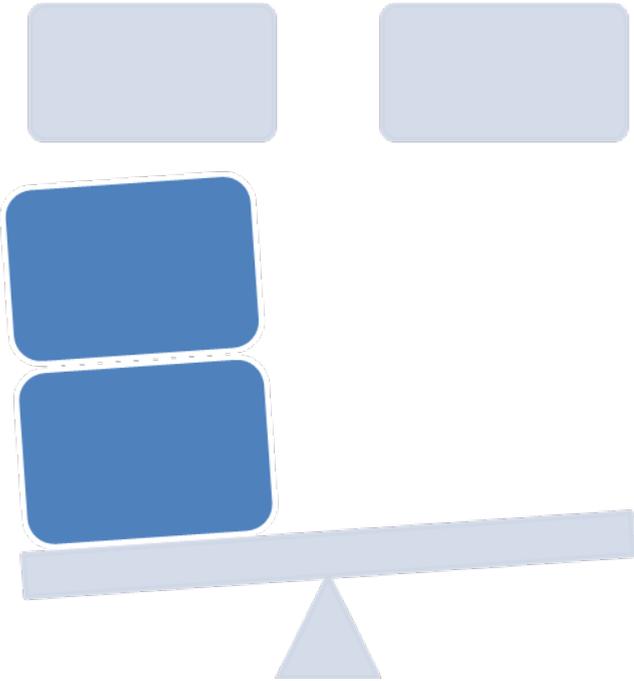MAKING BETTER PLACES: MAKING PLACES BETTER

THE DISTRIBUTION OF POSITIVE AND NEGATIVE OUTCOMES IN SCOTLAND

COLIN MAIR, KONRAD ZDEB & KIRSTY MARKIE

Executive Summary

The aim of this paper is to provide evidence into the distribution of positive and negative outcomes within Scotland; to draw attention to the stark inequalities that exist; to demonstrate the distinctive geographical distribution of outcomes and to highlight the strong inter-correlation of positive and negative outcomes at local neighbourhood level. Secondly, and on the basis of this evidence, to link this to wider discussion around public sector reform to improve outcomes for individuals and communities and ensure future financial sustainability. Finally, the critical role of an integrated approach to local place and place 'making' is emphasised.

The paper particularly focuses on the demand pressures faced by Scottish public services across the next period, and, within that, 'failure demand' driven by negative outcomes at a community level. Across the last decade, such demand has been absorbed by continuous and significant budget growth but across the next decade, this will not be possible.

If 'failure demand' is to be prevented, it is critical to know <u>where</u> it is occurring. This study uses the Scottish neighbourhood statistics data set to examine the spatial and community distribution of positive and negative outcomes. The paper provides an overview of the study findings and full technical reports are available at: http://www.improvementservice.org.uk/library/download-document/3378-appendices-to-making-better-places-making-places-better/

Section 1 Scotland in a European context:
This section demonstrates that, although Scotland varies above and below European averages on key outcomes, it is broadly in line with Europe. It is in the variation around the average that Scotland is starkly different than other European countries.

Section 2 Distribution of positive and negative outcomes across Scotland:
This section examines this further with analysis of the distribution of positive and negative outcomes in Scotland and demonstrates 3 key findings:

- Negative outcomes are highly interrelated and mutually reinforcing across the range of health, safety, learning, income etc.
- Positive outcomes are highly interrelated and mutually reinforcing across the range.
- Negative, and positive, outcomes are highly varied <u>between</u> small areas and highly clustered <u>within</u> small areas.

Section 3 How local does 'local' have to be? The distribution of positive and negative outcomes in Glasgow:
The distribution of positive and negative outcomes is explored at 4 levels:
- The whole city
- Multi-member ward level
- Areas within multi-member wards
- Neighbourhoods within areas

The data shows significant variation city wide, within multi-members wards and at area level, but with very high clustering of outcomes at neighbourhood level.
This suggests that the targeting of negative outcomes, and failure demand, would require a **very localised, integrated and holistic engagement with these communities**. Again, the data is very unsupportive of the probability that any particular outcome can be improved in isolation from improving the overall circumstances and wellbeing of these communities.

Section 4 Conclusions:
Contains conclusions which link the findings to public sector reform, and emphasise the following key points:

- That further decentralisation and integration of public service planning and delivery would be critical to **improve outcomes and reduce failure demand**.
- That more disaggregated profiling and targeting is quite possible as a basis for this
- That structural reform of **different public services in isolation from each other** would be likely to make localisation and integration harder for the foreseeable future.
- That redefining best value and partnership duties in terms of outcomes and placing a common duty on the whole public service would provide a framework for driving localisation and integration.

Section 5: Improvement Service research and analytical services
Further details on the research and analytical services available to CPP's through the Improvement Service

Introduction

The context for the analysis in this report is the stream of reports across the last year (IBR; Finance Committee; Strategic Finance Review Group (SFRG); The Early Years Report, etc.) that seek to relate achieving better outcomes for Scotland's people to the financial sustainability of Scottish public services. The following key themes are recurrent across these earlier reports:

1. ***Reducing failure demand:***
    That a substantial amount of Scottish public spending (perhaps 40% as suggested by the National Community Planning Group) is driven by 'failure demand': Demand created by preventable negative outcomes in individual and community lives. This demand could be absorbed given the very high growth in public budgets across the last decade: It cannot be absorbed within declining and then static budgets across the next decade.

2. ***Prevention or early intervention:***
    The solution to this is **prevention or early intervention** that stops these negative outcomes occurring or reduces their impact on peoples lives

3. ***Localisation and integration of public services:***
    As the factors leading to negative life outcomes are complex then no public agency could address this on it own and no standard 'one size fits all' approach could address the diversity of people, places and cultures across Scotland. This has led to a view that localisation and integration of public services is critical for improvement.

