

Shaping Places for Wellbeing Programme

A Data-Informed Approach

A How-to Guide to Capturing and Analysing Local Quantitative Data



About this guide

This document has been prepared by the [Shaping Places for Wellbeing Programme](#). It is one of two How-to Guides published by the Programme to support anyone in Scotland wishing to replicate our approach to data collection, analysis and sharing.

This guide focuses on our process for capturing local quantitative data, through data collection, analysis and sharing. This document was produced in October 2024 after testing and developing the process in seven Project Towns between 2022-2024. A third [How-to Guide](#) is available detailing the process for conducting a Place and Wellbeing Assessment.

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Part 1: Introduction

Shaping Places for Wellbeing approach

Evidence shows that the places where we live, work and relax have an impact on our wellbeing, on the wellbeing of our planet and on how much inequality exists between the richest and poorest in society. Given this, it is crucial that we create places that contain all the features that evidence tells us will have a positive impact. A place-based approach, combining three key elements, can support the creation of these places:

- Knowing what people in an area are experiencing
- Understanding the evidenced features every place needs
- Considering the impact of the decisions we are making on both of these.

This approach was taken by the Shaping Places for Wellbeing Programme and refined through experience of working locally in seven Project Towns across Scotland between 2022 and 2024 supporting councils, health boards and other stakeholders to embed a place-based approach in their decisions and actions.

Data in a place-based approach

A focus on inequality is central to the Shaping Places for Wellbeing approach. In order to understand what is needed to reduce inequality and improve wellbeing in a place, it is necessary to know what people in an area are experiencing. We use a range of data to do this, and then bring it into decision-making processes.



Our **approach to data collection, analysis and sharing**, which we followed in the seven Project Towns in 2022-2024, involved these key stages:

- Producing a profile of quantitative data for the town with support from Public Health Scotland
- Sense checking this profile with partners and key stakeholders and agreeing on a set of key inequalities
- Gathering and analysing qualitative data from local representatives and practitioners, sense checking and using the key areas of inequality as a starting point
- Producing outputs to communicate findings from both quantitative and qualitative data. Share with stakeholders and use to support decision-making.

An important aspect of our approach was the use of qualitative data alongside the quantitative data. The combination of these data types provides a richer, more complete picture of what people in an area are experiencing.

If you'd like to learn more about gathering and analysing qualitative data and community insight, this [How-to Guide](#) details the process.

To help follow the guides, a [glossary](#) in Appendix 1 defines the key data terms used by the Shaping Places for Wellbeing Programme.

To bring this approach and its resulting outputs to life, you can see examples from each of our Project Town's on [their pages](#) on the website. Each Project Town produced four documents:

- Quantitative data profiles (example from [Ayr](#))
- Quantitative data Infographic (example from [Rutherglen](#))
- Community Link Lead report (example from [Clydebank](#))
- Visual summary of report (example from [Fraserburgh](#)).



Selection of Project Towns

One of the criteria for working with each of our Shaping Places for Wellbeing Project Towns was that it included a geographic area within the 20% most deprived of the Scottish Index of Multiple Deprivation (SIMD).

SIMD is an area-based measure of relative deprivation across seven inequality measures: income, education, health, access to services, crime and housing providing an assessment of levels of comparative deprivation. As such this was the starting point for the data profile.



Part 2: How-to guide

The following section provides a practical guide to others looking to replicate the process to gathering quantitative data used in seven Project Towns through the Shaping Places for Wellbeing Programme from 2022-2024.

We used a similar approach across all the Project Towns to gather and sense check the quantitative data and identify areas of inequality. Through our partnership with Public Health Scotland, we had support from their Local Intelligence Support Team (LIST) analysts to develop a process to support the creation of a profile for each Project Town.

To follow the same process to create a similar quantitative data profile of a place and identify key inequalities, use these key steps, accompanying examples and lessons learned. This process assumes a steering group or reference group has been set up or identified to support the work.

Purpose of gathering, analysing and sense checking quantitative data:

- To use a broad range of measures related to health, economy and environment to understand how people are impacted by inequality
- To highlight key trends and statistically significant findings by comparing inequality measures within a place, to the wider Local Authority and to Scotland
- To identify key inequality groups or areas in a place, which are then further explored using qualitative data.



Step 1: Build initial profile

Decide on the geographical boundaries of a place which will support your decision-making processes and provide you with a wide range of data.

