

‘Making data meaningful’

– the messy business of evidence use in community planning

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Using public health intelligence to influence decisions,

Perth Station Hotel, Tuesday 8th May

Community planning

- **Partnerships and community engagement** processes such as **community planning** are found across the world as strategies to...
 - deal with complex issues, increase problem-solving capacity, foster social capital, improve public services, counter democratic deficits and restore legitimacy to governance processes
- We know surprisingly little about **how community planning works** and **how local partnerships use evidence**

Local practitioners

- There are a range of local practitioners involved in the **everyday work** of **community planning** in Scotland
 - Service professionals – managers and operational staff across a range of front-line services e.g. policing, cleansing, housing, environmental health, health and social care
 - Third sector organisations, community trusts, community groups
 - Policy and research officers working within public and third sector organisations
 - Community planning officers – '**boundary-spanners** (Williams, 2012); work across departments and organisations ; **public engagers** (Escobar, 2017a, 2015b) –involve communities as part of policymaking and/or governance processes and **knowledge brokers** (Ward et al., 2009)

WWS Community Planning Officials Survey

- **First survey of Community Planning officials** (managers and officers) in Scotland (baseline for a second survey in 2018)
- Census of **171 CPOs**
 - managers and officers, at local and strategic levels
- **107 responses (62% response rate)**
 - 29 CPPs
- **Limitations:** mapping the workforce + changing census; small sample for statistical testing; categories not clear cut (e.g. local/strategic)
- **There doesn't yet seem to be a 'natural' institutional space for CP teams**
 - cross-cutting roles defy established departmental boundaries and functions

	Ranking of skills present in the workforce	Ranking of skills according to importance attributed by CPOs
1	Writing for different audiences (81%)	Consultation and engagement (96%)
2	Consultation and engagement (77%)	Negotiation (88%);
3	Facilitation (74%)	Persuasion (88%);
4	Negotiation (69%);	Facilitation (88%);
5	Managing team work (69%)	Writing for different audiences (88%)
6	Persuasion (64%)	Presentation / public speaking (81%)
7	Presentation / public speaking (61%)	Finding and sharing evidence (80%)
8	Finding and sharing evidence (54%)	Research (74%)
9	Mediation (53%)	Resource management (73%);
10	Resource management (51%)	Process design (73%)
11	Research (47%)	Mediation (72%)
12	Process design (33%)	Managing team work (68%)

Using evidence in community planning

- **strong focus (70%) on using evidence to assess outcomes**, particularly regarding inequalities
- focus (55%) on using evidence to assess value for money and achieve SOA outcomes
- 50% reported their CPP team has expertise in evaluation
- **88% agreed that CP could be improved by better use of evidence and evaluation**

Which of the following challenges does the CPP face in the use of evidence and research in general? Please tick all that apply

We do not have enough capacity / resource to undertake our own research	61%
We do not have enough capacity / resource to commission research from others	44%
Elected members do not prioritise using evidence and research to inform policy- and decision-making	36%
Officers do not prioritise using evidence and research to inform policy- and decision-making	24%
Partners do not prioritise using evidence and research to inform policy- and decision-making	17%
We cannot identify partners who would be willing to work together to build an evidence and research base	9%

Which of the following challenges does the CPP face in the use of statistical data?

We do not have the capacity/resource to undertake our own data analysis	43%
We can rarely find data that is at the appropriate spatial scale	43%
We can rarely find evidence and research that we think is applicable in our circumstances	22%
We can rarely find data that is applicable to the questions we are seeking to answer	19%

Working with local data - 2 CPPs

	West Dunbartonshire	Fife
Geographic flexibility and ability to integrate different systems of analysis	In Profile Dataset - 2016	KnowFife Dataset since 2007
CPP local geographies	17 Community Councils	104 Community Councils 7 Local Area committees 6 Local Management Units
Partnership alignment	CPP and HSCP not aligned	CPP and HSCP alignment
Staff	One member of staff	Research Team with links to national networks
Use of profiles	Engage partners in community-led action planning	Engage partners in community budgeting, social justice analysis

Your West Dunbartonshire in Profile

Your Alexandria in profile



The Alexandria community council area in West Dunbartonshire has a population of 5,076.

