NHSGGC Health and Wellbeing Survey Analysis

Technical note

November 2025

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Research Overview

NHS Greater Glasgow and Clyde (NHSGGC) undertake a Health and Wellbeing Survey every three years on issues related to the health and wellbeing of adults residing in the Greater Glasgow and Clyde area. The most recent survey undertaken in between 2022 and 2023 is the first survey post-pandemic, surveying over 10,000 adults across Greater Glasgow and Clyde. The results provide information on areas such as general health, mental health, social isolation, community involvement, demographic information in addition to formal and informal volunteer participation.

The NHSGGC Health and Wellbeing Survey is a valuable dataset that complements Volunteer Scotland's ongoing analysis of trends in volunteer participation. The primary data source for this analysis of volunteering in Scotland is the Scottish Household Survey (SHS). The SHS has an (unweighted) sample size of 9,400 which allows for analysis of participation rates in Scotland across several dimensions, e.g. demographics such as age, gender, Scottish Index of Multiple Deprivation (SIMD), income levels, educational levels, religion and ethnicity.

While the SHS allows for analysis at a Scotland-wide level the analysis of geographical areas within Scotland is limited due to the small sample sizes that the SHS provides for the 32 local authorities in Scotland. Table 1 below shows the SHS sample sizes for the six local authorities in the Greater Glasgow and Clyde area between 2016 and 2023.

Local Authority	2016	2017	2018	2019	2022	2023
East Dunbartonshire	260	230	260	260	230	240
East Renfrewshire	230	230	250	240	230	210
Glasgow City	800	840	910	850	870	890
Inverclyde	240	270	240	240	180	230
Renfrewshire	270	220	240	250	240	280
West Dunbartonshire	290	250	230	240	200	230

The larger size of the Health and Wellbeing Survey from NHSGGC allows for a more robust and detailed analysis of formal volunteer participation within NHS Greater Glasgow and Clyde overall as well as a multilayered analysis of:

- Six geographical areas (East Dunbartonshire, East Renfrewshire, Glasgow City, Inverclyde, Renfrewshire and West Dunbartonshire local authority areas). The geographical areas (GAs) selected for analysis all have a boosted sample, which ensures that the sample is demographically representative of the area in terms of household size, age, gender and deprivation.

- Five 'Thriving Places' (TPs) within Glasgow (Govanhill, Greater Gorbals, Parkhead / Dalmarnock, Ruchazie / Garthamlock and Ruchill / Possilpark). Thriving Places are areas in Glasgow identified as having persistent levels of

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inequality compared to other parts of the city, particularly in terms of child poverty, health indicators, and unemployment rates. The Thriving Places are part of an initiative, led by the Glasgow Community Planning Partnership, aimed to address these disparities. Each Thriving Place has its own locality plan, which outlines the area's assets, identifies key issues, and proposes potential solutions. The goal is to foster community cohesion by strengthening connections between various community groups, services, and organisations, ultimately working together to enhance the local area.

A detailed analysis of volunteering within Greater Glasgow and Clyde provides a unique opportunity for Volunteer Scotland to:

- Provide greater insights into how volunteering in one geographical area in Scotland compares to overall volunteering in Scotland (SHS data).
- Analyse variations in volunteering participation rates within Greater Glasgow and Clyde.
- Allow new insights into volunteering in some of Scotland's most deprived areas. At the latest census in 2020, 43% of Glasgow's adults lived in areas classified amongst the most deprived in Scotland.[1] Analysing Glasgow City and the thriving places will provide insights into deprivation at a city and locality level.

Figure 1 below visualises the deprivation profile of Glasgow City and the other geographical areas included in the NHSGGC Health and Wellbeing Survey. The darker red colours represent the areas with the high levels of deprivation.

