Evaluation of the children and young people's profiles of Glasgow and its neighbourhoods

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Glasgow Centre for Population Health

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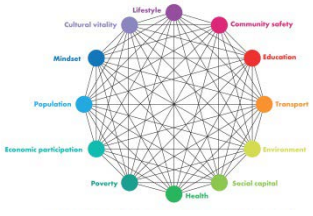

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Executive summary

The children and young people's profiles of Glasgow and its neighbourhoods were published by GCPH in December 2016. The profiles were the result of several years of planning. The work to create them was then completed over a seven-month period by a team of analysts from ISD, under the supervision of a GCPH programme manager and with guidance from a multi-agency advisory group.

The aims of this work were to provide public sector organisations and communities with current and locally relevant public health intelligence relating to children in Glasgow, to illustrate trends, to highlight health and socioeconomic inequalities and to provide local level information for targeting resources and priority setting. The profiles were planned to be a resource to inform children's services planning and delivery in Glasgow.

Sixty profiles in total were published on the Understanding Glasgow website and cover Glasgow, the three localities of Glasgow's Community Health Partnership (North East, North West and South) and 56 neighbourhoods across Glasgow. The main content of the profiles was a set of population level indicators organised into seven themes: demography; infant health; culture and environment; crime and safety; socioeconomic factors; learning and education; and health and wellbeing.

This information was compiled into comparative graphs for each area with accompanying textual interpretation. The profiles were provided in various formats as individual profiles on web pages, downloadable PDFs and as an interactive profile on a web page. In addition to the profiles, a small sub-group of the advisory group created nine 'evidence for action briefings' to complement the profile data. Since publication, over 40 individual presentations related to the profiles have been made to raise awareness of them and to encourage their use.

The evaluation of the profiles was undertaken in June 2017 via an online questionnaire, directed towards individuals and organisations who had requested and/or attended a presentation on the profiles. Sixty-two usable individual responses were gathered and it is from these responses that the main evaluation findings have been drawn.

Overall, the evaluation findings show that the profiles have been well received by their main target audience, staff and managers working in health and social care settings, but have also been widely used in schools in Glasgow and by community and third sector groups.

There is evidence that the profiles have been influential in planning and policy across Glasgow. Respondents reported that information from the profiles had been used to: provide a base of evidence; inform debate; decide in which areas to target resources; encourage working in partnerships; apply for funding; and plan services. The neighbourhood profiles were particularly influential for schools, giving staff a deeper understanding of the make-up of school catchment areas and informing schools' Pupil Equality Funding applications.

Presentations have helped raise awareness of the profiles, have aided dissemination and encouraged use of them. The content of the profiles, in terms of the range of indicators and themes, was highly rated. There is support for providing this type of resource in a variety of formats; maps (to navigate to profiles), graphs, text interpretation, web pages, downloadable PDFs and the interactive profile page were all strongly endorsed. That said, the most popular format for providing profile information was in the form of downloadable PDFs and the least favoured, although still popular, was the interactive profile. The web statistics back this up. Page views of the interactive profiling page only accounted for 8% of the total page views of the children and young people's profiles pages, whereas 67% of page views were of the profile web pages and 25% were of the 'evidence for action briefings'.

There is continued demand for updated profile information in the future with most respondents preferring an annual update. Respondents indicated that they wanted this type of information at a number of geographic levels, at a city and Scottish level, but also at a locality (e.g. North East, North West and South Glasgow) and neighbourhood level.

There were also suggestions for new indicators, including a happiness indicator, literacy levels in primary schools, and measuring the amount of time children and young people spend looking at electronic screens.

The evaluation findings with respect to the evidence for action briefings, while generally positive, were weakened by the fact that only a small subset of respondents had actually used the briefings (13). Based on the responses of those that had used them, it appears that the briefing on child poverty was seen as being most useful, while the next most useful briefing was that on childhood obesity. However, stronger evidence on the utility of the evidence for action briefings is required to inform their future development.

Summary of planning, publication and dissemination of profiles

Planning

The children and young people's profiles were completed over a seven-month period which was preceeded by a longer period of planning. A multi-agency advisory group provided advice during the planning and construction of the profiles agreeing the purpose of the work, advising on indicators and methods of presentation, commenting on draft documents, providing advice and support at and between meetings, providing access to relevant sources of information, evidence, and relevant contacts, and supporting communications and information sharing during the process of creating the profiles.

A small team of analysts from ISD Scotland were commissioned to produce the profiles under the supervision of a GCPH programme manager and with guidance from the advisory group.

During the production of the profiles, the advisory group decided to additionally draft a set of 'evidence for action briefings' to accompany the profiles. A small sub-group of staff from the GCPH and NHS Health Scotland was formed to create these briefings.

Aims

The main aims, in producing the profiles, were to:

- provide organisations and communities with up-to-date and locally relevant public health intelligence relating to children, their health and their life circumstances across the city.
- show trends in key indicators.
- highlight health and socioeconomic inequalities.
- provide local level information for targeting resources and setting priorities.

Another overall aim of creating this new resource was to inform children's services planning and delivery in Glasgow, including planning and evaluation of new models of family support and early learning and childcare in the city. Additionally, it was recognised that this information could be of use to community and third sector organisations by providing a description of population health patterns and trends locally. There was also an expectation that the resource would be relevant in educational settings such as in the secondary school modern studies curriculum and for college and university courses.

Publication

In December 2016, the Glasgow Centre for Population Health published 60 profiles summarising the health and wellbeing of children and young people in Glasgow. These profiles covered Glasgow as a whole, as well as the three sub-sectors of Glasgow's Community Health Partnership (North East, North West and South) and 56 neighbourhoods across the city – see Map 1 below.

Map 1. Map illustrating the location of Glasgow's neighbourhoods.

Each profile comprised a broad range of indicators that illustrated children and young people's health, wellbeing and quality of life. The indicators are organised under seven themes: demography; infant health; culture and environment; crime and safety; socioeconomic factors; learning and education; and health and wellbeing.

The profiles were published on the Understanding Glasgow website with navigation to individual sector and neighbourhood profiles being via clickable interactive maps.

The profiles were made available in several different ways: as individual profiles on web pages, downloadable PDFs and as an interactive profile on a web page. The data within the profiles were also provided in an Excel workbook on each profile webpage (although this format has not been included as part of the evaluation). A downloadable PDF of notes and definitions relating to all indicators in the profiles was also published on each profile webpage.

A set of nine evidence for action briefings were published at the same time as the profiles. The briefings were designed to complement the profiles by linking the data in the profiles to the relevant evidence base for action and covered the following topics: access to greenspace; active travel to school; childhood obesity; child poverty; domestic violence and abuse; early learning and childcare; lone parents, safe sleeping position; unintentional injury.

Social media, web and email communications

Twitter and Facebook were used by the GCPH to alert people to the existence of the profiles around the time of publication (Appendix 1 lists examples of these tweets). A blog post, A perspective on children's health in Glasgow, was written to coincide with the publication of the profiles. In this, the purpose of the profiles was explained and there were reflections on what the data in the profiles showed. A news article on the profiles appeared on the GCPH website. Emails were sent out to relevant networks and groups to alert them to the new publications.

Dissemination

Since publication of the profiles, three members of the advisory group have given presentations about the profiles to raise awareness of them and to encourage their use[1]. Appendix 2 provides a summary of these presentations. To date, 41 individual presentations related to the profiles have been made since publication.

Evaluation

Methodology

The GCPH designed an online questionnaire using an online questionnaire (SurveyMonkey). An invitation to take part in this survey with a link to this questionnaire was sent out by email in June 2017 to network and organisational contacts who had requested and/or attended a presentation on the profiles. These contacts were encouraged to disseminate the survey link within their networks and organisations to anyone who might have attended a presentation or might be using the profiles. The majority of responses were gathered over a three-week period in June 2017.