4. ***A change of approach as well as focus and locus:***
    Fourthly, a change in approach is needed, as well as a change in focus and locus. If we are concerned with 'outcomes' then we are concerned with peoples lives, their living contexts and their opportunities and aspirations in life. Public services cannot 'do' positive outcomes to people or communities: At their best, they can support them to pursue and achieve positive outcomes in their own lives.

Use of data and the focus of the analysis in this report
The analysis in this report is based on publicly available data sources. For international comparisons, the report draws on OECD (PISA) Data, and E.U. Data (primarily Eurostat). The analysis of the distribution and clustering of positive and negative outcomes within Scotland uses the Scottish Neighbourhood Statistics Data set, specifically developed by Scottish Government to allow detailed spatial analysis of social and economic statistics and is available at www.sns.gov.uk This tool allows analysis at whole Scotland or council level, but also analysis down to small neighbourhoods (750 – 1000 people). The report, therefore, provides new analysis of publicly available data, not new data.

In re-examining the data statistically, our focus has been on inter-correlation (clustering) and standard deviation (variation around the average). The aim is to identify the spatial level at which **clustering is high and variation is low**: The level at which the outcomes experienced by a community are very similar. This would be the practical level for integrated, community focused intervention (past research has shown that interventions above that level tend to benefit the better off rather than those experiencing the worst outcomes).

The analysis of clustering and variation is provided at three levels.

    (i)   Scotland in the international context.

    (ii)   The distribution of outcomes across Scotland.

    (iii)   The small area distribution of outcomes within particular parts of Scotland.

Section one: Scotland in a European Context

There is a substantial volume of data that allows exploration of whether the pattern of negative outcomes and failure demand in Scotland is related to identifiable differences between ourselves and other European countries. On trend analysis based on national averages, this does not appear to be the case for key outcome areas (See Figure 1).

Figure 1 Scotland in a European Context

Country	Degree of Inequality — Gini Coefficient (Data from Eurostats and Scottish Government, 2008)	Health — Life Expectancy at Birth, in Years (2006) The Scotland and European Health for All (HfA) Database	Health — Life Expectancy at Birth, in Years, Males (2006) The Scotland and European Health for All (HfA) Database	Health — Life Expectancy at Birth, in Years, Females (2006) The Scotland and European Health for All (HfA) Database	Education — Mean overall scores in reading, PISA Data (from PISA Highlights from Scotland's Results 2009, Statistics Publication Notice, Scottish Government (p23)	Education — Mean overall scores in mathematics, PISA Data (from PISA Highlights from Scotland's Results 2009, Statistics Publication Notice, Scottish Government (p31)	Education — Mean scores in science, PISA Data (from PISA Highlights from Scotland's Results 2009, Statistics Publication Notice, Scottish Government (p36)	Average scores
European Average	30.7							
UK	36	79.66	77.44	81.78	494	492	514	500
Scotland	34	77.36	74.85	79.75	500	499	514	504
England					495	493	515	501
Ireland	29.9	79.85	77.46	82.22	496	487	508	497
France	29.2	81.11	77.51	84.58	496	497	498	497
Germany	30.2	79.86	77.16	82.44	497	513	520	510
Netherlands	27.6	80.07	77.83	82.14	508	526	522	518.5
Sweden	24	81.05	78.88	83.15	497	494	495	495
Norway	25.1	80.7	78.34	82.96	503	498	500	500
Denmark	25.1	78.13	75.73	80.47	495	503	499	499
Finland	26.4	79.68	76.02	83.22	536	541	554	543
Estonia	30.9	N/A	N/A	N/A	501	512	528	513
Latvia	37.7	70.96	65.42	76.44	484	482	494	487
Lithuania	34	71.76	65.33	77.11	468	477	491	479

European Average	Scotland		Similar to Scotland	
Better than average	Higher than Scotland		Higher than Scotland	
Worse than Average	Lower than Scotland		Lower than Scotland	

In terms of learning outcomes and safety (risk of crime), Scotland is at or above the European average, and above the rest of the UK. Noticeably, on the raw data, Scotland is above Scandinavian and Northern European countries typically taken to be more socially effective than we are. In terms of income distribution (household income inequality), Scotland is below the European average, though not spectacularly so. We have the poorest life expectancy in developed Europe but even here the difference is two years on average.

The problem with the above is it is based on comparison of national averages and both international and national data show **variation around the average** to be extreme in Scotland. The OECD 'PISA' data on children's educational performance on standardised linguistic and mathematical tests at age 15 illustrates this well. Scotland's averaged raw score across tests (504 out of a potential 750) is 5th in Europe and above Norway, Sweden, England and France. Even adjusting to a 95% confidence level to allow for possible sampling variability, Scotland's average is within the upper mainstream in Europe. The trend has held over time in the 2003, 2006 and 2009 data. The problem, as 2009 commentary makes clear, is that the gap between the top 20% and the bottom 20% in Scotland is the widest in developed Europe with the bottom 20% at age 15

performing as if they have 5 years less schooling than the top 20% (i.e. as if they were 10 years old).

The 2009 analysis highlights another interesting point. Scotland has one of the least socially segregated secondary school systems in Europe. The PISA data shows that the extreme variation in pupil performance recorded is more within schools than between schools, i.e. children with access to the same school resources achieve radically different outcomes.

As for education, so also for health, safety and income distribution/deprivation. The Scottish averages are not remarkable: The variations between top and bottom are remarkable. It is the composition of the average (range and variation) that matters, not simply the average in itself.

Scotland in a European Context: Implications for policy and practice

- Scotland varies from other European countries in the composition of the average, not so much the averages themselves. Put positively, many Scots experience life outcomes that are well above international comparators: Sufficiently above to maintain the average despite other Scots experiencing life outcomes that are poor by any comparable standards. Put negatively, there are extreme inequalities in the life outcomes of different Scottish citizens.