[1] **Deprivation profile of Glasgow City**

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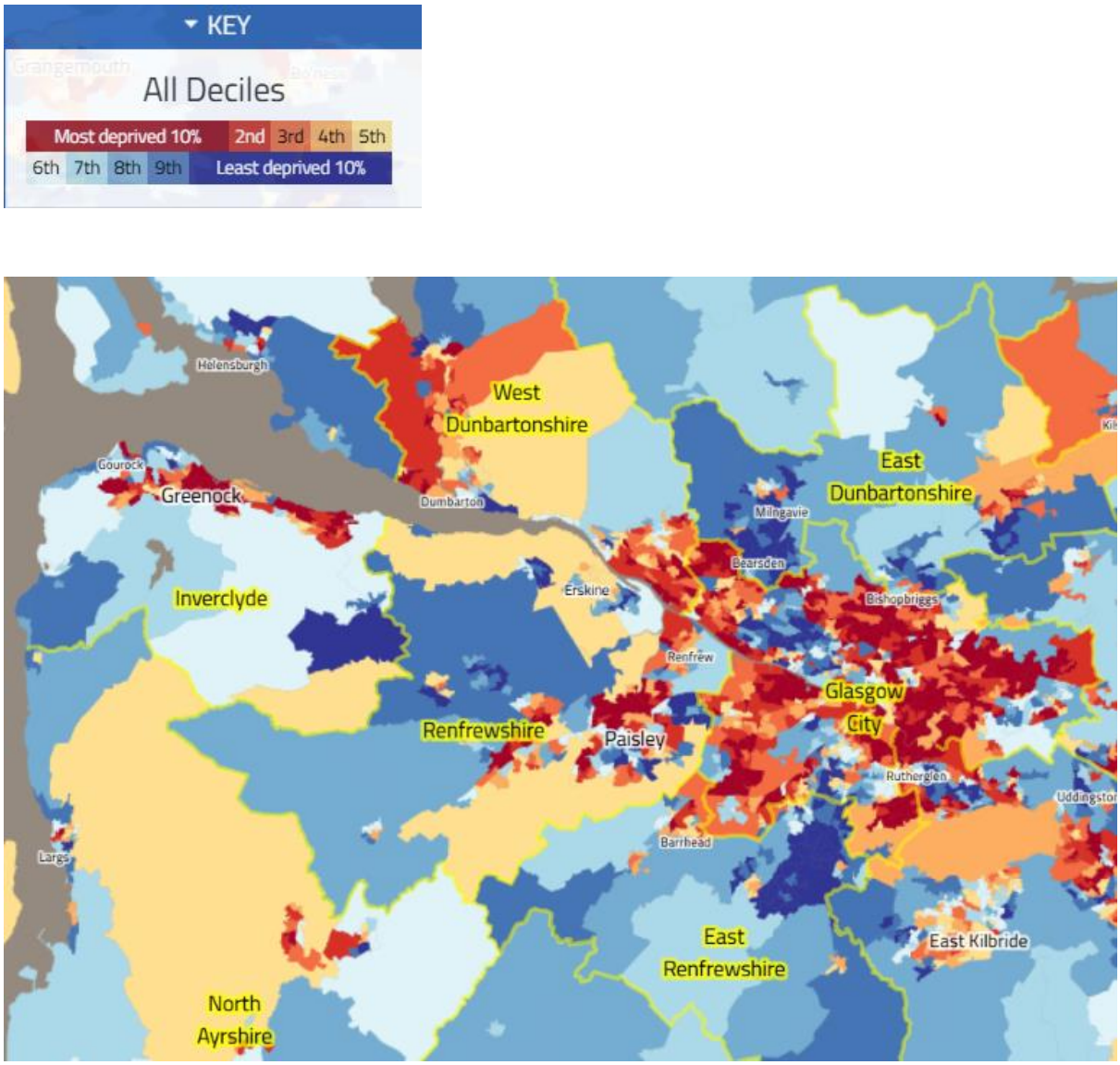
Figure 1 – Deprivation map of NHSGGC



This analysis focuses exclusively on formal volunteering, which is defined as “giving up time to help any groups, clubs or organisations in an unpaid capacity” that individuals have undertaken at least once in the past 12 months. The wording of the SHS and NHSGGC question on volunteering is identical, allowing for comparisons to be made between the evidence from the two datasets.

It is important to note that correlation between the fields analysed and volunteering does not imply causation. Where we see a relationship between the variables this does not necessarily mean that one causes the other. For example, a correlation between adults taking social action and volunteering does not mean that volunteering causes increased social action. Instead, it may be that those who take social action are attracted into volunteering.

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Analytical approach

This analysis compares formal volunteer participation rates between Scotland and the various geographies within NHSGGC, including overall, geographical areas (GAs), and Thriving Places(TPs), in order to consider how formal participation rates vary by geography and by deprivation.

In addition to this comparison, a range of questions (attributes) from the NHSGGC Health and Wellbeing survey were selected. These questions either mirrored those in the SHS survey to allow for direct comparisons or covered areas of interest not included in the SHS questionnaire.

For attributes measured in both surveys, overall trends were compared between Scotland and the three different geographical breakdowns in NHSGGC. For example, in Scotland, adults with caring responsibilities have higher formal participation rates than those without. This report examines whether this trend holds true within NHSGGC, its geographical areas, and Thriving Places.