The questionnaire focused on the following issues:

- How have the profiles been used, and by whom?
- How useful were presentations and workshops in disseminating information?
- How have the evidence for action briefings been used?
- What improvements could be made for the future?

A copy of the survey questionnaire is provided in Appendix 3.

[1] Bruce Whyte and Linda Morris undertook the majority of presentations, with Linda covering Glasgow's Area Partnerships. Fiona Crawford gave a presentation to the Secondary Head Teachers Forum and gave a joint presentation to NHSGGC's public health directorate.

Results

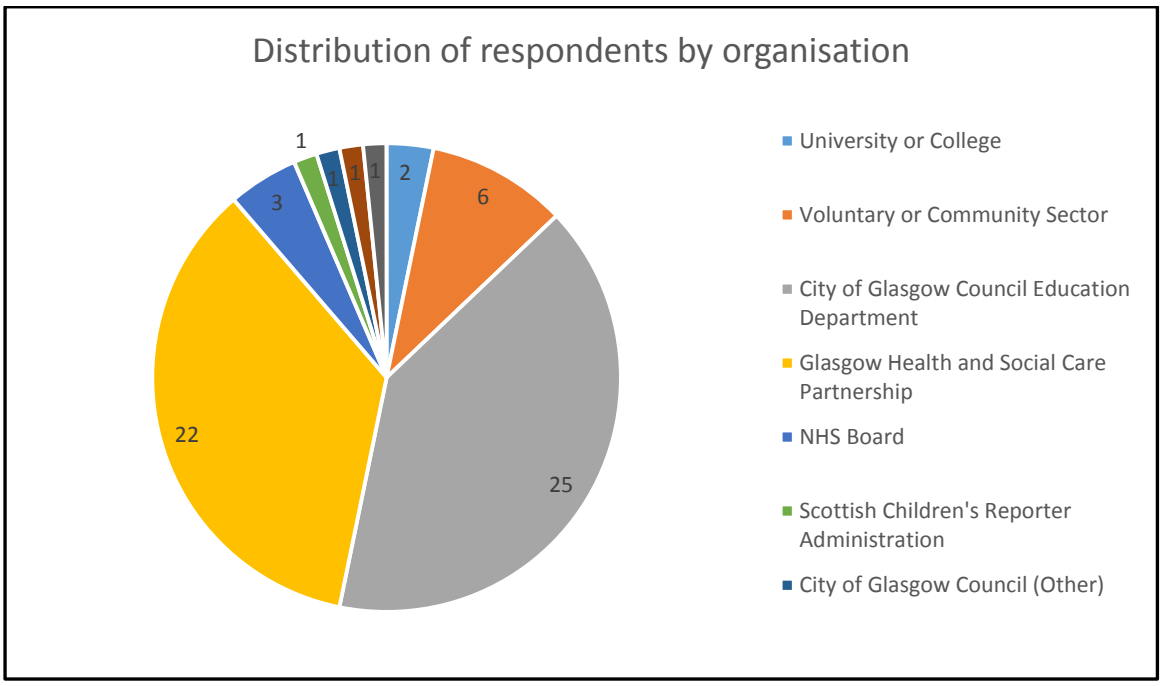
Responses

There were 97 responses to this survey. Of this, 62 were usable. Thirty-two respondents were excluded because they had not used any of the children and young people's profiles, and a further three respondents were excluded because they only completed the initial questions regarding their role and organisation.

Occupations and organisations of respondents

Respondents came from a range of job types (Figure 1). The highest number of participants (25) worked in the City of Glasgow Education department, either as a headteacher, teacher or teaching support staff, including an educational psychologist. Twenty-two were from the Glasgow Health and Social Care Partnership, which included a variety of roles as service managers, health improvement practitioners and health improvement leaders. These two organisations drew by far the largest number of responses. Other organisations included the Voluntary or Community Sector (6), NHS Boards (3), Universities or Colleges (2), roles other than education in City of Glasgow Council (1), Community Safety Glasgow (1) and the Scottish Children's Reporter Administration (1). Two respondents specified 'other' which included one from the Scottish Children's Reporter Administration and the other stating 'Glasgow' as their organisation.

Figure 1: Distribution of respondents by organisation.



Invalid responses

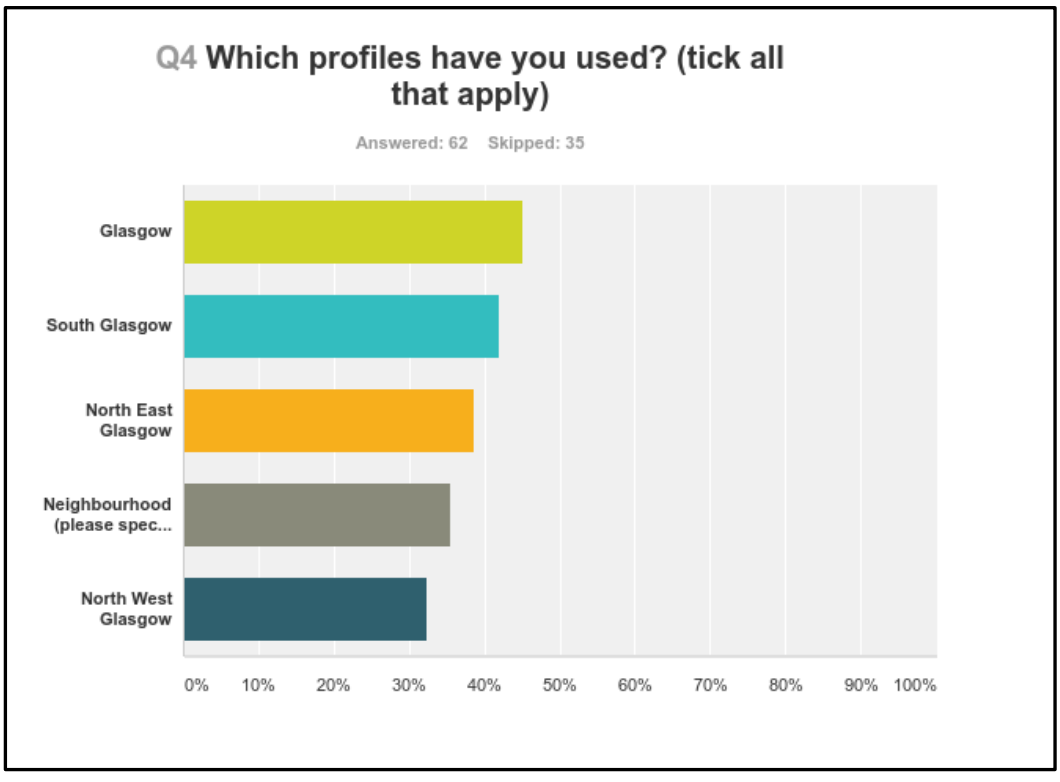
There were 30 respondents who had not used any of the children and young people's profiles. In addition, a further three respondents said they had used the profiles but did not specify *which* profiles, or did not complete the survey any further than this question. These questionnaire responses were not analysed any further and were effectively removed from the evaluation.

It is worth noting that a possible reason for the high proportion of respondents who had not used the profiles is that the evaluation questionnaire was directed to people and organisations who had received presentations on the profiles. Even if those people had been at a presentation this did not necessarily mean that they had viewed or used the profiles directly.

Use of profiles

Respondents were asked which profiles they had used. Figure 2 shows a broad usage of the different profiles among respondents. The profile with the highest usage was Glasgow as a whole, with 28 respondents reporting that they had used it (45% of the valid responses). South Glasgow followed closely behind with 26 responses (42%). Twenty-four respondents had used the North East Glasgow profile (39%) and 20 had used North West Glasgow (32.26%). A further 22 respondents had used a more localised, neighbourhood profiles with many stating they had used more than one neighbourhood profile. Each of the neighbourhoods sits within a Health and Social Care Partnership locality and therefore can be grouped into North East, North West and South Glasgow. Fourteen of the respondents that specified 'neighbourhood' listed areas in North East Glasgow, seven listed areas in North West Glasgow and 16 listed areas in South Glasgow. So overall, South Glasgow was used most by respondents, with North East and North West following behind.