- The difficulties of constructing meaningful and reliable international comparisons results in a fragmented measurement to different outcomes in isolation from each other. Clearly outcomes are likely to interact and cluster positively or negatively. Exposure to high risk of crime and victimisation and low income is likely to affect parental health and wellbeing which in turn is likely to affect children's ability to perform in the school. Outcomes are about peoples lives, and lives are lived in the round not in statistical compartments.

- High level analysis at international and Scottish level is useful for the broad scoping of patterns of outcomes, and problems and issues that need addressed. However, they are radically despatialised and tell us nothing about where people are experiencing positive or negative outcomes. **This results in a space-less or place-less focus on policy issues that make targeted intervention difficult**. Indeed, it leaves the appropriate level of intervention unexamined and unresolved.

- The scale of variation around the Scottish average is a social justice issue, but it is also an entirely pragmatic issue. It drives 'failure' demand' within the public service system and reducing this is the major potential gain area with respect to Europe. Raising the average is less important if we do not alter the composition of the average. The key statistical indicator is 'standard deviation' (variation around the average). Points (ii) and (iii) above indicate we need to far better understand the interaction and clustering of positive and negative outcomes and, critically, their spatial distribution. These are explored below.

- The final points from comparisons with Europe is the need to avoid shorthand and over-generalised characterisations of issues: The 'sick man of Europe', etc. These divert us from the key issue of how to target those communities where people experience systematically worse outcomes than elsewhere in Scotland.

Section two: the clustering of outcomes in Scotland

If reducing 'failure demand' through prevention and early intervention is a key target, the interaction between outcomes needs mapped and understood as a basis for designing interventions: We use two data sets to explore this. The Scottish Index of Multiple Deprivation (SIMD) covers 7 domains, including income, employment, health, education and crime in a composite index that gives each small area (data zone) in Scotland a ranking from least to most deprived (there are over 6000 data zones). SIMD available through 'Scottish Neighbourhood Statistics' data set provides a range of data on peoples lives, life outcomes and living circumstances disaggregated to small area level[1]. Critically, this allows detailed analysis of the spatial (area) distribution and clustering of negative and positive life outcomes across Scotland.

SIMD Analysis - 100 'least deprived' 100 'most deprived' and 100 'median' areas in Scotland

Using SIMD as a filter, the analysis took the 100 'least deprived' small areas in Scotland, the 100 'most deprived' small areas and the 100 precisely in the middle of the distribution.

The analysis looked at variation between these levels and variation within these levels to examine the inter-relationship between different life outcomes covering health, education, employment, income, experience and risk of crime, quality of housing, etc. A full technical report on the analysis is provided (see Appendix 1) so we only briefly summarise the results here.

As was expected, the analysis shows substantial homogeneity and inter-relationship of outcomes within levels (least deprived --- most deprived) and sharp and stark differentiation between levels. In summary:

- The least deprived 100 areas experience consistent interacting and mutually reinforcing positive outcomes across all aspects of life. There is very low variation between areas within the top 100.

- The most deprived 100 areas exhibit consistent, interacting and mutually reinforcing negative outcomes across all aspects of life. All do relatively poorly in comparison to the least deprived areas, but there is more variation in the particular clustering of negative outcomes that afflict different communities.

- The correlation between positive outcomes in the least deprived areas, and negative outcomes in the most deprived area, is statistically strong and statistically significant.

Using SIMD as a filter for selecting the sample, and using a range of measures also used in the construction of SIMD itself, could be seen as circular: The inter-relationship of different domains in SIMD (income, health, education, crime, housing, etc.) is built into the construction of the index itself. Three responses are relevant. First, the inter-relationship between domains within SIMD is itself empirical and changes over time. There is no circularity. Second, although we have explored the statistical relationships between domains within SIMD, we have gone back to the raw data and explored key variables separate from the index itself. Finally, we have constructed and explored variables not used in SIMD. A full list of variables explored is appended (see Appendix 1).

---

[1]Bailey , N. et al.(2003) *Measuring Deprivation In Scotland: Developing a Long-Term Strategy.* Edinburgh: Scottish Executive Central Statistics Unit