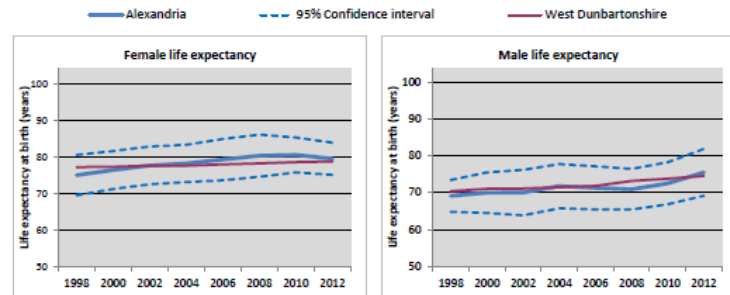


Community Council comparisons with West Dunbartonshire

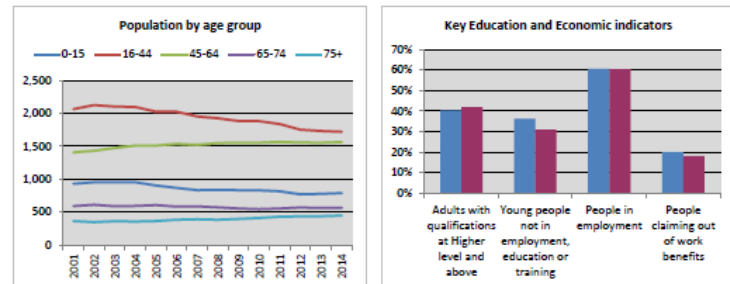
Women in Alexandria live, on average, four years longer than men. The estimates of both male and female life expectancy in Alexandria are slightly higher than the West Dunbartonshire average. Men can expect to have nearly 59 years of healthy life expectancy, while women can expect 61 years of healthy life. The difference between healthy life expectancy and overall life expectancy gives a measure of life lived not in good health, which for people in this area is 16.9 years for men and 18.7 years for women. The population aged 65 years and over is slightly higher than in West Dunbartonshire as a whole. The area has a slightly higher than average proportion of single parent households (38%). 36% of young people are not in education, employment or training, while 22% of children are living in poverty, slightly below the West Dunbartonshire average. A lower proportion of people (39%) live close to vacant and derelict land compared to West Dunbartonshire as a whole.

Group	Indicator	Count	Rate	Difference from West Dunbartonshire	Time Period
Population	People aged 0 - 15	789	16%		2014
	People aged 16 - 64	3,278	65%	-1%	
	People aged 65 - 74	563	11%	+14%	
	People aged 75 and over	446	9%	+13%	
Cultural & Environment	Black and minority ethnic groups	65	1%	-20%	2011
	People with religious affiliation	3,375	65%	-2%	
	People who travel to work or study by walking/bike/public transport	1,081	35%	-7%	
	People who live within 500m of vacant and derelict land	1,979	39%	-37%	
Housing	Owner-occupied households	1,458	56%	+2%	2011
	Privately rented households	204	8%	+37%	
	Single parent households	220	38%	+2%	
	Overcrowded households	241	9%	-7%	
	People in employment	2,406	61%	+0%	
Socio-economic	People claiming out of work benefits	625	20%	+10%	2014
	People in income deprivation	955	18%	-5%	
	Children in poverty	195	22%	-7%	
	Benefits sanctions – data to be added				
Education	Adults with qualifications at Higher level and above	1,767	40%	-4%	2011
	Young people not in employment, education or training	82	36%	+18%	2012
Health	Male life expectancy	75.6	Years	+1%	2011
	Male healthy life expectancy	58.7	Years	-0%	
	Female life expectancy	79.7	Years	+1%	
	Female healthy life expectancy	61.0	Years	+0%	

Community Council Trends



Life expectancy for males has risen by 6 years in the last 14 years, while female life expectancy has risen by 4 years over the same period. Overall, male and female life expectancy has remained above the West Dunbartonshire average. In the most recent period shown, male and female life expectancy was very similar to the Scottish average.



The overall population in Alexandria reduced by 5% between 2001 and 2014, with the largest decrease being in the number 16- 44 years old – a reduction of 12%. Alexandria has a similar proportion of adults with qualifications at Higher level or above to West Dunbartonshire as a whole, but does have a slightly higher level of young people not in employment, education and training.