Figure 2: Use of profiles.



Benefits of the profiles

All survey respondents felt that the children and young people's profiles had been either 'very useful' or 'useful' to their work or role. Fifty-three out of 61 respondents commented on why they found the profiles to be useful. All of the comments were overwhelmingly positive.

These comments have been grouped by the organisation within which respondents worked in order to understand how the profiles were being used in different organisational contexts. Twenty-one of the comments were made by respondents from Glasgow City Council Department of Education. The main salient points made by this group of staff were that the profiles:

- showed *"barriers to pupils' success"*
- gave an *"insight into the health and wellbeing of pupils in catchment area"*
- were *"useful when looking at Pupil Equity Funding[2]".* The information revealed in the profiles could be used to illustrate the socioeconomic demographic of the school catchment areas, and so were beneficial to schools applying for additional funding.
- helped to change ideas. Many of the comments noted that the information was not previously known, highlighting the ability of the profiles to show the fuller landscape of children and young people in Glasgow.
- *"provided an in-depth profile of the community"* – a deeper, more focused understanding into the lives of the individuals living in their community.

One response summed up the relevance of the profiles for headteachers – *"They help headteachers to reflect on the needs of the community they serve, the problems faced by the families they work with and the potential impacts on learning and teaching".*

Further quotes are provided in Appendix 4.

Staff at the Glasgow Health and Social Care Partnership provided 18 comments. These can be summarised, with the salient points being:

- The profiles provide an evidence base *e.g. "provides evidence re what is perceived as local problems and provides framework for comparison and where focus needs to be".*
- Profiles are helpful for planning services both at a city-wide and local level.
- Profiles are *"useful for targeting resources".* They provide a reference point to aid decisions about how to allocate funding.
- Evidence shown in profiles can encourage professionals in these areas to work in partnerships.

Further quotes are provided in Appendix 5.

[2] Pupil Equity Funding (PEF) is allocated directly to schools, targeted at those children most affected by the poverty related attainment gap. From April 2017, £120m will be provided through the Attainment Scotland Fund directly to headteachers to use for additional staffing or resources they consider will help reduce the poverty related attainment gap. The funding will reach schools in every local authority area in Scotland and will be distributed on the basis of the numbers of pupils in P1-S3 known to be eligible and registered for free school meals (Scottish Government, 2017).

The remaining 14 comments were made by respondents from a variety of different organisations. These included voluntary/community sector, NHS Boards, and the Scottish Children's Reporter Administration among a few others. These comments were equally positive. The value in having relevant information condensed into one report – making it more accessible – was noted as was the utility of the data for funding applications, developing programmes and for teaching purposes. Others noted the value of being able to compare information about health and wellbeing from across the city, thus getting a good overview.

A selection of quotes from individuals in a range of these organisations is provided below.

"I am required regularly to use statistics relating to the communities we are targeting – as such, the profiles have been a very useful and reliable source of information and data that can be used for this purpose".
Funding Officer, Voluntary or community sector

"Use these when applying for funding and developing programmes for local communities".
CEO, Voluntary or community sector

"Detail of information available and ability to compare across city".
Head of Communities and Libraries

"The profiles are very clear, easy to read and helpful in understanding the issues some YP (Young People) face in different demographics of the north east. The profiles also support and evidence applications for funding programmes for young people in the area".
Events & Communities Lead, Voluntary or community sector.

"Offers context and deeper understanding of bigger picture which, in turn, informs our operating environment".
Locality Reporter Manager, Scottish Children's Reporter Administration

"The data is as up to date as a lecturer can obtain. Excellent data, explained and packaged very easily, all in all resulting in very engaging material for my National 6 and HNC students".
Social Science Lecturer, University or College

Presentations on profiles

As noted earlier, over 40 separate presentations were made to raise awareness of the profiles in the six months following their publication in December 2016. These presentations were made all over Glasgow to a wide range of relevant local groups, including to: the Children's Services Executive Group; health improvement managers and their local teams; community and third sector representatives; primary and secondary headteachers' forums; the Child Poverty sub-group of the Poverty Leadership Panel; the health board's Public Health Directorate; a local health and social care management team; and at a Glasgow HSCP's Specialist Children's Services event. All but two of Glasgow's 21 area partnerships received tailored

presentations on the profiles and two have received, or are scheduled to receive, a second presentation to inform newly elected members. Presentations on the profiles were also given to visiting study groups from Pittsburgh and Cornwall.

Presentations covered the aims of the profiles, how to find the different profiles, their content, illustrations of geographic inequalities in selected indicators (at a neighbourhood level) and an explanation (and example) of the Evidence for Action briefings.

Over three quarters of the respondents to the online questionnaire (78%, 47 out of 60 respondents) said they had attended a presentation on the children and young people's profiles. Of the respondents who attended a presentation, over two thirds (71%, 34 out of 48 respondents) found the event 'very helpful' and 13 found it 'helpful', while one respondent, felt the presentation was 'not particularly helpful'. This respondent's reason for not finding the presentation particularly helpful was because they were already familiar with the profiles.

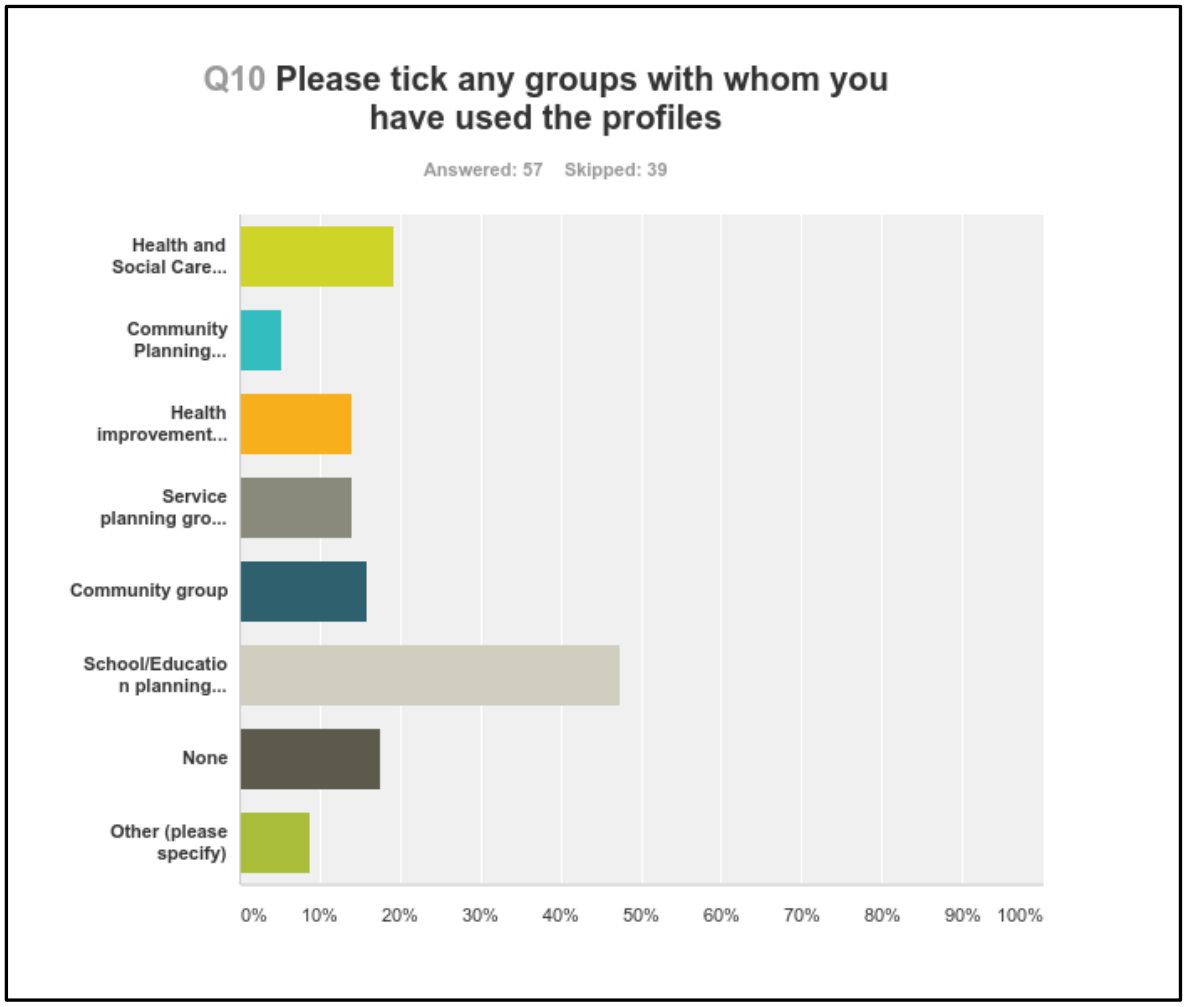
Other comments were generally very positive. A few people stated that they had been unaware of the existence of the profiles before the presentation, while in contrast to this, a few wrote that they were already familiar with the profiles and the presentation had acted as a 'refresher' for them.