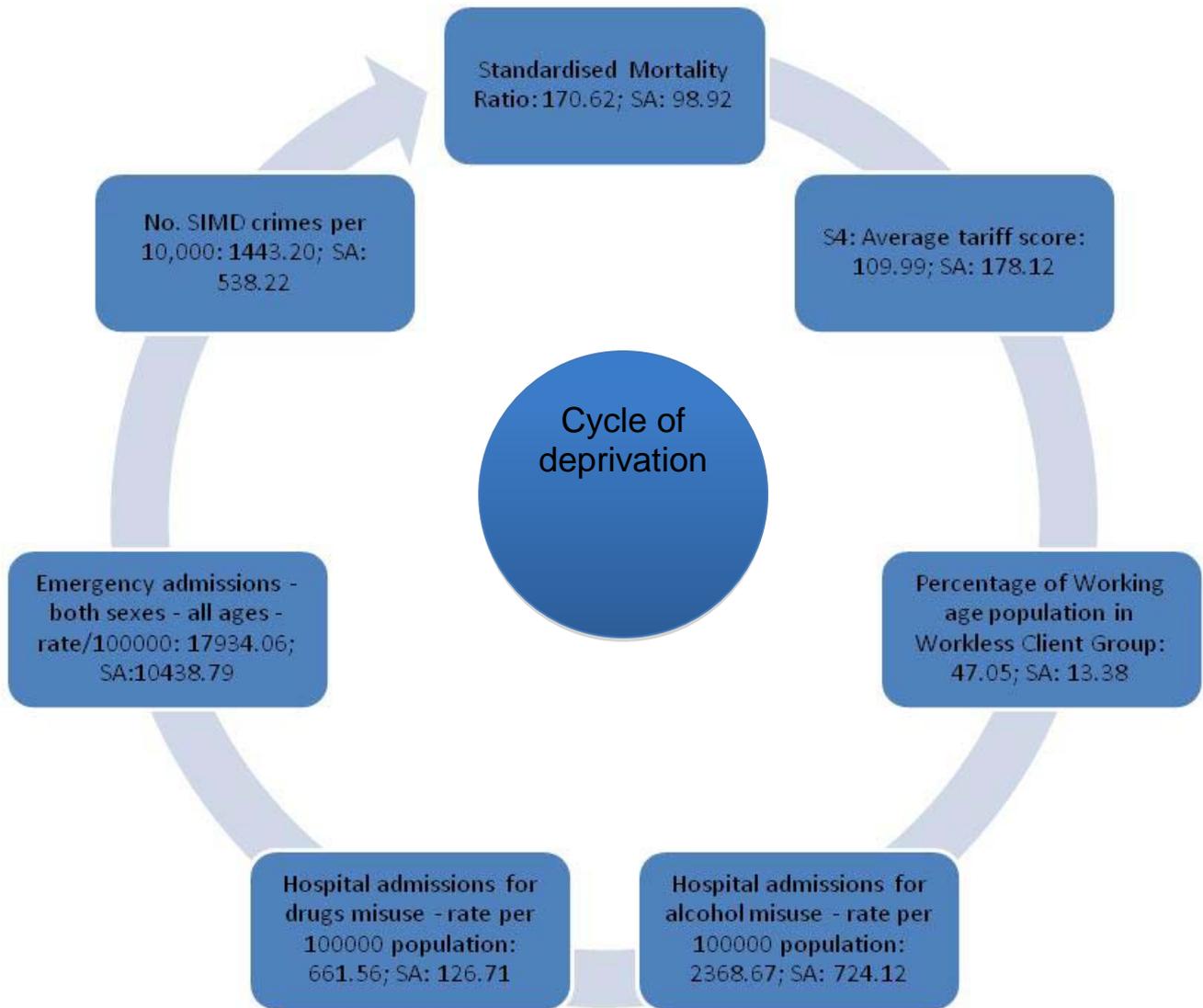## SIMD Analysis - Establishing relationships using a larger sample base:

Establishing relationships in a small sample (300 out of more than 6000 areas) was always likely to create stark contrasts so we tested them further on a broader base: The least deprived 20% of areas and the most deprived 20% of areas (2600 areas in total) and then the whole data set. **As would be expected, the relationships are weaker and the contrasts less stark as we extend the coverage but the same relationships exist and they remain statistically significant**. The most deprived 20% and least deprived 20% comparisons are instructive. For example, if we take the 20% of areas with the highest rate of emergency hospital admission for adults, these are also areas with high income deprivation, high levels of unemployment, low educational attainment, high crime rates, etc. If we take the 20% areas with the lowest rates of emergency admissions for adults, they also have a very low level of income deprivation and unemployment, high educational attainment and very low rates of crime.

Equally, if we take the 20% of areas with the lowest educational attainment amongst children, they have very high emergency admission rates for adults, etc. In short, whatever the order we adopt to explore particular outcomes, we find high inter-relationship and clustering at area level. Communities experiencing negative outcomes in one aspect of life predictably experience negative outcomes in other aspects of life. The same applies to positive outcomes. It should be noted, however, that we are still in this analysis averaging across areas and there is variation place to place as well as commonality.

## What does this mean in terms of peoples lives?:

The discussion to date has been dry and analytical so what does it mean in terms of peoples lives? What it means is people living in areas where children's achievement in education is less than half the Scottish norm, and 25% of that achieved by children in the least deprived areas. It means people living in areas where 20%+ of the adult population are prescribed drugs for anxiety and depression; where in any year, 3 in every 10 adults will be emergency admitted to hospital and where life expectancy and healthy life expectancy are more than ten years less than the Scottish average. It means people living in areas where the rate of crime is 4 times the average for Scotland and 8 times the average for the least deprived areas in Scotland. All these negatives in peoples lives in these areas are statistically inter-related but, more importantly, practically interact in the daily lives of these communities creating 'cycles' of deprivation and affluence.

Figure 2 Cycle of deprivation [SA = Scottish Average]

Figure 2: Cycle of deprivation

- Standardised Mortality Ratio: 170.62; SA: 98.92
- S4: Average tariff score: 109.99; SA: 178.12
- Percentage of Working age population in Workless Client Group: 47.05; SA: 13.38
- Hospital admissions for alcohol misuse - rate per 100000 population: 2368.67; SA: 724.12
- Hospital admissions for drugs misuse - rate per 100000 population: 661.56; SA: 126.71
- Emergency admissions - both sexes - all ages - rate/100000: 17934.06; SA:10438.79
- No. SIMD crimes per 10,000: 1443.20; SA: 538.22
- Cycle of deprivation

The 'cycles' are calculated around the average for the bottom 20% of areas (SIMD) and the top 20%. The 'cycle of deprivation' (figure 2) exemplifies the integration and mutual reinforcement of negative outcomes in the lives of these communities, contrasted with the Scottish averages. It illustrates poor educational attainment leading to high levels of adult worklessness, high levels of alcohol abuse, high levels of crime and very poor life expectancy. It also graphically illustrates the failure demand generated and the scale of reactive public spending that follows. Negative outcomes across the range are 3 times more prevalent than the Scottish average.

