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**What Works in Community Profiling?  
Initial reflections from the WWS  
project in West Dunbartonshire**

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**What Works Scotland (WWS)** aims to improve the way local areas in Scotland use evidence to make decisions about public service development and reform.

We are working with Community Planning Partnerships involved in the design and delivery of public services (Aberdeenshire, Fife, Glasgow and West Dunbartonshire) to:

- learn what is and what isn't working in their local area
- encourage collaborative learning with a range of local authority, business, public sector and community partners
- better understand what effective policy interventions and effective services look like
- promote the use of evidence in planning and service delivery
- help organisations get the skills and knowledge they need to use and interpret evidence
- create case studies for wider sharing and sustainability

A further nine areas are working with us to enhance learning, comparison and sharing. We will also link with international partners to effectively compare how public services are delivered here in Scotland and elsewhere. During the programme, we will scale up and share more widely with all local authority areas across Scotland.

WWS brings together the Universities of Glasgow and Edinburgh, other academics across Scotland, with partners from a range of local authorities and:

- Glasgow Centre for Population Health
- Healthcare Improvement Scotland
- Improvement Service
- Inspiring Scotland
- IRISS (Institution for Research and Innovation in Social Services)
- Joint Improvement Team
- NHS Health Scotland
- NHS Education for Scotland
- SCVO (Scottish Council for Voluntary Organisations)

This is one of a series of papers published by What Works Scotland to share evidence, learning and ideas about public service reform. This paper is aligned to the ***Collaborative Action Research (CAR)*** work stream in particular.

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## Summary

This paper discusses the experience of WWS, Glasgow Centre for Population Health and the West Dunbartonshire Community Planning Team in developing community profiles for the purposes of place-based working. The key learning points from this paper are:

- With new legislation in Scotland driving a renewed emphasis on place-based working, both Community Planning Partnerships and Health & Social Care Partnerships will need to be able to work more flexibly with data at a range of small area geographies, and in response to different thematic areas of public service reform. A lack of capacity to work in this way could be a barrier to collaboration between services and partnerships and to the potential for turning evidence into action.
- For some CPPs, community profiling - a process that involves bringing local data together in a concise, accessible, presentation style- will require investment in a new technological infrastructure; in-house training for staff with some level of analytical ability and/or recruitment of staff with specialist analytic skills; and specialist support to develop the capacity of staff to interpret and make sense of local data so that it is more accessible and meaningful to local partners and communities.
- In the context of the Community Empowerment Act 2015, community profiling could be used to promote greater openness and transparency between service providers and communities, to highlight differences – and often inequalities - and to provoke discussion and responses.

## Introduction

This report describes the initial reflections from the WWS project: ‘What works in community profiling?’ and provides insights into the operational dynamics of working with data and evidence in the context of community planning. The report begins by describing the background to our project in West Dunbartonshire, and the needs identified by local community planning officers. The report then sets this work in the broader context of national policy including the post-Christie Commission era, the Community Empowerment (Scotland) Act 2015 and the renewed attention to place-based approaches in Scotland. The project in West Dunbartonshire draws on an approach to health profiling that has been developed over more than a decade and this background is briefly reviewed. The report then discusses our initial reflections on the learning from the project in terms of analysis of data for small area geographies and in-house capacity to do this, gaining commitment from community planning partners, and engaging communities. The final section draws some conclusions that may be of relevance to national and local organisations especially those with an interest in public service reform and community profiling.

## **Background to the community profiling project**

This project officially began in November 2015 and brings together What Works Scotland (WWS), Glasgow Centre for Population Health (GCPH) with the community planning team of West Dunbartonshire Council. It also draws on the expertise of The Information Services Division (part of NHS National Services Scotland). West Dunbartonshire is one of four national case studies where WWS are researching public service reform in community planning through a process of collaborative action research. The aim of this approach is to work in collaboration with local partners to build capacity in the use of evidence to support local improvement projects and to capture evidence from practice as to what works in achieving public service reform.