Many respondents wrote that having the presentation had helped them to navigate the profiles and many wrote positively about the delivery of the presentation. It was noted that the presentations allowed for discussion with other people about how the profiles can be used.

Groups using the profiles

Respondents were asked to highlight different groups with whom they had used the profiles. Forty-seven out of 57 of the respondents had used the profiles with a group or partnership. The respondents who had used the profiles in conjunction with schools or education planning groups/sub-groups represented the largest grouping (see Figure 3), reflecting in part the high number of teachers and headteachers who responded within the survey sample.

Figure 3: Use with different groups.



Influence of profiles in planning, policy and practice

When asked to give examples of how the profile information had been used locally to improve understanding or to influence planning, policy or practice, 37 respondents answered.

Many responses related to children's education and schooling. Pupil Equity Funding featured heavily in the comments (ten times), with the profiles used as evidence to support applications for funding. Other comments mentioned funding applications more generally, as well as developing programmes in schools to address the challenges to families that are highlighted in the profiles. A few comments drew upon an increased awareness of mental health issues in schools. One comment mentioned that reading the profiles prompted investment in a school health and wellbeing programme for mental health and resilience.

Other comments focused specifically on physical health with regard to health inequalities. Breastfeeding rates, low birth weight rates, prematurity, healthy eating and oral health were mentioned. A large number of the comments made by respondents from the Glasgow Health and Social Care Partnership touched upon

how the profiles were acting as evidence to inform strategy with a focus on young people in Glasgow.

Design and relevance of children's profiles

A five-point Likert scale was used to gather respondents views on how much they agreed or disagreed with a particular statement about aspects of the profiles e.g. the statement *The children and young people's profiles... raised awareness about social and health inequalities* with responses graduated from strongly agree – agree – neither agree or disagree – disagree – strongly disagree. Respondents were asked to give their opinion on a range of factors including, the ease of use, accessibility and utility of the profiles.

Responses were generally very positive but did vary slightly between different aspects of the profiles. All respondents felt that the presentation of the profiles was clear and well-presented (100% strongly agreed or agreed with this statement) and the vast majority agreed that they were easy to understand (95%), and that they had *raised awareness about social and health inequalities* (98%) and were relevant to their *work on social, health and learning inequalities* (96%). A clear majority also agreed that the profiles had *provided new information on children's health and life circumstances* (91%) and *helped identify health, social care and educational priorities* (96%).

Over 60% stated that the profiles had supported funding bids for new services. Just less than half of respondents felt that using the profiles had *led to a change in practice* (46%), while 65% of respondents said that the profiles had *guided investment in new projects tackling health*, *social or educational issues* and 70% agreed that the profiles had helped them to plan new services. Just less than a quarter of respondents agreed the profiles had *shifted investment in existing services or projects* (23%).

A minority of respondents (10%) felt that the profiles *made no difference to work on health improvement* and a couple of respondents (from education) felt that the profiles were *difficult to follow*. Further detail on these opinions is provided in Table 1 of Appendix 6.

Utility of profile resources

Respondents were asked to rate the usefulness of the different formats and content of the profiles. In general all the formats and content provided were rated highly: the profiles on web pages (rated by 95% of respondents as very useful or useful), downloadable profiles (PDFs) (93%), interactive profile section (91%), graphs (98%), interpretive text (95%), maps for navigation to profiles (87%) and definitions and sources (95%).

A subsequent question asked respondents to state which of the three main profile formats – profiles on web pages, downloadable PDFs or interactive profiles – they had made most use of. One or more formats could be selected. Fifty-four per cent of respondents indicated they had used the downloadable PDF versions of the profiles,

while an equal proportion of respondents (35%) indicated they had used the interactive profiles and the profiles on web pages. Further detail of respondents views are provided in Table 2 of Appendix 6.

Use of indicators

Respondents were asked to rate how useful the indicators for different themes were. There was a high degree of satisfaction with the indicators across all themes with over 95% of respondents agreeing that the indicators had been useful or very useful for each theme. The health and wellbeing indicators were seen as being most useful with over 80% of respondents rating the indicators for this theme as being *very useful*. Further detail of these responses is provided in Table 3 of Appendix 6.

Evidence for action briefings

A short set of questions focused on the evidence for action briefings. These questions were included to ascertain whether users of the profiles were aware of the briefings and, if so, which briefings they had used and their assessment of them. About half of those responding were unaware of the evidence for action briefings (29 out of 57 respondents). Out of the 28 respondents that were aware of them, 13 had used the briefings, while 15 had not.

From those few respondents who had used the briefings (13), it appears that the evidence for action briefing on child poverty was seen as the most useful, with nine out of 13 respondents assessing this briefing as ‘very useful’. The childhood obesity briefing was the next most popular briefing. However it is difficult to assess the true utility of the briefings given the low awareness among respondents of the profiles, coupled with a low level of use among those respondents who were aware of them. Table 4 of Appendix 5 provides more detail on these responses.

Uses of evidence for action briefings

Nine respondents commented on how they had used the briefings. Specific examples included in Pupil Equity Fund proposals, to influence health strategy for Glasgow City Council, and in talks to third sector organisations. More general comments drew upon the ways the evidence for action briefings helped to inform discussions around the health indicators presented in the briefings. Some examples of how they had been used are given below:

- *To encourage staff to reflect on their local communities and some of the issues / actions that are possible.*
- *Used in planning discussions and disseminated with other partners to improve knowledge and improve practice.*
- *Accessed them when considering current plan to create youth Health Strategy for GC [Glasgow City]. Also viewed obesity briefing, as currently providing services to address teenage obesity.*
- *We used the access to greenspace evidence to inform our discussions and plans regarding outdoor learning and progression of planned opportunities.*

- *We used the child poverty evidence to support our understanding of additional areas that we need to consider to reduce barriers to learning.*
- *Used when looking at Adverse Childhood Experiences for the children in our school.*
- *As part of our planning to try to close the attainment gap*
- *Used in presentations to third sector, community groups, children & family staff and health improvement staff. In particular tackling health inequalities – addressing infant feeding/childhood obesity/safe sleeping. Relationships/DV/child protection issues.*
- *Research and possibilities to support PEF proposal.*
- *When looking at violence against women (VAW) the EFA briefing provided a good evidence base.*
- *Linking planned/proposed activities with those highlighted in the evidence for action briefing to substantiate and validate our rationale behind programme designs.*

Of the 12 participants who answered the question about whether they would like more evidence for action briefings to be produced in the future, all responded positively. Unfortunately, due to a flaw in the SurveyMonkey design, a question asking respondents to identify new topics for evidence briefings was not accessible and therefore no responses on this were collected.