Figure 3 Cycle of affluence [SA= Scottish Average]
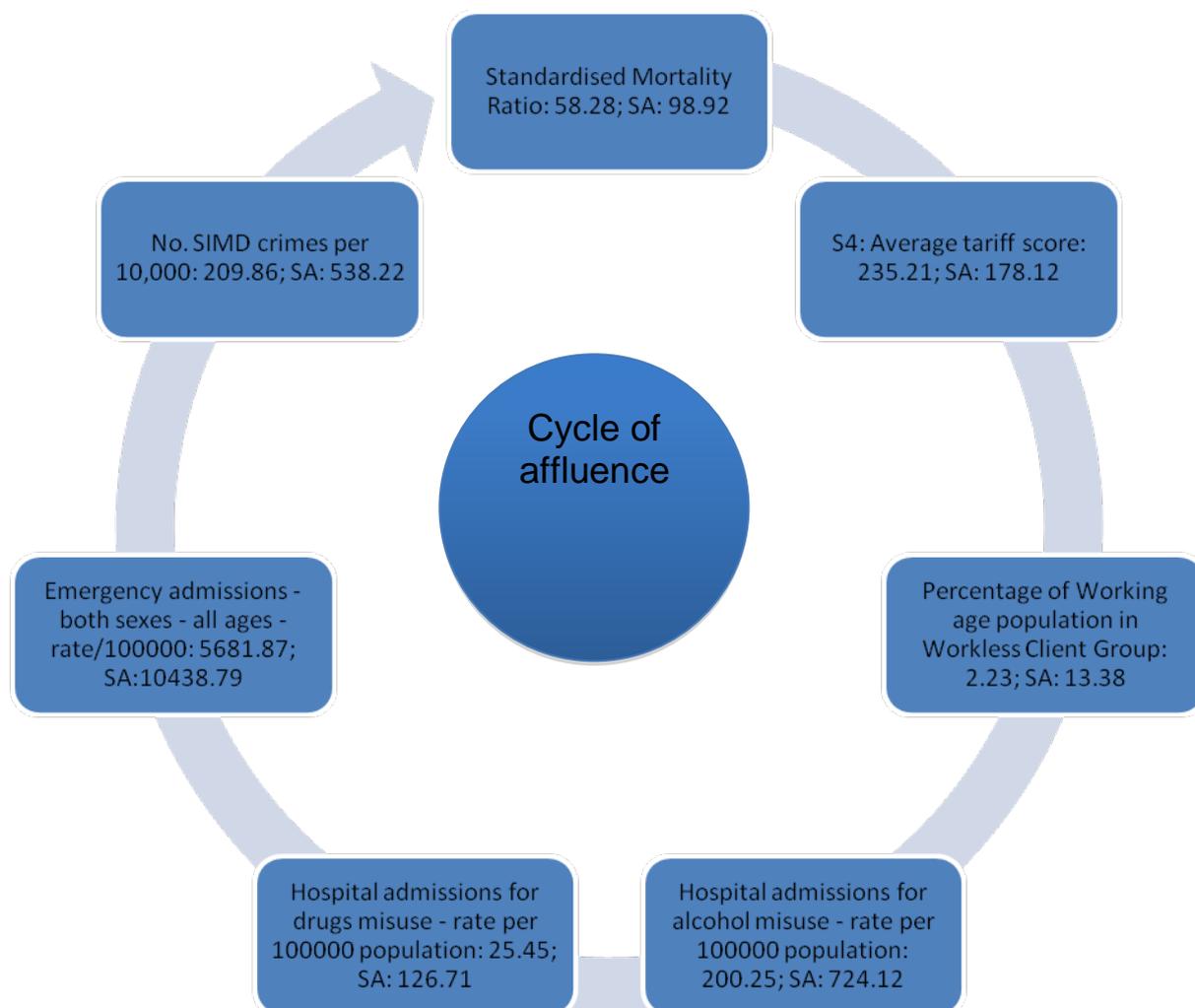
The 'cycle of affluence' is equally striking. Very positive educational outcomes leading to very low levels of worklessness, low levels of drug and alcohol problems, low crime rates and high life expectancy. Positive outcomes across the range are 2 times better than the Scottish average, and 4 times better than the average of the bottom 20%. This disparity of outcomes is shaming and shameful in trend terms and makes it clear that 'One Scotland' contains two entirely different worlds in terms of 'quality of life, opportunities in life and living context' (SOA Guidance). It is a sad fact that a disproportionate number of the areas in the bottom 20% have no attributed value for housing in the area. In short, people would have to pay to get out but no one would pay to get in.

Distribution of outcomes across Scotland: Implications for policy and planning:

Implications for National Planning Framework and SOA's:
The analysis above raises interesting questions for the strategic planning and delivery of an outcome approach by the public services. From the National Performance Framework to local Single Outcome Agreements, and supporting strategy and policy development (e.g. Reshaping Care for Older People), outcomes for health, safety, etc. have been set separately and with separate targets for improvement.

The initial guidance on SOA's stated that outcomes were about 'the quality of life, opportunities in life and living circumstances of individuals and communities'. We cannot improve that without an integrated and holistic approach to the whole of peoples lives. This is not a new proposition. 'Logic modelling' work starting from a particular outcome (reducing health inequalities or worklessness; supporting deprived children to have better opportunities and achievement within education) has rapidly discovered that the <u>focal</u> outcome connects in complex ways to a <u>whole range</u> of other outcomes. This has led to a proliferation of pilots, demonstrator projects, etc. to better coordinate and integrate effort and resources but they themselves have become duplicative and targeted on their <u>focal</u> outcome, not on the **lives of individuals and communities in the round**.

What the data suggest is that negative outcomes are very highly clustered spatially at small area/community level. For any outcome to change and improve will require others to change and that requires targeting the whole way that community lives: Its expectations, opportunities, values and behaviour. Targeting individuals case by case in the absence of change at community level has not worked and, on this evidence, could not work. Targeting specific outcomes in isolation from the rest of a community's life and circumstances has not worked and, on this evidence, could not work. The evidence points to <u>targeted</u>, <u>integrated</u> and <u>holistic</u> support and intervention at community level with communities experiencing interacting and mutually reinforcing negative outcomes.