Example: The quantitative data profile for the Project Towns was drawn from publicly available data sources and used data published at intermediate zone level. Project Towns geographies were defined by intermediate zones and varied in size from two to nine intermediate zones. For example, the settlement of Dunoon is covered by two intermediate zones, Hunters Quay and Dunoon. Intermediate zones tend to have around 2,000-5,000 residents. See maps in Appendix 2.

Create a draft profile which includes a range of measures that could highlight inequality in a place. This could be built on the already available Health and Wellbeing Profiles from Scottish Public Health Observatory Profiles (ScotPHO), using quantitative data from these key publicly available sources of data:

- Scottish Public Health Observatory Profiles (ScotPHO): [ScotPHO profiles \(shinyapps.io\)](https://shinyapps.io/scotpho/)
- National Records of Scotland (NRS): [Statistics & Data | National Records of Scotland \(nrscotland.gov.uk\)](https://statistics.gov.scot/)
- Improvement Service Community Planning Outcomes Profile (CPOP): [CPOP \(shinyapps.io\)](https://shinyapps.io/cpop/)
- Department of Work and Pensions Stat-Xplore: [Stat-Xplore \(dwp.gov.uk\)](https://stat-xplore.dwp.gov.uk/)
- Scottish Government: [Statistics.gov.scot](https://statistics.gov.scot/)

Details of what **measures** can be found in these sources are in Appendix 3.

Analysis of the data highlights potential areas of inequality by comparing the measures between **intermediate zones** in a Project Town, and with the wider Local Authority and Scotland as a whole. See example of table in appendix 4. Select a number of measures for analysis including trends over a number of years and exploring demographic data of age and gender where publicly available. See example of graph in Appendix 5.



Step 2: Develop the profile

The next step is to **sense check** the data, identify areas for further investigation and explore other quantitative data sources that could be included.

Present the draft profile to your steering / reference group for discussion. Then use the **knowledge and experience** of stakeholders to sense check the findings and what they had expected to see - confirming some inequalities, highlighting gaps and offering insight on unexpected ones.

Example: The Project Towns all had Steering Groups which supported the data work, representing the partners and key stakeholders.

Further investigation can include:

- Gaining insight on the potential areas of inequality from wider stakeholders such as health service leads, community planning partners, health networks and third sector organisations such as Citizens Advice and Community Development Trusts
- Checking the available data again for stand out differences which hadn't been picked up initially and consider adding additional measures if needed
- Digging deeper into a particular statistic including checking trends over a longer timescale and highlighting actual numbers in addition to rates
- Identifying if there are additional sources of data that could be accessed to fill the gaps.

Produce an updated profile for the place that reflects these discussions and investigations and can be shared with all stakeholders (example from [Rutherglen](#)).