Future profiles

In response to questions about future profile outputs, all 57 respondents confirmed that they would like access to profiles in the future. When asked to select their preferred format for the profiles (profiles on web pages, downloadable profiles as PDFs or interactive profiles) where more than one option could be ticked, 78% of respondents favoured the downloadable PDFs, while 60% selected the profiles on web pages and the least preferred option was the interactive profiles (53%).

The majority of the respondents (61%) would like to see the profiles updated annually, while one third would like updates every two years.

Respondents were asked which administrative levels would be most useful to them and were allowed to select more than one. Most respondents (82%) selected local neighbourhoods as the most useful administrative level, while a majority (68%) also favoured having profiles for the Glasgow localities e.g. South, North East, North West.

One respondent commented that having indicators at a datazone level would help programmes designed to impact on and measure specific indicators (e.g. levels of childhood obesity, rates of offending for 8-18 year olds). And, where organisations deliver a service at a very local level, more local data would provide better evidence for comparing year on year data that reflects their particular area of operation.

In terms of the most useful geographical comparisons to provide in the profiles, over 90% of respondents thought that a neighbourhood versus Glasgow comparison was the most useful, while two thirds thought that a neighbourhood versus Scotland

approach would be useful. One respondent favoured a neighbourhood to UK comparison, while another respondent thought that a longitudinal comparison by neighbourhood over time would be useful.

Suggestions for new topics/indicators included in profiles

Respondents were asked the question: 'Are there any other topics or specific indicators you would like to see included in the future children and young people's profiles?'

Responses to this question were varied:

- A preference for comparisons with other European countries/cities.
- A suggestion that the profiles should be specific to individual schools.
- Physical activity as an indicator e.g. walking to school, engaging in sporting activities outwith school.
- 'Screen time' as an indicator – measuring how long children and young people spend looking at electronic screens.
- Happiness indicator for children and young people.
- Numbers of immigrants coming to neighbourhoods.
- Reading/literacy levels for Primary 4 and Primary 7 age groups.
- Impact of Pupil Equity Funding on children and young people.
- Vulnerable children and young people – either in care, on the child protection register or known to social work.
- Breastfeeding levels as an indicator.
- Neighbourhood information on maternal and childhood obesity.
- Tobacco, alcohol and drug use among parents as an indicator to measure how young people are affected by these substances.

It is worth noting that there are indicators on the interactive profile, covering the last three topics (underlined) but respondents were not necessarily aware of their existence.

Final comments on children and young people's profiles

Respondents were asked to add any other comments on the children and young people's profiles or their future requirements for community profile information. There were 12 responses, which were broadly very positive. Many expressed gratitude and agreed that the profiles were a useful tool for *"practitioners and planners alike"* and for *"signposting partner agencies to"*. The collation of information from different sources was seen as helpful and there was a reiteration of the wish that that this resource would continue to be available.

One respondent expressed frustration, that there were *"many 'health teams' working across Glasgow (and the apparent lack of connectedness to actually utilising the data)"* and the need for *"a significant shift if we are to in any real way influence the true cause of poor health outcomes within this city".*

Web statistics

The children and young people's profiles are hosted on the Understanding Glasgow website. Google Analytics was applied to the relevant profile pages on the site to assess online usage of the profiles.

Three main web resources were created for the profiles: children and young people's profiles web pages; evidence for action briefings pages; and an interactive profile page.

From December 7th 2016 (the date of publication) to August 31st 2017, there were 9,656 unique page views across all the resources related to the children and young people's profiles. Of this, 6,446 unique page views were of the profile web pages (67% of the total page views), 2,390 unique page views of the evidence for action briefings (25% of the total) and 820 unique page views of the interactive profiling page (8% of the total).

The 9,656 unique page views across the profiles as a whole equates to 9% of unique page views on the Understanding Glasgow site as a whole during the time period. Thirty-two percent of all the page views were of individual neighbourhood profile pages with quite a wide variation in the frequency of use for individual neighbourhood pages.

In terms of the evidence for action briefings, the childhood obesity briefing page was the most popular in terms of unique page views (with over 260 page views), while the briefings for unintentional injuries and safe sleeping position were the least viewed (with 60 and 65 page views, respectively).

The average time spent on the interactive profiling page was 2 mins 34 seconds, which suggests that people were looking at this page for a reasonable period of time and not clicking away from the page quickly.

Conclusions

The survey findings suggest that among those respondents who had used the children and young people's profiles, there was a very positive view of their utility and impact. The profiles are being used by a range of professions and organisations. However, the main groups using the resource (at least as far as can be ascertained among survey respondents) were staff within the Glasgow Health and Social Care Partnership and headteachers and teachers in Glasgow City Council's schools.

Respondents found the compilation of evidence on health and social inequalities into one resource to be very useful. The content of the profiles, in terms of the themes and indicators, was strongly endorsed. The profiles were seen to be clear and well-presented and all the main forms of presentation – maps, graphs, text interpretation, profiles on web pages, downloadable PDFs, and the interactive profile page – were seen as useful. The most popular format for profiles was as downloadable PDFs and the least favoured, although still popular, was the interactive profile. The web statistics back this up with views of the interactive profiling page only accounting for 8% of the total page views of the children and young people's profiles pages.

There were positive responses to the presentations on the profiles. Those who had attended a presentation reported that they were clear and engaging, refreshed their memory of the profiles (or for others informed them of their existence), helped them to navigate to the profiles and such events provided an opportunity engage in valuable discussion with other users of the profiles.

There is some evidence that profiles have been influential in planning and policy across Glasgow. Respondents reported that profile information had been used to: provide a base of evidence; inform debate; decide in which areas to target resources; encourage working in partnerships; apply for funding; plan services. The neighbourhood profiles were particularly influential for schools, giving staff a deeper understanding of the make-up of their catchment area and have informed schools' Pupil Equality Funding applications.

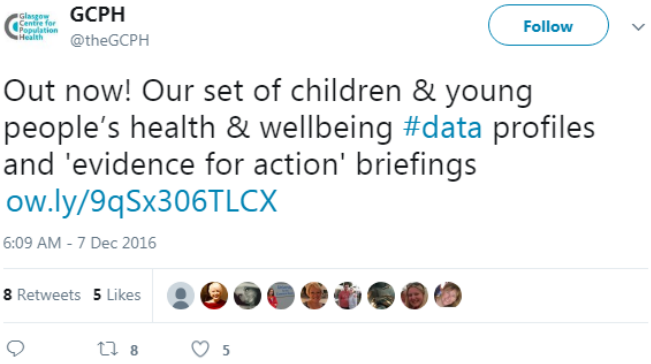
There continues to be a strong demand for children and young people's profiles, with the majority of respondents indicating that they would like to see the profile updated on an annual basis. There were also suggestions to include new indicators, including a happiness indicator, literacy levels in primary schools, and measuring the amount of time children and young people spend looking at electronic screens.

While respondents on the whole favoured profile data provided at a locality and neighbourhood level with comparisons with Glasgow or Scotland, there were a few alternative suggestions including making comparisons with the UK, showing longitudinal comparisons over time and producing data at a datazone level to match local service delivery and to monitor change. It is worth commenting that the latter would be challenging as many of the indicators included in the profiles could not be shown with any accuracy at a datazone level and there would be potentially data disclosure issues.