The purpose of this community profiling project is to work with the community planning team in West Dunbartonshire to co-produce community profiles that can be used to improve the performance of public services, share local data and knowledge on the needs and assets of local place-based communities, and inform dialogue with local people on priorities for local action plans. The aim is to make statistical data for small geographical areas (e.g. neighbourhoods, community council areas, etc.) more accessible, relevant and meaningful; and to contribute to a more informed approach to decision-making.

At a local level, the background to this project was the commitment from the West Dunbartonshire CPP to developing a new neighbourhood approach to service design and delivery. This neighbourhood approach, currently being rolled out throughout West Dunbartonshire, is known locally as 'Your Community'. It involves a process of 'community profiling', which entails producing data indicators for each of the 17 communities defined in the neighbourhood model. During preliminary discussions on the focus of the support from WWS in West Dunbartonshire, community planning officers identified community profiling as a priority area for collaboration with WWS.

Community planning officers identified three areas where they required external support. First, assistance with the publication of a set of profiles including the development of web-based access and interactive mapping. Second, transfer of analytical and GIS mapping skills to local staff to increase the potential for a sustainable in-house approach to community profiling. Third, the intention was to use profiles as a tool for dialogue with local people on the needs and priorities for their area. Officers were concerned that the production of negative deprivation statistics could be a potential barrier to engaging with communities and they wanted to explore how data could be used to support community engagement at the neighbourhood level.

To date, the project team have developed a series of templates for presenting and comparing indicators agreed a set of indicators for the initial profiles and addressed a range of technical issues relating to local geographies and data. This has included agreeing a rationale for

aligning data to local geographies and piloting an interactive tool and dash board for presentation of the profiles data on the West Dunbartonshire Community Planning website.

## **Scottish Policy Context - Why now?**

The Christie Commission (2011) recommended that public service reform should involve particular approaches facilitated by CPPs including asset-based approaches; co-production; partnership and preventative spending. The Commission gave a renewed emphasis on 'services built around communities of place' (2011: 33). Christie (2011) argues that place-based working could counter the tendency for public services to work in organisational silos and could provide a more meaningful focus for community participation. The Statement of Ambition for CPPs (2011) reinforced a commitment from the Scottish Government to place-based working. Post-Christie, new legislation - the Public Bodies (Joint Working) (Scotland) Act 2013 and the Community Empowerment (Scotland) Act 2015 requires public bodies to plan services at the sub-authority level of localities.

The Community Empowerment (Scotland) Act, which comes into force this year, requires that each community planning partnership must divide the area of the local authority into smaller areas described as 'localities'. This new legal requirement to sub-divide the authority is underpinned by a commitment to reducing inequality and taking greater account of the needs of those localities experiencing socio-economic disadvantage and poorer outcomes than other areas. The regulations and guidance in the act allow flexibility in the size and scale of 'localities'.

Anecdotal evidence suggests that there is considerable variability in the geographies for locality planning across Scotland. Some CPPs such as East Lothian sub-divide the local authority area into multi-member wards, others such as West Dunbartonshire, define localities as community council areas. Fife, another WWS case site, have standardised their seven local area committees (based on groupings of multi-member wards), as the basis for delivery of both local community planning and health and social care integration. Fife use area committee boundaries for locality planning with more targeted engagement and local action planning in particular neighbourhoods. Defining the appropriate scale of sub-division usually entails a compromise between areas that are practicable and manageable for the administration of public services and geographies that are meaningful and recognisable to local communities.