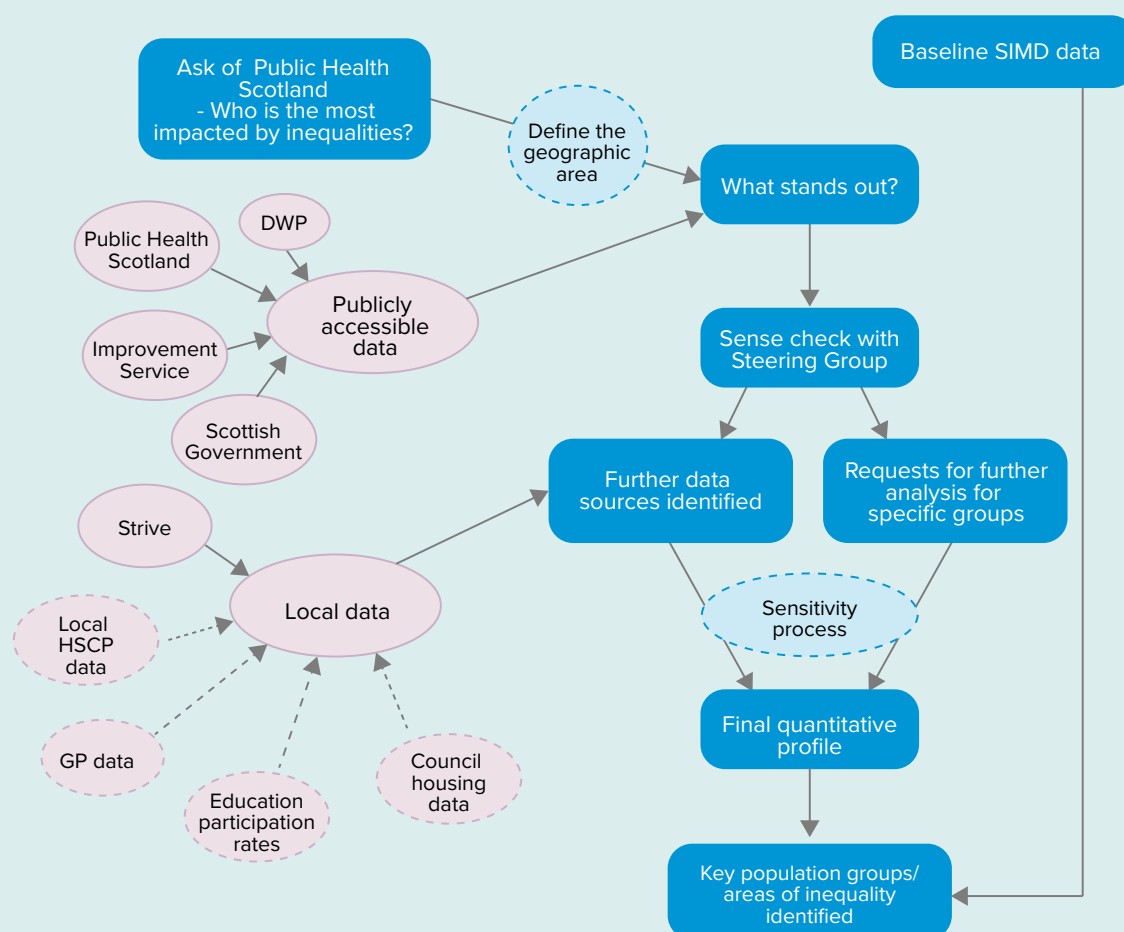


Step 3: Agree key areas of inequality

Use the revised profile to recommend to your steering or reference group approximately four **key population groups or areas of inequality** that will be used to frame further data collection and analysis and feed into decision-making. Further discussion may reduce or expand these depending on what is agreed to be most significant. See [Appendix 6](#) for what was highlighted in the Project Towns.

Example: In some Project Towns qualitative data and community insight were gathered alongside the quantitative data and was used to support the discussion about what the key inequalities are.

The diagram below provides a visual to illustrate the process as described above.



The blue boxes indicate the key steps in the process, with additional steps in the circles with dotted lines. The data sources are in the circles and the ones with dots round them are sources we looked at but didn't include in the final profile.

Step 4: Balancing with qualitative data and community insight

The quantitative data on its own provides an incomplete picture of a place so for a deeper understanding of inequalities, qualitative data and community insight is necessary. It will also provide a further sense check of the data and a wider context as to how people are experiencing the inequalities.

Use the key areas of inequality as a framework for research and discussion either once you have agreed on them or while they are in development.

This process is set out in the complementary guide on [gathering and analysis of qualitative data](#) and community insight.

Step 5: Sharing and using findings – what to do with the data

Sharing the data

Share your findings with all your stakeholders who you have engaged with to collect data and insight. Providing a visual summary of the data in a format such as an infographic (example from [Dunoon](#)) as a compliment to the more detailed profile to help the key messages to be communicated more accessibly with stakeholders and decision makers. This could include maps to bring the data to life or Place and Wellbeing Outcome briefings which bring together the data, evidence and insight (example from [Clydebank](#)).

Example: In Rutherglen Project Town the Project Lead created google maps using the data to be able to interact with it and see a summary for each intermediate zone. View [maps](#). They also created a [data explanation guide](#) to support understanding of the data by setting out the inequality measures would impact on a population of 100.



Using the data

When making decisions that impact on a place, feed the data into the process of developing plans, strategies etc alongside consideration of the Place and Wellbeing Outcomes. You can do this through a Place and Wellbeing Assessment, which is explained fully in our third [How to Guide](#). Use the data to provide a crucial perspective on those demographics who have most to gain from a reduction of inequality into the decision-making process.



Part 3: Lessons from local Project Town action 2022-2024

The Shaping Places for Wellbeing Programme worked locally in seven Project Towns in 2022-2024, to develop an understanding of the inequalities to bring into the decision-making process. The lessons learned are summarised below and should be considered before embarking on the process set out above.

Supporting decision-making

- **Previously unknown insights** were made available to decision-makers.
- The data collected, analysed and presented was **valued and often increased the confidence and motivation** to use data in decision-making processes.

“It was just what we needed to allow us to make those decisions at a community planning level, to make physical changes to the geographical boundaries that we worked on and it allowed us to really have that data at our fingertips to say ‘this is why we’re making decisions to focus resources into certain areas.’”

Ayr Steering Group Member

“As a council, we are keen to take a data-led approach to funding. Being able to build in some of the health matrices and inequality data and take a place-based approach to our investment decisions, is really valuable to us.”