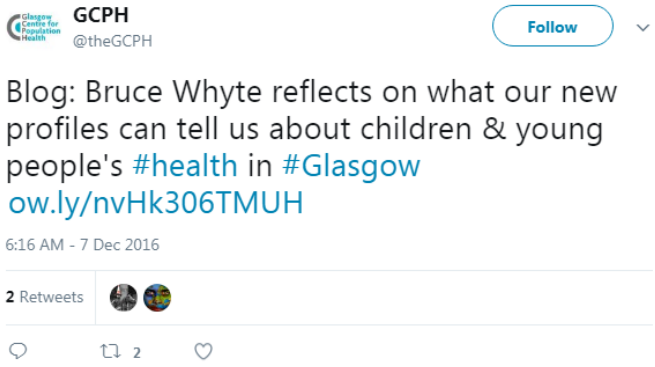
The evaluation has not provided clear and definitive findings in relation to the evidence for action briefings, mainly due to the low number of survey respondents who had used them. However, those that had were positive about their utility. There were examples of the briefings being used to brief staff, third sector and community groups, and being used in planning to inform strategy and action. Specific examples of uses included: using the childhood obesity briefing to think about how to provide services to address teenage obesity; the access to greenspace evidence to inform plans regarding outdoor learning; and the child poverty evidence to support understanding of how to reduce barriers to learning.

The children and young people's profiles have been well received by their main target audience – staff and managers working in health and social care settings – but have also been widely used in schools in Glasgow and by community and third sector groups. Presentations have helped raise awareness of the profiles and encouraged their use. There is evidence that this type of resource should be provided in a variety of formats and that there is continued demand for updated profile information in the future. Further evidence on the utility of the evidence for action briefings is required, which would help support their future development.

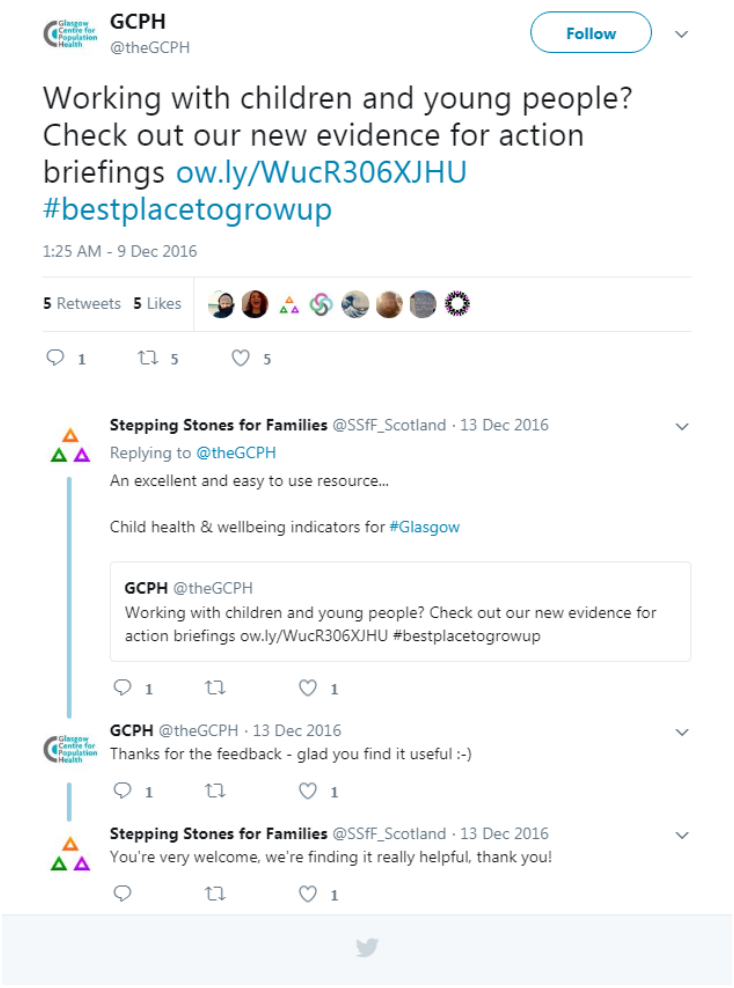
Appendix 1. Example tweets to promote the publication of the profiles.



https://twitter.com/theGCPH/status/806500764684259328



https://twitter.com/theGCPH/status/806502594311057408



https://twitter.com/theGCPH/status/807154198026579969

https://twitter.com/theGCPH/status/834351648516558848

Appendix 2. Summary of presentations.

List of presentations given since publication in December 2016.

	Event/Meeting	Date
1	Glasgow City HSCP – South Sector Health Improvement Team	15th December, 2017
2	Children's Services Executive Group	16th January 2017
3	NW Youth Health Network, Health Improvement Team – North West Locality	26th January 2017
4	Health Improvement Executive Group meeting	6th February 2017
5	Secondary Heads Area Forum (FC)	25th January 2017
6	Health Improvement Executive Group, Glasgow HSCP	6th February 2017
7	Health Improvement Education Group	6th February 2017
8	Child Poverty sub-group of the Poverty Leadership Panel	9th February 2017
9	Canal Area Planning Partnership	13th February 2017
10	Glasgow HSCP, Alcohol and Drugs and Prevention Group	16th February 2017
11	Drumchapel / Anniesland Area Planning Partnership	16th February 2017
12	Baillieston Area Planning Partnership	20th February 2017
13	Greater Pollok Area Planning Partnership	20th February 2017
14	Hillhead Area Planning Partnership	20th February 2017
15	Garscadden / Scotstounhill Area Planning Partnership	21st February 2017
16	Langside Area Planning Partnership	21st February 2017
17	Calton Area Planning Partnership	22nd February 2017
18	Community and third sector groups at GCVS	22nd February 2017
19	Youth Justice Strategy Group	23rd February 2017
20	North-East Area Planning Partnership	24th February 2017
21	Springburn Area Planning Partnership	27th February 2017
21	Glasgow HSCP's Specialist Children's Services event	28th February 2017
22	NE Area Senior Officers Group	28th February 2017
23	Southside Central Area Planning Partnership	28th February 2017
24	Craigton Area Planning Partnership	28th February 2017
25	East Centre Area Planning Partnership	1st March 2017
26	Pollokshields Area Planning Partnership	1st March 2017
27	Partick West Area Planning Partnership	2nd March 2017
28	Anderston / City Area Planning Partnership	2nd March 2017
29	Lynn Area Planning Partnership	2nd March 2017
30	Maryhill / Kelvin Area Planning Partnership	3rd March 2017
31	Primary Heads Area Forums – South (Croftfoot)	14th March 2017
32	Primary Heads Area Forums – North East (Easterhouse)	15th March 2017
33	Primary Heads Area Forums – North West (Knightswood)	16th March 2017
34	North East Children and Families Health and Social Care Management team	24th March 2017
35	Presentation for study group from Pittsburgh	28th March 2017
36	North East Health Improvement Team, Glasgow HSCP	19th April 2017

37	Visit from Children and Family Services (Mid Cornwall) Cornwall Council	20th April 2017
38	Schools & Nurseries Event, Alcohol Focus Scotland	10th May 2017
39	Children and young people's profiles for NW Health Improvement Team	25th May 2017
40	Public Health Directorate of NHS Greater Glasgow and Clyde	31st May 2017
41	Maryhill Area Planning Partnership	25th August 2017
42	Canal Area Planning Partnership	24th November 2017
	Slides from CYP profiles used in presentation to Childcare pathfinder evaluation group and in various academic presentations illustrating inequalities to Nursing, Public Health and Medical students	
	Briefings were passed onto two further Area Partnerships – Newlands and Auldburn and Govan – which did not receive a talk.	

Appendix 3. Evaluation questionnaire.

How to complete the survey

The children and young people's profiles of Glasgow neighbourhoods were published on the Understanding Glasgow website in December 2016 and are now 6 months old. We would like to find out how they have been received and used, how useful our presentations have been in disseminating information and what improvements could be made to the profiles. We would also like to evaluate the impact of the Evidence for Action briefings we published to accompany the profiles.

We would be very grateful if you could fill in this questionnaire. It should take no longer than 10-15 minutes to complete.

Your feedback will allow us to plan future profiles. Thank you for your help.

All questions with an asterisk are compulsory.

If you would like to keep a copy of your responses, hit the print button on your browser at the end of each page, before clicking on 'Next'.

All responses are anonymous and results will be reported in a non-identifiable way.