A targeted, localised and integrated approach to public services:
Acceptance of the spatial and the communal focus is growing but, ironically, again it shows a tendency to create duplication and fragmentation between different service and outcome areas. Thus we have an 'assets' based approach to health improvement; a 'community capacity building' approach for care for older people; a 'community learning and development' approach to improving learning and cohesion outcomes; and a 'community regeneration' approach to economic/employment outcomes. Given the very clear spatial distribution and clustering of negative outcomes, demonstrated by the analysis, **exactly the same communities would have to be targeted by all these approaches**. A fragmented approach here misses the core point: **A fully targeted, localised and integrated approach would be necessary to improve any of these outcomes**.

Good quality public services alone do not create positive outcomes for individuals :
The final aspect of the analysis worth noting is the shape and distribution of outcomes for the **20% least deprived areas**. Again, there is an identifiable clustering of interacting and reinforcing positive outcomes. **Interestingly, on the evidence, these communities make lower and different use of public services across adult life and experience much better outcomes. Indeed, they make lower use of public services because they have better life outcomes** (higher levels of employment; higher incomes; better health; lower risk of crime and victimisation, etc.). This helps reshape the understanding of the link between public services and outcomes. People experiencing positive outcomes tend to control and direct their own outcomes and make selective and periodic use of public services as a resource to support the lives they wish to lead. Public services do not control or deliver their outcomes: They do it themselves.

If we apply the same point to communities experiencing interacting negative outcomes, they make a more **reactive and recurrent** use of public services and struggle to use them as a resource for positive outcomes. The key point is that public services per se do not in themselves create outcomes: They are resources that individuals and communities are more and less able to use to achieve quality of life and opportunity in life. The fashionable advocacy of 'co-production' as a <u>new</u> approach misses the point: We already have a co-production system in terms of outcomes. Communities who are able and effective co-producers of outcomes with public services have very good lives in Scotland. They get real value out of schools, GP's, cultural and leisure assets, etc.

Those who are less able to 'co-produce' and use public services as a resource in their lives, experience much more negative outcomes.

Section three: How local does 'local' have to be?

Introduction:

The previous section has established 3 purely factual propositions:

- That negative (and positive) outcomes are inter-related, interactive and mutually reinforcing.

- That negative (and positive) outcomes have a distinctive spatial distribution, and an identifiable clustering at small area level across Scotland.

- That communities experiencing positive or negative outcomes have different patterns of interaction with public services (crudely, a self directed, selective and periodic interaction in the most advantaged communities and a reactive, recurrent and circumstances driven interaction in the most deprived areas).

This provides greater empirical support for emerging ideas about localisation, integration and early intervention but it does not provide much practical support for moving forward. This section explores the practical potential of using spatial and place profiling to better target intervention to prevent and minimise negative outcomes and failure demand. Our operating assumption is that targeting preventable negative outcomes will be most effective at a level where clustering (inter-correlation) is high and variation (standard deviation) is low, i.e. targeting focuses on spatially identified communities where there is significant commonality of living circumstances, life experience and problems in life.

For the avoidance of doubt, there is absolutely no assumption in this analysis that all public service planning and resourcing should be targeted in this way. For example, the infrastructure for major universal services (hospitals; schools; health centres, etc.) could not be sensibly planned in this way. The aim of targeted intervention with specific communities is to enable these communities to use such resources more effectively, get better value from them and to minimise negative/failure demand on these resources. Equally, there is no suggestion that existing community planning and SOA arrangements should be abandoned: Targeting is about focus, not institutional structures and arrangements.

Exploring the most appropriate level for targeted intervention:

This section aims to identify how 'local' localisation would have to be to have an impact. To explore this, analysis explores one community planning partnership area: The City of Glasgow. Using the Scottish Neighbourhood Statistics data set, three levels of analysis were undertaken of the spatial distribution of positive and negative outcomes.

1. Clustering and variation between multi-member wards.
2. Clustering and variation between different areas within multi-member wards.
3. Clustering and variation between neighbourhoods within areas that make up multi-member wards.

The delineation of multi-member wards is self-evident. 'Areas' within wards were defined by the 'Intermediate Geography Zone' (IGZ) level in the data set and have populations of around 6000 people. 'Neighbourhoods' within 'areas' where defined at data zone (DZ) level and have populations of 750 to 1000 people. As analysis moves from 'ward' to 'area' to 'neighbourhood', it moves from larger and more spatially dispersed populations to smaller and more spatially localised populations. The focus of the analysis is on identifying the level(s) where clustering of outcomes is high and variation is low. Full detailed reports on the analysis of multi-member wards, areas and neighbourhoods are attached (See Appendix) so only major findings are presented here. The

Govan multi-member ward is used as a case study to explore variation at area and neighbourhood level within a multi-member ward. However other multi-member wards were also analysed as part of the study and similar findings were produced with regard to the variation and distribution of outcomes.

The Evidence of Variation and Clustering:

Distribution of outcomes in Glasgow:
On the data, Glasgow has a whole exhibits striking variations. It has areas and communities that live at the highest level in Europe in terms of quality of employment, income, health, education and safety. It also has areas and communities that are well below European norms on the same basis. The 'gap' between communities in Glasgow is much documented and there has even been the suggested 'Glasgow effect' in terms of health outcomes when comparisons are made with other comparable UK cities. **A short hand way of expressing this is that 'Glasgow has a problem' that the Glasgow partnership has to address but this is also misleading: Some people and communities in Glasgow have very serious problems but others do not**. Planning at 'whole city' level would be quite proper for infrastructure, redevelopment of the City's economic base, reinventing and repositioning the City nationally and internationally, etc. It would also be important for identifying, planning and targeting sub-areas of the City where there is distinctive clustering of negative outcomes. It would not, however, be an appropriate level for delivery of interventions in these areas.