**Jonathan Welch, Rural Growth Deal Programme Manager,
Argyll and Bute Council**



Understanding and data literacy

- An **agreed brief between partners** helps to sets out the purpose of gathering and analysing data and potential applications.
- **Common understanding of data** is important and data deep dives with key stakeholders to support data literacy and ownership of the data can help.
- An agreed **understanding of the boundaries of your data area** is important as this will impact on use of the data and availability of data. For example, the most easily accessible data is for intermediate zones, which doesn't always fit well with the boundaries you want to work with.
- Identify ways to **increase understanding of the context** that the quantitative data relates to by having a walk around with your steering / reference group and potentially including group members who live and work in the areas.
- Where possible, involve local data analysts early in the process to support alignment of local data sources with national data sets.

Importance of sense checking

Sense checking was an important part of the process, as the insights of our partners and stakeholders **provided a richer context to the data and a wider understanding of the inequalities**. Results of this sense checking included:

- Some measures highlighted in the initial analysis were not focused on where there was no other data or insight to support it.
- New measures were brought into the profile based on wider discussion.

Example: In Rutherglen Project Town the data provided a number of insights for Rutherglen in general but also for Burnhill on out of work benefits and life expectancy. One further key aspect the data highlighted was in relation to high levels of people living in close proximity to derelict land. This initiated collaborative conversations and actions that filled a gap which had previously been missing. [Read more about Burnhill here.](#)

Minding the gaps

Further data was required to build a picture of inequalities in our Project Towns including quantitative and qualitative because:

- Identification of inequality issues through stakeholder engagement but being unable to access data which could qualify that. The **limited amount of publicly available data on mental health** is an example of this.
- **Data doesn't tell us about a person's lived experience** of a place or their journey through different services and support
- To take an assets-based approach it is important to **be aware of the potential for the data to lead us into focusing on the negative aspects** of place; and
- For some measures, the quantitative data available at the time **wasn't published for age/sex breakdown in all geographies which made it harder to identify which demographics** are affected by inequalities.

Engaging people in the data

- Highlighting **key inequality groups** focused discussion.
- **Clear and visual presentation of data** is most effective. What methods works best may well depend on local requirements and level of data expertise.
- **Use of mapping tools** if available would have been beneficial in developing a shared understanding of the Project Town inequalities.
- **Bringing together the data, evidence and insight** helps bring the Place and Wellbeing Outcomes to life for example in the [Place and Wellbeing Outcomes Briefings](#).

“The report is insightful and powerful, and I think should be read (and acted upon) by anyone involved in delivering services to people in Alloa South and East in particular. I hope this report can be shared as widely as possible and is taken into account in key decision making”

**Grant Baxter, Planning and Building Standards Team Leader,
Clackmannanshire Council**

Limitations of the quantitative data to be aware of

- **Small population size can impact** on the availability of data and require caution in interpreting the data. This includes:
 - **Statistical disclosure** means the numbers of people the data refers to may be so small that it is possible to identify individuals, and thus this valuable local information cannot be shared with all those making decisions in a place. This can include demographic detail of age and gender.
 - **Rates per 100,000** can be comparatively high when comparing with other levels of data but it is worth checking the actual numbers as they can be very small.
- **Measures of inequality available** through public data sources draw on data such as, deaths, hospitalisations and benefit claims. Data from Doctors in general practice is not available as standard.
- **Timeliness of data** needs to be considered when using sources that aren't updated frequently, as data may be too out of date to support decisions in the current period. For example, census data is published every 10 years. When creating the Project Town profiles it was available from 2011 and was too outdated to be useful.
- Useful data sources with information **not available below local authority level** e.g., National Offender Management Information System.
- Other sources of data were considered but we were not able to incorporate them into the profile due to being for a different geography or timeframe, which would require additional processing, or data access.



Appendix 1: Glossary

Data – information, recorded for the purpose of analysing, reviewing and referencing.

Quantitative data – information which can be measured, counted and recorded in numbers. Quantitative data tells us “how much”, “how many” or “how often” something happens. For the Shaping Places for Wellbeing Programme, the quantitative data used told us the number, rate or percentage within a population who were experiencing certain health and social factors.

Qualitative data – information which cannot be measured, counted or recorded in numbers. Qualitative data is about words, descriptions and characteristics. For the Shaping Places for Wellbeing Programme, the qualitative data included information recording the community insight gained through conversations with local representatives, and that contained within existing documents like surveys and previous engagement exercises.