* 1. Please provide your job title or role

* 2. Please tick the type of organisation you work for

- ☐ Glasgow Health and Social Care Partnership
- ☐ NHS Board (HQ)
- ☐ Mental Health Partnership
- ☐ Community Planning Partnership
- ☐ Glasgow City Council - Education Dept / School
- ☐ Glasgow City Council - Other Depts
- ☐ Community Safety Glasgow
- ☐ Glasgow Centre for Population Health
- ☐ Police
- ☐ Scottish Government
- ☐ Scottish Parliament
- ☐ Special Health Board
- ☐ University or College
- ☐ Voluntary or community sector
- ☐ Private sector
- ☐ Other (please specify)

* 3. Have you used at least one of the children and young people's profiles?

- ◯ Yes
- ◯ No

General usefulness

* 4. Which profiles have you used? (tick all that apply)

- [ ] Glasgow
- [ ] North West Glasgow
- [ ] North East Glasgow
- [ ] South Glasgow
- [ ] Neighbourhood (please specify which neigbourhood(s))

* 5. How useful to your work or role would you say the children and young people's profiles have been?

- ◯ Very useful
- ◯ Useful
- ◯ Not particularly useful
- ◯ Not at all useful
- ◯ Don't know

6. Please explain why you say that

Attendance at presentation

* 7. Did you attend a presentation on the children and young people's profiles?

- ◯ Yes
- ◯ No

Attendance at presentation (continued)

* 8. How helpful was the presentation in aiding your understanding and use of the children and young people's profiles?

- ◯ Very helpful
- ◯ Helpful
- ◯ Not particularly helpful
- ◯ Not at all helpful
- ◯ Don't know

9. Why do you say that?

Use with groups/partnerships

10. Please tick any groups with whom you have used the profiles

- [ ] Health and Social Care Partnership or sub-group
- [ ] Community Planning Partnership or sub-group
- [ ] Health improvement planning group
- [ ] Service planning group (e.g. children's services)
- [ ] Community group
- [ ] School/Education planning group
- [ ] None
- [ ] Other (please specify)

11. Please describe up to two examples of how the profile information has been used locally to improve understanding or to influence planning, policy or practice.

Opinion on design, utility and relevance

* 12. To what extent you agree or disagree with the following statements. The children and young people's profiles...

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree	Not applicable
are clear and well-presented	◯	◯	◯	◯	◯	◯
helped us identify health, social care and educational priorities	◯	◯	◯	◯	◯	◯
raised awareness about social and health inequalities	◯	◯	◯	◯	◯	◯
guided investment in new projects tackling health, social or educational issues	◯	◯	◯	◯	◯	◯
helped us to plan new services	◯	◯	◯	◯	◯	◯
are easy to understand	◯	◯	◯	◯	◯	◯
are relevant to our work on social, health and learning inequalities	◯	◯	◯	◯	◯	◯
supported funding bids for new services	◯	◯	◯	◯	◯	◯
led to a change in practice	◯	◯	◯	◯	◯	◯
made no difference to our work on health improvement	◯	◯	◯	◯	◯	◯
guided new policy relating to public health, social care or education and learning	◯	◯	◯	◯	◯	◯
are difficult to follow	◯	◯	◯	◯	◯	◯
shifted investment in existing services/projects	◯	◯	◯	◯	◯	◯
provided new information on children's health and life circumstances	◯	◯	◯	◯	◯	◯

Usefulness of sections and themes

* 13. How useful were the following sections of the children and young people's profiles

	Very useful	Useful	Not particularly useful	Not at all useful	Don't know/can't remember
Profiles on web pages	◯	◯	◯	◯	◯
Downloadable Profiles (PDFs)	◯	◯	◯	◯	◯
Interactive profile section	◯	◯	◯	◯	◯
Graphs	◯	◯	◯	◯	◯
Text interpretation	◯	◯	◯	◯	◯
Maps to navigate to profiles	◯	◯	◯	◯	◯
Definitions and Sources	◯	◯	◯	◯	◯

14. Are there particular resources you have used more than others? (tick all that apply)

- ☐ Profiles on web pages
- ☐ Downloadable profiles (PDFs)
- ☐ Interactive profiles

* 15. How useful was it to include indicators covering each of the following themes

	Very useful	Useful	Not particularly useful	Not at all useful	Don't know/can't remember
Population (Demography)	◯	◯	◯	◯	◯
Infant Health	◯	◯	◯	◯	◯
Culture and Environment	◯	◯	◯	◯	◯
Crime and Safety	◯	◯	◯	◯	◯
Socio-economic Circumstances	◯	◯	◯	◯	◯
Learning and Education	◯	◯	◯	◯	◯
Health and Wellbeing	◯	◯	◯	◯	◯

Evidence for Action briefings - Awareness

We produced nine Evidence for Action briefings to accompany the profiles. We would like to find out if people are aware of them and if so whether they have been useful.

16. Are you aware of the Evidence for Action briefings that accompany the profiles?

- ◯ Yes
- ◯ No

Evidence for Action briefings - Use

17. Have you used one or more of the Evidence for Action briefings

- ◯ Yes
- ◯ No

Evidence for Action briefings

We would like to get feedback on whether the Evidence for Action briefings have been useful.

* 18. For each evidence for action briefing you used please state how useful it was

	Very useful	Useful	Not particularly useful	Not at all useful	Didn't use this briefing/don't know
Access to greenspace	◯	◯	◯	◯	◯
Active travel to school	◯	◯	◯	◯	◯
Childhood obesity	◯	◯	◯	◯	◯
Child poverty	◯	◯	◯	◯	◯
Domestic violence and abuse	◯	◯	◯	◯	◯
Early learning and childcare	◯	◯	◯	◯	◯
Lone parents	◯	◯	◯	◯	◯
Safe sleeping position	◯	◯	◯	◯	◯
Unintentional injury	◯	◯	◯	◯	◯

19. If you have used the Evidence for Action briefings, please describe up to two examples of when and how you used them.

20. Should we produce more Evidence for Action briefings to accompany future profiles?

◯ Yes

◯ No

Future evidence for action briefings

21. Are there new topics for evidence briefings you would like to see covered?

Access to profiles in future

* 22. Would you like to have access to updated children and young people's profiles in the future?

- ◯ Yes
- ◯ No

Future improvements

In this section we ask you to think about your preferences regarding the format and content of profiles in order to inform the planning of future publications.

* 23. What is your preferred format for children and young people's profile information? (tick one or more)

- [ ] Profiles on web pages
- [ ] Downloadable profiles as PDFs
- [ ] Interactive profiles
- [ ] Other (please specify)

* 24. How often would you like to have updated children and young people's profile information?

- ◯ Annually
- ◯ Every 2 years
- ◯ Every 3-5 years
- ◯ Less often

* 25. Which administrative levels would be most useful to you? (tick one or more)

- [ ] Sectors or localites (e.g. South, North West, North East)
- [ ] Local neighbourhoods
- [ ] Other (suggest an alternative geography)

* 26. Which comparisons would be most helpful? (tick one or more)

- [ ] Neighbourhood versus Glasgow
- [ ] Neighbourhood versus Scotland
- [ ] Other (please specify)

Future Improvements - continued

27. Are there any other topics or specific indicators you would like to see included in future children and young people's profiles?

28. Please add any other comments on the children and young people's profiles or your future requirements for community profile information

Thanks

Thank you very much for completing the questionnaire. Your comments will help to inform the future development of health profiles and evidence briefings.

A report of this evaluation will be made available on the GCPH website in the autumn of 2017.

Appendix 4. Comments on the usefulness of the profiles from staff in the Education Department at Glasgow City Council.