Distribution of outcomes across multi-member wards in Glasgow:
The first base for exploring sub-area variation would be multi-member wards and the analysis shows there is substantial variation between wards (See Figure 3 and Appendix 2). There is also identifiable clustering of negative outcomes in some wards and positive outcomes in others. The problem is the variation between areas within multi-member wards is often as great as the variation between wards themselves (statistically, at ward level, standard deviation remains high and inter-correlation (clustering between outcomes) relatively weak).

Figure 4 Percentage of total population classified as income deprived - multi-member wards in Glasgow

Multi-member ward	Percentage of total population who are income deprived : 2005
Anderston/City	18
Baillieston	22
Calton	40
Canal	32
Craigton	22
Drumchapel/Anniesland	31
East Centre	29
Garscadden/Scotstounhill	24
Govan	29
Greater Pollok	25
Hillhead	14
Langside	13
Linn	25
Maryhill/Kelvin	22
Newlands/Auldburn	20
North East	31
Partick West	15
Pollokshields	15

Shettleston	26
Southside Central	31
Springburn	32
Glasgow City Average	**25**

As a consequence, if additional resources were allocated to the wards with the highest level of negative outcomes, the impact on outcomes would entirely depend on how well these resources were then targeted within the ward. The ward level could be a possible level for planning and targeting, but would not be an appropriate level for engagement with and delivery to distinct communities.

Distribution of outcomes across 'areas' within multi-member wards:

A second base for exploring sub-area variation would be 'areas' (IGZ) within multi-member wards. Taking Govan as an example, the analysis explored variation between areas in Govan, and clustering of negative outcomes within them (See Figure 4 and Appendix 2).

Figure 5 Percentage total population classified as income deprived - 'areas' in Govan

'Areas' in Govan	Percentage of total population who are income deprived : 2005
S02000631 Kingston West and Dumbreck	20
S02000638 Craigton	27
S02000642 Kinning Park and Festival Park	18
S02000644 Ibrox East and Cessnock	30
S02000649 Ibrox	40
S02000656 Govan and Linthouse	42
S02000660 Drumoyne and Shieldhall	31
Govan average	**29**

Again, the analysis at this level (areas of around 6000 people) still shows substantial variation within areas as well as between them and thus relatively weak clustering at area level. For example, within the Linthouse area, different neighbourhoods exhibit quite different clustering of negative outcomes. They all experience fairly negative outcomes relative to Scottish and Glasgow averages, but the clustering of outcomes varies significantly between neighbourhoods.

Distribution of outcomes within 'neighbourhoods':

The final level of analysis, the neighbourhood level, therefore emerges as the level where **variation is very low and the clustering of outcomes strong and consistent**. A full report of analysis at neighbourhood (data zone) level is provided (See Appendix 2) but it shows that homogeneity of living circumstances and outcomes occurs only at this most local level. Any strategy for targeting resources and integrating effort above that level would have to recognise variation between neighbourhoods, and might well miss the most disadvantaged and excluded communities.

Equally, if intervention is about <u>working with</u> communities, rather than <u>doing things</u> to them, this seems more feasible at neighbourhood level than with 'communities' defined at area level (6000 people) or ward level (over 20,000 people).

The above is fairly analytical so it will be useful to illustrate it with some practical examples. If we take income deprivation, the Govan ward has 29% of its population classified as income deprived. (See Figure 4) At area level within the ward, this varies between 18% (Kinning Park and Festival Park) and 42% (Govan and Linthouse). If we focus variation at neighbourhood level, then the variation between neighbourhoods within Govan and Linthouse is between 30% and 55%. As importantly, one neighbourhood within Kinning Park and Festival Park has a higher rate of income deprivation (30%) than one of the neighbourhoods in Govan and Linthouse. (See Figure 7).

Figure 6 Percentage total population classified as income deprived 'neighbourhoods in Govan Linthouse and

Kinning Park Festival Park

Govan and Linthouse	*(%) Income deprived*	Kinning Park and Festival Park	*(%) Income deprived*
S01003364	39	S01003315	20
S01003367	55	S01003320	15
S01003396	37	S01003327	32
S01003412	30	S01003338	27
S01003418	40	S01003348	17
S01003441	37		
Govan and Linthouse average	31	Kinning Park Festival Park average	18

Targeting on the basis of area comparisons alone would miss neighbourhood variation within areas and, particularly, very disadvantaged neighbourhoods within relatively less disadvantaged areas.

Pursuing this example, the data also indicates clustering at neighbourhood level. The neighbourhood with the highest income deprivation (55%) also has the highest level of benefit dependency for all age groups (82% for people over 50), a very high rate of emergency admissions for alcohol and drug related reasons, very low property value (55% in Council Tax Band A), and low educational achievement among children. With the exception of the relationship between income deprivation and benefits claiming, there is a consistent clustering at neighbourhood level: The better a neighbourhood is on one outcome, the better it is on the others and vice versa.

It should be noted that most of the areas and neighbourhoods in the Govan multi-member ward are relatively disadvantaged in comparison to the Scottish averages. This does not mean they are all of equal priority for supportive and preventative intervention, nor that the same pattern of intervention would be appropriate for all of them. There are very substantial variations that should inform prioritisation, and different clustering of outcomes that should shape intervention.

How local does 'local' have to be? Implications for policy and planning:

The analysis above could be seen to support a radically 'localist', 'big society' concept but we think that would be a misinterpretation of the data. The major universal services require an infrastructure (hospital, schools, etc.) that cannot and should not be planned at a disaggregated level. Economic regeneration and development will be best undertaken at, at least, municipal, if not city regional, level. As importantly, targeting communities at small area level would always require a planning and institutional capacity well above that level. The key question is not about what institutional structures we have: It is about what they do. In this sense, the analysis above is entirely agnostic to current debates about institutional structures.