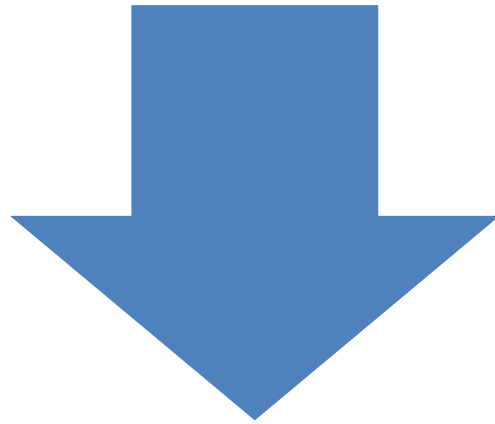
Notes

1. Data sources: Scottish Index of Multiple Deprivation (SIMD) 2012, Census 2011, Census 2001, Child Poverty Unit, NOMIS, National Records of Scotland (NRS) and Scottish Government.
2. Populations presented in the population trend chart and used to calculate life expectancy estimates are taken from NRS small area population estimates and are based on: the 2001 census for the years 1996-2001; both the 2001 and 2011 census for the years 2002-2010; and the 2011 census for the years 2011-2014.
3. The income deprivation indicator is derived from SIMD 2012, more information on this deprivation index can be found at <http://simd.scotland.gov.uk/publication-2012>
4. Life expectancies are calculated based on population estimates and death registrations. 95% confidence intervals have been added on the graphs to give an indication of their accuracy. The x-axis of the life expectancy graphs give the mid-year for each life expectancy estimate e.g. the most recent estimate, denoted by 2012 represents the life expectancy estimate for the period 2010 - 2014.
5. A notes and definitions document providing further information on the variables presented in the profile can be found in the Profiles section of <http://www.west-dunbarton.gov.uk/council/community-councils/>.
6. Front page map:- (c) Crown Copyright and Database Right 2016. Ordnance Survey (Digimap Licence).

Making data meaningful research

- In-depth study of a single CPP – focus on public sector employees
- Semi-structured interviews , public services (11), community members (4), research and policy staff in the local authority (6), strategic director of CPP (1), for the HSCP (1)
- Observations 12 local partnership meetings

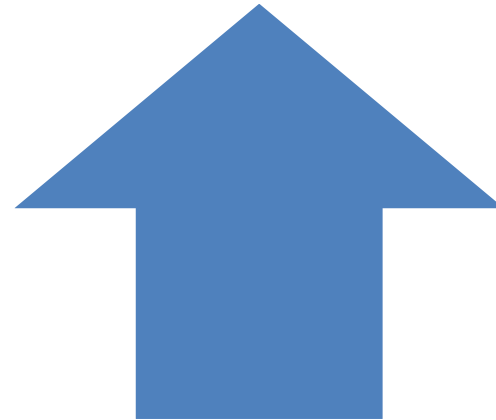
Evidence in decision-making



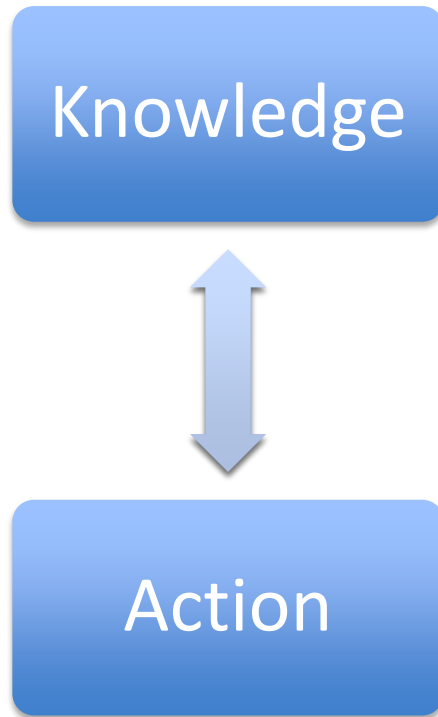
**Craft knowledge -
knowledge based on
practical experience,
sensitive to the local
context and gained
over time**