There are many rationales for sharing and publishing the data collected by public services at a local level. In Fife, profiles are produced on a range of themes, and for a variety of local geographies, including, at the community council level for topics such as Children's Services and Income and Poverty Estimates. One of the drivers for the neighbourhood approach in West Dunbartonshire is to use community profiles as an opportunity to begin a dialogue with

local communities on local needs and assets. The aim, in the medium term, is to combine the statistical data in the profiles with the knowledge and experience of local people. Other reasons for sharing data at a local level include sharing intelligence to inform the integration and coordination of local services or for using data to target services for individuals and households with the poorest outcomes. Another example of this in Glasgow is the on-going work to create children and young people's profiles at a neighbourhood level in order to provide local intelligence, to highlight inequalities and to assist in targeting services.

The approach to community profiling adopted in West Dunbartonshire draws on an approach to health profiling at the local level that has been developed over a number of years. The next section of this report describes the background to the development of health profiles in Scotland.

## Health profiling in Scotland

Health profiling work in Scotland has developed in sophistication and scope over the last 15 years. The Public Health Institute of Scotland (PHIS) successfully piloted community health profiling in neighbourhoods within Paisley (pop'n. 70,000) in 2001/2002. These profiles were informed by a socio-ecological understanding of health that recognises that a broad range of life factors interact and contribute to our health and well-being. Educational opportunity, employment, income, housing, safe and cohesive communities, sustainable living environments and support to children (and their parents) in early years all have parts to play in the creating and sustaining healthy communities (Whyte B and Lyon A, 2013)<sup>1</sup>.

Building on the success of the Paisley profile, a set of 66 community health profiles were created for Scotland covering a wide range of key factors (NHS Health Scotland, 2004). These profiles were ground-breaking, in the range of data brought together and in the concise, but accessible, presentation style. An independent evaluation, underlined their value as a public health resource for planners and local communities. Data from the profiles were used extensively in Let Glasgow Flourish (GCPH, 2006), a comprehensive report describing health and the determinants in Glasgow and the West of Scotland.

Further profiles have been produced in Scotland, including health and well-being profiles for 10 Community Health (& Care) Partnerships (CH(C)Ps) within NHS Greater Glasgow and Clyde<sup>2</sup>. This work was led by the Glasgow Centre for Population Health (GCPH) and differed from previous national profiles by making use of a considerable body of local data, not readily available nationally, but relevant to Glasgow. Specifically, these profiles were intended to:

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<sup>1</sup> Understanding Glasgow: Developing a New Set of Health and Wellbeing Indicators for Use Within a City **Whyte B**, Lyon A (within Community Quality-of-Life Indicators: Best Cases VI. Series: Sirgy, M. Joseph; Phillips, Rhonda; Rahtz, Don (Eds.) June 3 2013

<sup>2</sup>[http://www.gcph.co.uk/work\\_themes/theme\\_1\\_understanding\\_glasgows\\_health/community\\_health\\_profiles](http://www.gcph.co.uk/work_themes/theme_1_understanding_glasgows_health/community_health_profiles)

- provide up-to-date public health intelligence for communities
- highlight health and social inequalities
- show trends in key indicators
- provide local level information for targeting resources and priority-setting
- develop knowledge of the complexity of health as a system

This work and previous profiles have confirmed that it is possible to create meaningful population health profiles that describe many aspects of health (Hanlon P, Walsh D, and Whyte B, 2005): health outcomes, such as mortality and hospitalisation, as well factors that are strongly related to population health, such as employment, deprivation, violence, the social and physical environment and lifestyle factors. By design, the profiles have provided very clear evidence of inequalities in the same range of health and health-related factors and have highlighted where trends in key indicators are heading.

Evaluation of the 2008 profiles confirmed that they were a valued resource, particularly as a source of health intelligence for local areas, where such sources were rare, and also as a way of informing local neighbourhood priorities. They have been widely used as evidence in planning reports, for targeting resource and for highlighting priorities. Their format has been endorsed as being accessible and easily understood. They have become a highly valued resource used by a wide variety of health professionals and colleagues from related organisations, and in many areas influenced planning processes and priorities, particularly in relation to health improvement and efforts to reduce inequalities (GCPH, 2008).