For attributes measured in both surveys and those unique to NHSGGC, Chi Square statistical tests were used to determine statistical significance. The Chi Square test evaluates the null hypothesis that the attribute has no influence on volunteering participation against the alternative hypothesis that the attribute does influence participation rates. For instance, does having caring responsibilities affect volunteer participation rates, or are any differences purely due to chance?

Chi Square testing requires that no more than 20% of response categories have fewer than five observations. If sample sizes are too small to meet this criterion, response categories from the NHSGGC Health and Wellbeing survey will be merged. For example, the general health question, which originally has six response categories (very good, good, fair, bad, very bad, and don't know), will be consolidated into two categories: good/very good and fair/bad/very bad.

The attributes identified as statistically significant were grouped into **thematic reports**:

Thematic Report	Attribute
Health and Wellbeing	A01. How would you describe your health?
Health and Wellbeing	A02.1 Which face best rates your overall quality of life?
Health and Wellbeing	A02.2 Which face best rates your general physical well-being?
Health and Wellbeing	A02.3 Which face best rates your general mental or emotional well-being?
Health and Wellbeing	A03. Do you feel in control of decisions that affect your life, such as planning your budget, moving house or changing job?
Health and Wellbeing	A04. Do you have any long-term condition or illness that substantially interferes with your day-to-day activities?

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Health and Wellbeing	A05. Thinking of these conditions and/or illnesses, would you describe yourself as having: A physical disability
Health and Wellbeing	A05. Thinking of these conditions and/or illnesses, would you describe yourself as having: A mental or emotional health problem
Health and Wellbeing	A05. Thinking of these conditions and/or illnesses, would you describe yourself as having: A long-term illness
Health and Wellbeing	A05. Thinking of these conditions and/or illnesses, would you describe yourself as having: Don't know
Health and Wellbeing	A06. How many illnesses or conditions are you currently being treated for?
Social isolation	C01. Do you ever feel isolated from family and friends?
Social isolation	C03. How often have you felt lonely in the past two weeks?
Community engagement and social capital	C05. How much do you agree or disagree with the following statements about living in this local area - I feel I belong to this local area
Community engagement and social capital	C05. How much do you agree or disagree with the following statements about living in this local area - I feel valued as a member of my community
Community engagement and social capital	C05. How much do you agree or disagree with the following statements about living in this local area - By working together, people in my neighbourhood can influence decisions that affect my neighbourhood
Caring responsibilities	C09. Do you look after, or give any regular help or support to family members, friends, neighbours or others because of long-term physical or mental ill-health or disability, or problems related to old age?
Community engagement and social capital	D01. How much do you agree or disagree with the following statements about living in this local area - This is a neighbourhood where neighbours look out for each other
Community engagement and social capital	D01. How much do you agree or disagree with the following statements about living in this local area - Generally speaking, I can trust people in my local area
Community engagement and social capital	D01. How much do you agree or disagree with the following statements about living in this local area - The friendships and associations I have with other people in my local area mean a lot to me
Community engagement and social capital	D01. How much do you agree or disagree with the following statements about living in this local area - If I have a problem, there is always someone to help me
Formal volunteering	D02. Thinking back over the last 12 months, have you given up any time to help any clubs, charities, campaigns or organisations in an unpaid capacity? (For example, helping out at schools, youth clubs, health and wellbeing charities, sport and exercise ...

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Informal volunteering	D03. Thinking back over the last 12 months, have you given any voluntary unpaid help as an individual (not through a group or organisation) to help other people outside your family, or to support your local environment?
Community engagement and social capital	D04. Do you belong to any social clubs, associations, church groups or anything similar?
Social action	D05. In the last 12 months, have you taken any actions in an attempt to solve a problem affecting people in your local area?
Demographic	E01. What proportion of your household income comes from state benefits?
Demographic	T01. Now I'd like to ask you about the members of your household. How many people are there in this household (including yourself)?
Demographic	T02. How many people living in your household are aged under 16?
Demographic	T03. How do you describe your gender?
Demographic	T04. Would you mind indicating which age band you fit into?
Demographic	T05. Which of the following applies to your household?
Demographic	T06. Which of the groups on this card best describes you?
Demographic	T07. Which of the following best describes your employment situation?
Demographic	T08. What is the highest level of educational qualifications you've obtained?
Demographic	SIM2020_Quintile

A **summary report** is also available highlighting the key findings.

Further questions on methodology

Our aim is to provide relevant and reliable information, analysis and advice. If you have any questions or comments regarding the content of this analysis, then please contact **research@VolunteerScotland.org.uk**.

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