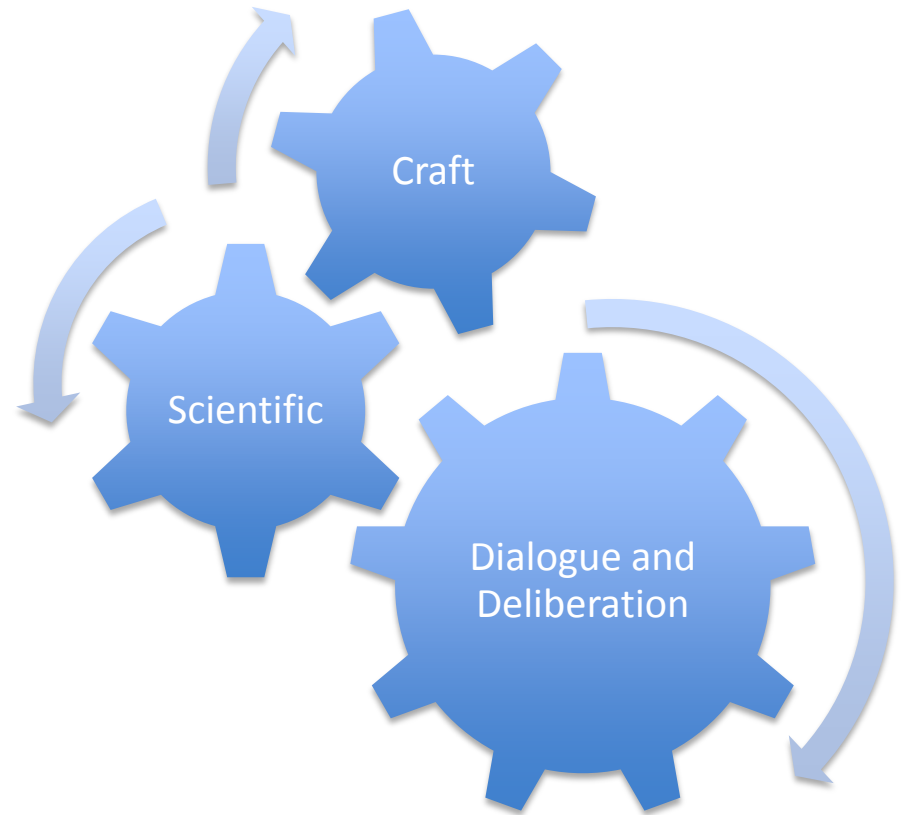
**Scientific knowledge -
systematic data from a
range of relevant
sources including
quantitative and
qualitative research**



2 models of communication



**Transmission -
message sent and
received**



**Dialogic –
shared meaning**

Transmission for community planning

- **Putting data into context**

- Evidence can be either **too general** (“*if it gets too general it’s not useful*”), or contain **too much detail** and “*overcomplicate service delivery*”.
- **Dissect the data** so that it clear what it means to local services.

- **Evidence on the right level,**

- “*local*” and “*identifiable*” areas
- CPO officer survey -43% of respondents struggled to find data at the appropriate spatial scale.

- **Presented in an accessible format**

- evidence and data in **a format that local people can understand.**

- **Sensitivity to how “negative” evidence is presented**

Statistics have an **emotional effect**

- can be used as “*league tables*” and this **can “stigmatise” areas** by presenting them in a negative light
- staff and researchers to communicate evidence sensitively.

Dialogue and Deliberation

Information, evidence, stories



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graph TD; A[Information, evidence, stories] --> B[Mapping and evaluating alternatives]; B --> C[Giving (and taking) public reasons]; C --> D[Re-examining and (perhaps) changing preferences]; D --> E[Seeking agreement or consensus]; E --> F[Making informed and reasoned decisions];
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The diagram illustrates a six-step process for dialogue and deliberation. Each step is contained within a horizontal bar of a different color, with a downward-pointing arrow connecting each bar to the next. The steps are: 1. Information, evidence, stories (red bar); 2. Mapping and evaluating alternatives (orange bar); 3. Giving (and taking) public reasons (light blue bar); 4. Re-examining and (perhaps) changing preferences (purple bar); 5. Seeking agreement or consensus (light green bar); 6. Making informed and reasoned decisions (dark red bar).

Mapping and evaluating alternatives

Giving (and taking) public reasons

Re-examining and (perhaps) changing preferences

Seeking agreement or consensus

Making informed and reasoned decisions

Implications

- Address **lack of local capacity** - but **recognition of the importance of evidence use**
 - the challenge of *‘just getting the time’*
- Establish **stable collaborative relationships** with **key practitioners** within CPPs – CPOs.
 - *Appreciate the challenging operational context*
 - *budget cuts, continual change and pressure for innovation*
- Focus on productive collaborations and **avoid over-burdening**
- **Integrate and value different forms of evidence and knowledge in decision-making processes**

Thank you!



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