more severe (crisis) levels of accommodation need, and employment/meaningful activity need in 2020/21 vs 2016/17, but lower level of need (less severe) for health and wellbeing input.
Housing Profile, January 2023	Bespoke profile created for Shaping Places for Wellbeing by Housing. Highlighted high fuel bills, rates of fuel poverty and single occupant properties, plus high ratios of demand to availability on larger properties (3-bed plus).
Regional – Cowal or Argyll and Bute	
Argyll & Bute Child Poverty Action Plan Review 2021-2022	Includes priorities for addressing poverty in Argyll and Bute, as identified by 220 local authority staff during poverty awareness training. Of 81 returning evaluations, most were female. Priorities: - Investment in employment opportunities, transport, - Transport and access to public transport - Access to health care services - Access to childcare - Access to further education and support to young people - Access to affordable good quality housing Offers case studies about childcare as a barrier to work (addressed by employability support), and multiple descriptions of difficulty recruiting to short temporary posts.

Argyll and Bute Living Well strategy engagement report (Living Well Network)	Argyll and Bute wide; no engagement carried out in Cowal. Key priorities overall were: clear processes and access to information; improved signposting and referral; holistic approach and professional understanding of long-term conditions; continuity of care.
Argyll and Bute Rape Crisis survey, 2022	Survey exploring understanding of sexual violence and perceptions of safety in Argyll's main towns. 302 respondents, mostly female and 36-65. 72 respondents from Dunoon 'area'. Higher proportions of respondents responded Yes or Maybe to statement about feeling unsafe walking around Dunoon at night, compared with Bute, Oban, Lochgilphead or Campbeltown (but lower vs Helensburgh).
	Similarly, respondents more likely to change their routine to feel safer in Dunoon vs all towns except Helensburgh.
	Majority of Dunoon respondents reported having experienced some form of sexual violence in the past (includes verbal abuse).
Cowal and Bute Living Well Network Action Plan 2021-22 (updated January 2023)	No direct engagement reported; raised points relating to gaps in health and wellbeing services; need for better interorganisational communication and information sharing (including knowledge within the Network of new and existing services and opportunities); addressing volunteer shortage in the third sector; greater support to facilitate volunteering opportunities (training/support and supervision); better cohesion and encouraging greater engagement with businesses and the private sector.
Dunoon and Cowal Co-works surveys, 2019/2022	Surveys exploring barriers to enterprise by freelance workers. These included caring responsibilities/childcare (cited by 9 of 21 respondents in 2022); personal/professional isolation; lack of work space or facilities; access to support and information from relevant agencies, including confusing information about (and lack of communication between) enterprise support services; enterprise support is focused on high growth and full-time working models.
Highlands and Islands Enterprise Dunoon profile 2014	From 2011 census data, fewer people in Dunoon (vs Argyll, Highlands or Scotland) perceive their health as "very good" or "good". More report a limiting condition affecting day to day activities. More provide unpaid care on a weekly basis.

HSCP Joint Strategic Plan and Commissioning Strategy engagement report	Argyll-wide. Of 192 participants, 36 from Cowal. Primarily aged 45 – 64 and roughly 75% female. Limited numbers of participants were users of addictions, maternity, disability or violence against women services. Priorities included transport to appointments; more localisation of services and reducing the need to travel (including digital); better links between home and hospital care; access to preventative care and better links between community care and statutory services; recruitment of care staff; more consistent engagement. Consultee responses relating to Dunoon requested additional clinic services in Dunoon to reduce need to travel by ferry and noted difficulties faced by a Dunoon provider in recruiting home care workers.
Live Argyll report: Argyll and Bute information and support – what matters to you?, May 2023	Argyll and Bute wide engagement in relation to long term health conditions. Survey of 55 people plus 6 conversations. No demographic information but included questions on place, which revealed 2 respondents to be from Dunoon. Overall, key areas of concern in relation to place focused on - transport connectivity and centralised services; - poor maintenance of public assets; - threats to sustainability of rural areas due to housing issues (poor quality of social housing, waiting lists and tourism/second homes) - ageing population - perception of lack of routes of influence - limited employment opportunities - lack of support staff for self-directed care
Strategic Housing Strategy Early Engagement report September 2020	Argyll and Bute wide. 92 respondents including organisations and members of the public. No demographic information or linkage of responses to region. Highlighted issue of shortage of social rented housing as key housing challenge in Cowal, with affordability, quality, and efficiency listed as most important characteristics of housing need locally.
TSI Volunteer Survey 2022 (updated March 2023)	Argyll and Bute wide survey of 106 people, primarily volunteers, volunteer involving organisations and others. No demographic links to geographic region. Respondents largely female and over 55. Reported volunteer fatigue and difficulty maintaining and recruiting volunteers; pressure from increasing costs, including volunteers returning to work. Summary

	highlights ageing volunteer base and need to remove barriers for young people; stigma associated with claiming expenses; need for shared training and events.