- *Identified challenges to people in specific areas. Gave useful and thought-provoking information about the local area where the school is situated.*
- *It provided an in-depth profile of the community and highlighted individual factors which we may otherwise not have been aware of. It was really useful when looking at our pupil equity funding to highlight areas for consideration.*
- *It gave me information about the area that I had not previously known.*
- *They gave me valuable background information into health and wellbeing and other social issues for children living in the catchment area of my school. This gave me insight into the contrasting barriers that children are facing in different parts of my school catchment area. I was able to use this information when surveying staff and parents about which interventions to choose with our Pupil Equity Funding from the Scottish Government.*
- *The information helped me to prepare my PEF bid. Comparisons were useful and helped me to target pupil groups appropriately.*
- *We use this as a resource to supplement our delivery of the curriculum in Social Subjects in relation to health and wellbeing and population.*
- *The profile provided information which helped contextualised the area. This helped form the basis for our thinking with regard to creating our PEF bid.*
- *I used the data to back up developments under the Cost of the School Day, for evidence that work in this area was required.*
- *I used the data that I retrieved to support a school discussion on the local area and possible barriers to pupils' equity of opportunities.*

A large number of the comments by staff working in education drew on their Pupil Equity Funding bids. The information revealed in the profiles could be used to illustrate the socioeconomic demographic of the school catchment areas, thus beneficial to schools applying for additional funding. Many of the comments noted that the information was *not previously known*, highlighting the ability of the profiles to show the fuller description of children and young people's circumstances in Glasgow. In addition, one teacher used the profiles as a direct teaching resource for social sciences.

Appendix 5. Comments on usefulness of the profiles from staff in Glasgow Health and Social Care Partnership.

- *Helpful in city-wide planning but also when planning at a local level. Provides a context and justification for change.*
- *Allows allocation of resources to areas requiring it most.*
- *Supports Health Improvement staff to plan and allocate their resources accordingly. Using this data combined with local intelligence has been very powerful and encourages partnership working e.g. applying for joint funding bids to support areas of work in specific neighbourhoods/localities.*
- *Useful for targeting resources.*
- *Supports Health Improvement staff to plan and allocate their resources accordingly. Using this data combined with local intelligence has been very powerful and encourages partnership working e.g. applying for joint funding bids to support areas of work in specific neighbourhoods/localities.*
- *They have provided an evidence base for the work that I am involved in.*

Appendix 6.

Table 1. To what extent do you agree or disagree with the following statements: *The children and young people's profiles…*

	STRONGLY AGREE	AGREE	NEITHER AGREE NOR DISAGREE	DISAGREE	STRONGLY DISAGREE	NOT APPLICABLE	TOTAL
raised awareness about social and health inequalities	57.89% 33	40.35% 23	1.75% 1	0.00% 0	0.00% 0	0.00% 0	57
are clear and well-presented	56.14% 32	43.86% 25	0.00% 0	0.00% 0	0.00% 0	0.00% 0	57
are relevant to our work on social, health and learning inequalities	56.14% 32	40.35% 23	1.75% 1	0.00% 0	0.00% 0	1.75% 1	57
are easy to understand	52.63% 30	42.11% 24	5.26% 3	0.00% 0	0.00% 0	0.00% 0	57
provided new information on children's health and life circumstances	43.86% 25	47.37% 27	8.77% 5	0.00% 0	0.00% 0	0.00% 0	57
helped us identify health, social care and educational priorities	42.11% 24	54.39% 31	1.75% 1	0.00% 0	0.00% 0	1.75% 1	57
supported funding bids for new services	31.58% 18	31.58% 18	19.30% 11	3.51% 2	0.00% 0	14.04% 8	57
helped us to plan new services	26.32% 15	43.86% 25	15.79% 9	1.75% 1	0.00% 0	12.28% 7	57
guided investment in new projects tackling health, social or educational issues	19.30% 11	45.61% 26	22.81% 13	1.75% 1	0.00% 0	10.53% 6	57
led to a change in practice	17.54% 10	28.07% 16	38.60% 22	1.75% 1	5.26% 3	8.77% 5	57
guided new policy relating to public health, social care or education and learning	15.79% 9	29.82% 17	36.84% 21	3.51% 2	0.00% 0	14.04% 8	57
shifted investment in existing services/projects	8.77% 5	14.04% 8	49.12% 28	8.77% 5	0.00% 0	19.30% 11	57
made no difference to our work on health improvement	7.02% 4	3.51% 2	28.07% 16	21.05% 12	31.58% 18	8.77% 5	57
are difficult to follow	3.51% 2	0.00% 0	5.26% 3	38.60% 22	42.11% 24	10.53% 6	57

Table 2. Summary of responses on usefulness of different formats and content.

	VERY USEFUL	USEFUL	NOT PARTICULARLY USEFUL	NOT AT ALL USEFUL	DON'T KNOW/CAN'T REMEMBER	TOTAL
Profiles on web pages	45.61% 26	49.12% 28	1.75% 1	0.00% 0	3.51% 2	57
Downloadable Profiles (PDFs)	52.63% 30	40.35% 23	3.51% 2	0.00% 0	3.51% 2	57
Interactive profile section	50.88% 29	40.35% 23	7.02% 4	0.00% 0	1.75% 1	57
Graphs	49.12% 28	49.12% 28	1.75% 1	0.00% 0	0.00% 0	57
Text interpretation	42.11% 24	52.63% 30	0.00% 0	0.00% 0	5.26% 3	57
Maps to navigate to profiles	43.86% 25	43.86% 25	5.26% 3	0.00% 0	7.02% 4	57
Definitions and Sources	35.09% 20	59.65% 34	1.75% 1	0.00% 0	3.51% 2	57

Table 3. Usefulness of indicators under each theme.

	Very useful	Useful	Not particularly useful	Not at all useful	Don't know/can't remember	Total
Population (Demography)	**66.67%** 38	**31.58%** 18	**1.75%** 1	**0.00%** 0	**0.00%** 0	57
Infant Health	**57.89%** 33	**38.60%** 22	**3.51%** 2	**0.00%** 0	**0.00%** 0	57
Culture and Environment	**59.65%** 34	**38.60%** 22	**1.75%** 1	**0.00%** 0	**0.00%** 0	57
Crime and Safety	**49.12%** 28	**50.88%** 29	**0.00%** 0	**0.00%** 0	**0.00%** 0	57
Socio-economic Circumstances	**75.44%** 43	**24.56%** 14	**0.00%** 0	**0.00%** 0	**0.00%** 0	57
Learning and Education	**68.42%** 39	**29.82%** 17	**1.75%** 1	**0.00%** 0	**0.00%** 0	57
Health and Wellbeing	**82.46%** 47	**17.54%** 10	**0.00%** 0	**0.00%** 0	**0.00%** 0	57

Table 4. Usefulness of each evidence for action briefing.

	Very useful	Useful	Not particularly useful	Not at all useful	Didn't use this briefing/don't know	Total
Access to greenspace	**15.38%** 2	**38.46%** 5	**15.38%** 2	**0.00%** 0	**30.77%** 4	13
Active travel to school	**30.77%** 4	**53.85%** 7	**0.00%** 0	**0.00%** 0	**15.38%** 2	13
Childhood obesity	**53.85%** 7	**30.77%** 4	**7.69%** 1	**0.00%** 0	**7.69%** 1	13
Child poverty	**69.23%** 9	**30.77%** 4	**0.00%** 0	**0.00%** 0	**0.00%** 0	13
Domestic violence and abuse	**38.46%** 5	**38.46%** 5	**7.69%** 1	**0.00%** 0	**15.38%** 2	13
Early learning and childcare	**30.77%** 4	**46.15%** 6	**0.00%** 0	**0.00%** 0	**23.08%** 3	13
Lone parents	**15.38%** 2	**53.85%** 7	**7.69%** 1	**0.00%** 0	**23.08%** 3	13
Safe sleeping position	**30.77%** 4	**30.77%** 4	**15.38%** 2	**0.00%** 0	**23.08%** 3	13
Unintentional injury	**23.08%** 3	**30.77%** 4	**15.38%** 2	**0.00%** 0	**30.77%** 4	13