In recent years, the Scottish Public Health Observatory (ScotPHO) has systematised the production of health profiles and expanded their scope to include topic specific profiles covering deprivation, alcohol, diabetes, drugs, mental health, children's health, as well as producing more generic health wellbeing profiles (<http://www.scotpho.org.uk/comparative-health/profiles/online-profiles-tool>).

The concept of health and wellbeing profiling is well established now as a way of providing health intelligence for communities, highlighting inequalities, showing trends and providing an intelligence focus for targeting resources and priority-setting. It is important to note that it is the opening up of access to substantial tranches of 'new' data from administrative systems providing relevant national and local data (via Scottish Neighbourhood Statistics and the like) that has enabled the development of profiling in Scotland.



## Initial reflections

### Small area geographies and in-house capacity

Small area geographies for data analysis and place-based approaches are subject to frequent revision and change. On the statistical side, the data zone geography for the Scottish Index of Multiple Deprivation has changed from a 2001 basis to a 2011 basis. Currently, only a limited amount of data is available for the 2011 data zones. In future, when the 2016 SIMD data is available, it will be necessary to align current local geographies to the new data zones (based on the 2011 Census). The discontinuity of data between 2001 and 2011 can be addressed by building up to higher level geographies based on either 2001 or 2011 datazones depending on data availability. This approach should provide continuity and good enough data to allow CPP partners to make decisions and take action at a local level. This context of changing data zones and variable planning boundaries has implications across systems, including the [statistics.gov.scot](https://statistics.gov.scot) (the new government open access data portal) and the [ScotPHO profiling tool](#).

On the community planning side, boundaries for community councils, area committees and other local structures undergo periodic revision. For example in West Dunbartonshire, the CPP and Health and Social Care partnership have different boundaries for locality planning. This context of changing small area geographies is a challenge and means that community profiling, and any similar type work, will require specialist skills and as well as analytical capacity within CPPs. The range of skills required include the ability to manipulate, prepare and present data, to translate data into indicators, to interpret data and to communicate what this intelligence means in a local context. This is a diverse skill set that not every analyst will possess and in the context of a local authority or CPP may be scarce. In addition, there are other issues that can hinder shared understanding of data across CPP partners, not least the language and jargon that different organisations use, as well as the many scales of analysis.

An aspiration of this project was to transfer the skills required to update and develop community profiles to local staff in West Dunbartonshire. This includes the provision of look-ups and automated approaches to the statistical work. This is a period of flux within public services. The restructuring of departments and changing job roles creates short-term difficulties with identifying staff that have the relevant skills and potential to take on profiling work. In the longer-term, staff time and resource needs to be dedicated to learning and developing skills to work with local data. Without this commitment from community planning partners it will be difficult to transfer the techniques and knowledge needed to update and develop profiles locally.

In the future it might be possible to identify officers within CPPs who could take on the responsibility for producing and updating local profiles. However, local officers need access to

user-friendly national systems that can bring together data from national and local sources and respond to the diverse needs and working geographies of local partners. For example, in Fife, local data is produced and shared through the KnowFife Dataset, a web platform which has been up and running since 2007 (<http://knowfife.fife.gov.uk/>). The KnowFife dataset provides geographic flexibility and the ability to integrate different systems of analysis (including Social Justice Analysis). It runs on the Instant Atlas Server provided by Geowise. The software company, Geowise are currently developing a Report Builder tool to support this system. In West Dunbartonshire, the Information Services Division (ISD) has been using a Tableau dashboard. Tableau provides an interactive element and adds value to the production of profiles. The provision of a CPP local data capability requires investment in technology, as well as training and support for staff.