Additional sources of information that informed the review progress

Source	Content
Citizens' Advice Argyll and Bute: Research into the Private Rental Sector in Argyll & Bute, June 2022	Independent research exploring the challenges facing people renting in the private sector across Argyll and Bute, including availability, affordability and security of tenure.
Claimant Count and Economic Roundup	Regular summary of quantitative data for Argyll and Bute, compiled by Argyll and Bute Council Economic Development Team
Department of Work and Pensions quarterly partner updates	Include summary information on a range of income and employment measures including Dunoon (but area defined by Job Centre use rather than residence).
Public Health Scotland annual Locality Profiles for Cowal	Summary of population and health statistics – offers additional context to Shaping Places for Wellbeing Dunoon profile (includes some of the same measures).
Community consultation on Local Outcomes Improvement Plan (verbal, Spring 2023)	Initial discussions with Community Planning team on feedback from consultation conducted in winter 2022-23 confirmed Transport Infrastructure, Community Wellbeing and Housing as top three priority themes for the Shaping Places for Wellbeing project area – consistent with results for Argyll and Bute (though different rankings). Ferry transport was a focus of Dunoon-specific comments.
Dunoon Community Development Trust Asset Map.	An extensive asset mapping exercise has also been conducted by Dunoon Community Development Trust that lists assets across the categories of Environment; Local Economy; Associations and Community Groups; Institutions and Public Sector, and Stories.

Initial stakeholder map (December 2022)

:Padlet

bhothersall • 1m
Dunoon stakeholder map

Hospices and care homes

Bereavement charities

Health and Social Care Partnership
Local data - demographics and insights

Healthcare Improvement Scotland
(Engagement)

Cowal Elderly Befrienders

ACHA
(Informal - what are the big issues?)

Argyll & Bute Strategic Housing Forum

Gaps and Limitations
* No organisations directly focused on SIMD areas?
* Need to identify physical disability-focused organisations
* Listing mental health groups under Addictions assumes link

LIFE EXPECTANCY
Early deaths in 15-44 age group

Cowal Hospice Trust

Police Scotland
Data on suicide, drug use and welfare concerns

Community Councils
Dunoon, Hunters Quay, Sandbank

SIMD AREAS
Who is most impacted?
What is it like to live in this area?
What are the big issues?

Living Well Network

Community Link Workers
What are referrals to CLWs for?

Social work

Women's Aid

Stakeholders for all 4 focus groups (below - Purple)

Primary Care - GPs

Community nurse/mental health nurse/worker

Schools and Nurseries
Ailie's suggestions: Paul Gallanagh; Jennifer Shearer; (Ann Kennovin organises Pupil Forum)

Crossroads Caring for Carers

Dunoon Area Alliance

The Dunoon Project

Citizen's Advice Bureau

Live Argyll (CLD - Adult Learning)

Occupational therapist (Ella?)

Dunoon Community Shed
Men over 55 out of work

HELP Project
Positive destinations

[Removing barriers/support/positive actions]
Stakeholders above in white all relate to 3 of the 4 focus areas

Advancing Community Understanding of Mental and Emotional Needs (ACUMEN) network
Cowal/Argyll post vacant

ADDICTIONS

The ARC
Moving the conversation on from lack of services to "what else?"

Dept Work and Pensions
Data (but: disclosure at datazone level?)

INCOME INEQUALITIES

Bute Advice Centre (Flexible Food and Fuel Fund)

Care and Repair
National charity providing minor repairs for people with disabilities. Alex Tickell - local Dunoon representative.

[Addressing barriers]
Stakeholders listed above focused on addressing barriers associated with income inequality

EsCAPe (out of school care)

Tacit-Tacit

ALIEnergy

Hub Grub

Dae it Yersel' Angel Tree initiative

The Dunoon Project

The Meeting Place
(Mental health)

GamCare

Icelandic Model pilot

Carr Gomm
- 01369 702021 (Homelessness support for over 25s in Dunoon/Cowal)

Skills Development Scotland

Scottish Enterprise

Highlands and Islands Enterprise

Argyll College

Social Enterprise Scotland

Inspiralba
Spark Your Purpose programme

Employability Steering Group
Cross-sector

CHArts

Third Sector Interface
Young Person's Guarantee

ACUMEN
(Mental Health)

Argyll and the Isles Coast and Countryside Trust
Branching Out/Moving On programmes

[employability-focused]
Stakeholders below focused on employability relating to income inequality

Fyne Futures
Employability coaching incl Spark Your Purpose

A&B Local Employability Partnership