On the other hand, the data suggests that much current planning for outcomes is at too high a level and insufficiently related to the actual places where people live their lives and experience negative and positive outcomes. Planning to reduce the 'equality' gap in health, education or income at a 'whole City' level is fine only insofar as this maps on to an implementation and delivery system that is decentralised, empowered and ultimately targeted and customised at small area level. This might therefore include strategic planning at City wide level, implementation programming and prioritisation at ward level and delivery management at area or even neighbourhood level. The higher level strategic planning is progressively not the problem: It is how it fits into and drives the delivery system.

To date, community planning for outcomes has set strategic priorities for the whole administrative area supported, and the delivery system has tended to be 'thematic' or 'operational' partnerships focused on particular outcomes or client groups (for example, 'community safety' partnerships, 'community health' partnerships, 'children's services' partnerships, etc.). The data here suggests two problems with that. <u>First</u>, outcomes are so inter-related and reinforcing at community level, that improving one outcome in isolation from others is unlikely to be successful and, on the evidence, is not successful. <u>Second</u>, thematic/operational partnerships have themselves been more about <u>co-ordinating</u> the activities of different agencies and services around particular outcomes, than <u>delivering</u> on an integrated basis to particular communities. They sit on top of inherited service structures and arrangements that were designed for consistent service delivery across areas, not outcome delivery within areas. **At minimum, the analysis here suggests a significant rebalancing between service/policy focus and focus on place would be necessary to improve outcomes for the most disadvantaged people and minimise failure demand within the system.**

The analysis suggests an <u>approach</u> rather than a specific <u>solution</u>. If improving outcomes is about working differently and more holistically with local communities then it will be impossible to decide the focus of this without knowledge of the local area and engagement with local people. That approach would involve disaggregated profiling of the sort undertaken here but, more importantly, it would involve decentralisation of decision-making, integration of effort and resources at local community level, and a committed engagement and co-production with the local community. The desire for 'a solution' misunderstands the nature of outcomes, and denies the importance of place (and variation between places) that this research demonstrates. It is 'magical' thinking, rather than evidenced analysis.

It may seem that the analysis presented points to the 'Urban Programme' or 'Social Inclusion Partnership' type initiatives of the past. That would be a misinterpretation, in our view. For all their benefits, these initiatives were self-standing with dedicated funding and at the margins of the mainstream in policy and budgetary terms. Setting the present analysis in the context of the National Performance Framework and local SOA's makes it clear this is about the central direction of mainstream strategy and budgets, not an 'add on' to them. It implies the next step on the journey from a **focus on major services**, their budgets and activities, to a **focus on outcomes** and better lives for real people and communities. It would not be an initiative: It would be what public services are for.

Section four: Conclusions

- *The analysis reported here shows very significant variation across Scotland in the distribution of positive and negative outcomes and clustering of outcomes disproportionately at neighbourhood (data zone) level.* It reinforces an emphasis on localisation and integration of public services but suggests that this would have to be very local indeed and based on engagement and working with communities. It also indicates that the balance between policy focus on particular outcomes in isolation, and a focus on 'place' 'in the round' needs to shift from Government down in Scotland.

- *It provides disaggregated evidence on 'negative'/'failure' demand and shows that the same communities are generating failure demand across a range of service and policy areas.* For each major service or policy area to develop responses to this in isolation would be costly, fragmented and ineffective. The analysis indicates that exactly the same communities would have to be the target for all these fragmented initiatives.

- *The data poses questions about the different levels that strategic planning, operational design and delivery management may happen at and how they relate to each other*. Strategic planning <u>for</u> the whole council area is fine as long as it is not solely <u>about</u> the whole council area. With disaggregated profiling, the institutional and resource capacity at whole area level may be necessary to enable targeting and an integrated approach at local community level. Thematic partnerships may remain important for policy and resource alignment but how they integrate at local level needs thought through. **Very strong area and locality management with an integration remit, and the empowerment to fulfil it, could be one way of preventing fragmentation around particular outcomes in isolation.**

- *The analysis illuminates links to the evidence on how more affluent communities live and their utilisation of public services*. Much of the discussion of 'universalism', 'the role of the state', etc. has been wholly abstract to date. The profiling of the 20% least deprived communities indicates people who make elective, selective and periodic use of services, and who neither need, nor probably want, a 'wrap around' state. Targeting areas where additional support is necessary is not taking something away from more affluent communities: It is recognising how they live and use services anyway.

- *The analysis here, as noted, is largely agnostic to structural arrangements: It suggests localised arrangements built around local communities are the critical factor*. However, the danger of fragmented structural change at this juncture is that, on all evidence across the last 20 years, it would be very costly and disruptive. The key task is to build on the increasingly strong partnership arrangements built cross the last four years and drive localisation and integration around vulnerable communities.

Section five: The Improvement Service research and analytical Services

Good quality research and analysis is critical to support Scottish Councils and Community Planning Partnerships ambitions to improve outcomes for individuals and communities. Service managers and their partners rely on informed intelligence to identify priorities, set targets, plan policies and deliver their frontline services.

Whilst current SOA guidance requires that all CPPs carry out an area profile, at the moment this is often undertaken at a very high level for the whole of the council area that the partnership serves. On the basis of this analysis, it is suggested that a much more granular approach is both possible and desirable since access to local level population data could be used as the basis for priority setting and targeting. As part of its broader research remit the Improvement Service has been working to develop a framework and tool-kit for CPP's which would enable them to carry out disaggregated profiling quickly and efficiently. Initial 'pilot' profiles have been created using the Scottish Government Neighbourhood Statistics dataset and we are now additionally in discussions with Health Observatory Scotland to increase the available data to include information held by ISD Scotland. We are also working with Ordnance Survey Scotland to create a device which would improve the spatial mapping tool that is currently available on SNS.

Our intention is to produce disaggregated profiles of each CPP area across the Summer, and to have contact with all councils and partnerships to make sure the analysis meets their needs. This will link to the Outcome Management programme and the SOLACE led Benchmarking project.