The experience of this project highlights the challenges with developing a shared research and data capability for CPPs. Dynamics at a national can have a significant impact on the local commitment to developing this type of CPP project, especially for those working within a small local authority where staff capacity is limited. For example, during our project, the lead officer for the CPP team was redeployed to work on the settlement of Syrian refugees. In addition, the development of tools and performance measures at a national level can cause uncertainty over whether it is appropriate or necessary for local partners to develop their own local research and data capacity at a local level. It might be viewed as easier and more economic for some CPPs to rely on the provision of profiles from national agencies, even if these profiles do not match the local geographies and the needs of local partners. There is also an issue of timing. The pressure to deliver priorities and plans at a local level may be at odds with the timing of tools, guidance and support at a national level. This uncertainty prompted the project team to review the viability of this project in West Dunbartonshire. The decision to continue was based on recognition of the need for a more sustainable and joined-up approach to community profiling in West Dunbartonshire, that was unlikely to be realised without external support.

## **Gaining commitment from community planning partners**

It is important that external agencies and intermediaries seeking to work with CPPs appreciate the difference between the formal CPP board and the various partnership structures, processes and officers that facilitate formal and less formal community planning processes. There is a statutory basis for CPPs, yet in practice they can feel like abstract entities consisting of a range of nested partnerships of public and voluntary sector organisations all with a role in delivering local services. Responsibility for decision-making and resources in CPPs can be diffuse and difficult to pin down and CPP officers beneath the senior management and corporate director level may have limited influence over CP partners.

When officers in the West Dunbartonshire community planning team asked local partners to contribute their data to the production of local profiles they received little response. The

reply from the WD Health & Social Care Partnership expressed interest in the project and its outputs but explained that from a health and social care perspective there are only two localities for health and social care integration in West Dunbartonshire implying that there was little interest in working with smaller geographies. Yet it is clear that in future, both CPPs and Health & Social Care Partnerships will need to be able to work flexibly with data at different geographical levels, and in response to different drivers for public service reform. A lack of capacity to work in this way could be a barrier to future collaboration between partnerships.

Ideally a project of this nature would seek buy-in at the strategic CPP level from the outset to support greater partner engagement in the process of producing profiles at the neighbourhood level. A senior manager in West Dunbartonshire with responsibility for community planning expressed support for the project and advised that the best approach would be to engage partners with a tangible product that could be demonstrated. Therefore the project team decided to develop a standard set of profiles as a prototype to engage community planning partners in the project. This is similar to the approach used in Fife where the Fife Public Health dataset was used to engage partners. This was built on via the Fife Social Justice Analysis System, developed to support Community Budgeting, and was mainstreamed through the KnowFife dataset.

We anticipate a number of challenges with engaging staff from across the community planning partnership in a collaborative approach to sharing and producing local data. Our experience in West Dunbartonshire has been that the staff who do get involved can change rapidly and that some are more engaged than others. There are personal and professional responses to the data compiled. For some the indicators are purely an aid to planning, for other partners the data may be uncomfortable or challenging. There can be sensitivities about presenting data, unrelated to disclosure risk, but where an indicator could be interpreted in different ways or misinterpreted. They may be concerned about how media might use the data. This is where a culture of 'open data' can clash with a more conservative, 'risk-averse', operating environment. Data held on community safety by the police is a good example of where these differences of approach and in attitudes to sharing data are apparent – hindering access to and presentation of data.

This is a period of institutional and occupational instability as local authorities and CPPs adjust to new policy demands and new fiscal conditions. With the full implications of cuts to public spending reaching local authorities in Scotland, the focus of attention amongst public services may be less on the reform agenda and more on how to mediate the effects of reduced budgets and prevent job losses. As budgets become tighter and workloads increase, there may also be a reluctance to commit time and human resource to sharing data. In operational terms there is considerable uncertainty over who will be employed in what role and where they will fit within restructured services. Our observation is that this instability has created

considerable strain at a local level making this a difficult time to establish new relationships and develop new initiatives.

## **Engaging with communities**

The original purpose of local health and wellbeing profiling in Scotland was to report local trends, make comparisons and to highlight inequalities. The indicators pointed out where progress was being made, where there were challenging trends or where there were issues that were resistant to change. Taken as whole the indicators provided a holistic way of understanding health and wellbeing in local communities at a range of scales.

Where the West Dunbartonshire work perhaps departs from previous national work has been in the initial impetus to produce profiles with and for communities and to explore how data could be used to provide evidence of local assets. In the context of the Community Empowerment Act, local data could be used to promote greater openness and transparency between service providers and local people. For some service providers the starting point for understanding localities and outcomes is data, even though this knowledge is limited and partial. Public participation in local democratic processes entails greater openness to different forms of knowledge and recognition of the gap between statistical data and the experiences of local people. Data can also be a powerful way of increasing the transparency and accountability of public services locally and nationally to address negative trends in the most disadvantaged communities. For example data on rates of benefit sanctioning could be used by CPP partners to identify priority neighbourhoods to prevent negative outcomes from increased financial insecurity such as declining mental health and suicide.

Communities do not generally like being described as 'deprived' or having 'low life expectancy'. The search for positive indicators, for example, representing community assets is often difficult. At the same time one of the purposes of data profiling is to provoke a response, to make comparison, to highlight differences and often inequalities. GCPH have successfully piloted a dialogue approach to understanding data through playing the Glasgow Game using data from the Understanding Glasgow website <http://www.understandingglasgow.com/>. The game is a way of blending synthesised data (intelligence derived from indicators) with the knowledge and lived experience of professionals and residents in local contexts with the aim of identifying - and starting to address - strategic issues

## **Conclusions**

There is no standard approach to small area geographies and locality planning across CPPs. Place-based working across Scotland covers a range of different initiatives at a sub-authority level, some holistic and others focussed on specific themes. The diversity of stakeholders

raises questions around how local profiles can be useful to such an eclectic mix of place-based approaches and practices.

For all the reasons given above it is important to be aware that the process of creating bespoke local profiles (or intelligence outputs) is a quite different process than the ScotPHO national profiling model. The benefits of this more involved approach should be a more locally tailored resource that will be accepted and used by local partners, but the process to create such a resource has its challenges. Managing different expectations and agendas is a complicated task and one that is quite different from undertaking the practical task of compiling a set of profiles.

At a local level, there is need for flexible tools and skills to work with data and research and respond to a diverse range of place-based approaches. The health and social care arena is not the same as the arena of the CPP, although in some areas CPPs and integrated HSC partnerships are being brought closer together through shared geographies for local areas. The implications of recent legislation are that both forms of partnership need to deepen their knowledge and understanding of localities especially those with poorer outcomes. This evidence-informed approach to place-based working presents shared challenges of data availability, useable tools and sustainability in the skills and capacity of local staff.

There may be latent potential for CPPs to improve their analytical capacity at the small area level by increasing data sharing between partners, making the best use of existing data and improving the capacity of staff to analyse data from national data sets. For some CPPs, this may require investment in a new technological infrastructure; in-house training for staff with some level of analytical ability; and specialist support to develop the capacity of staff to interpret and make sense of local data so that it is more accessible and meaningful to local partners and communities.

If place-based working is about to become, or already is, the new vision for CPP effectiveness, then national partners and other external agencies in the field of public service reform need to consider what they can offer CPPs in terms of:

- availability of data for small area geographies
- platforms and skills and tools
- interpretation of data, communication and data synthesis
- capacity building for sustainability in community profiling
- the balance between producing a standard sets of profiles and customising profiles to meet local needs

Local and national agencies seeking to work with CPPs, will also need to consider how they will respond to the diversity of small area geographies, new data zones, diverse stakeholders and different rationales for increasing the availability and use of local data.

This project has demonstrated the need for a deeper understanding of how, in practice, data profiles and local research could be more meaningful and useful for community planning partners and communities. Moving beyond the production of profiles, we hope to use the next phase of this project to examine how profiles and local research can help community planning partners and communities to identify local priorities and take action.