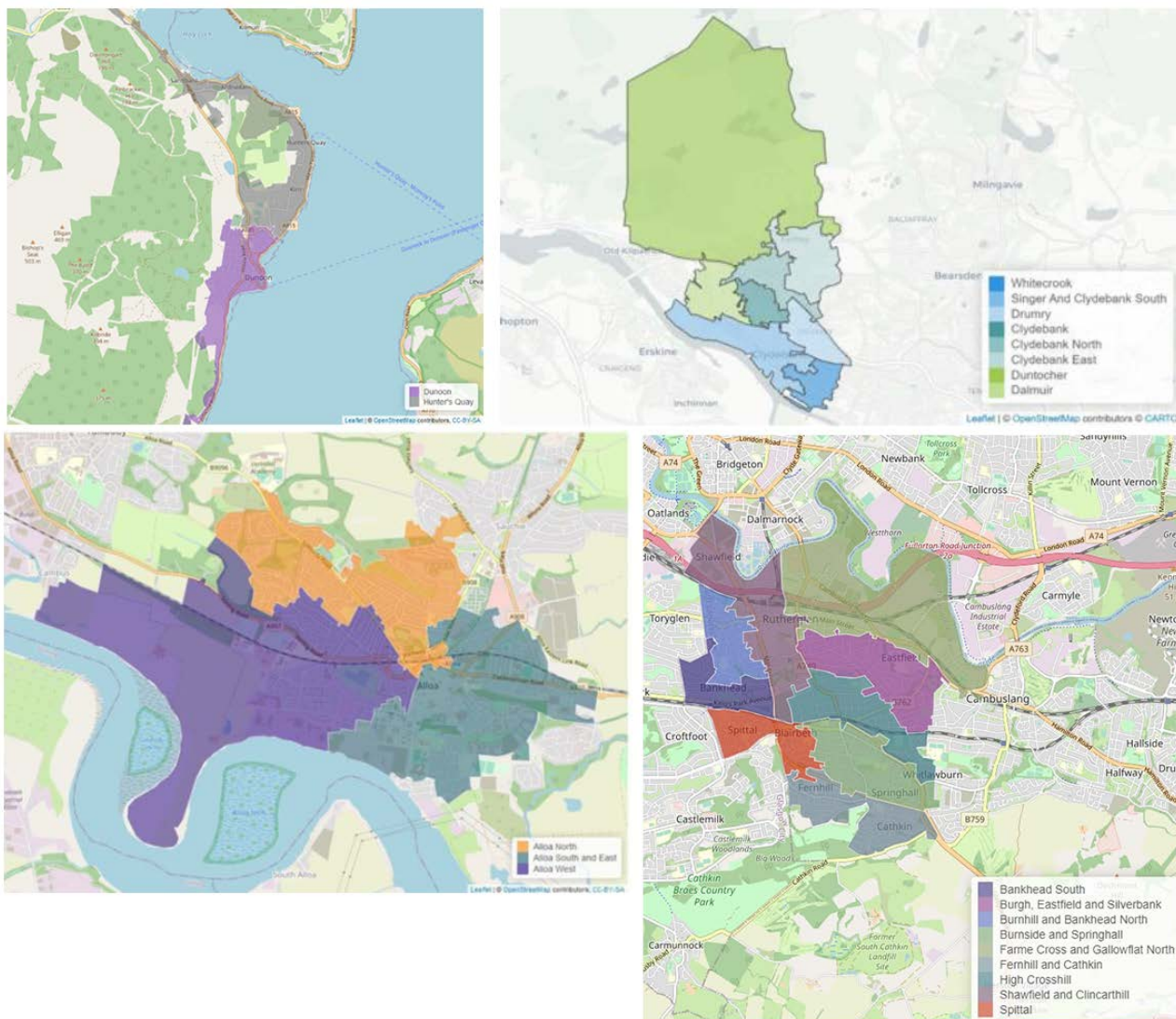
Community insight – refers to the rich and deep understanding of local communities held by local practitioners and representatives of local community groups, organisations and services. We use the phrase “community insight” to distinguish from lived experience which refers to knowledge and understanding gained by personally experiencing something. Community insight is learnt experience. Community insight from conversations with local practitioners and representatives is recorded which becomes part of qualitative data for analysis. The Community Link Leads on the Shaping Places for Wellbeing Programme also gained community insight through their own time spent working in the Project Towns.

Rates per 1000,000 - Calculating a rate helps to compare values across areas with underlying differences e.g. different population sizes. For instance, to compare the number of deaths between a local authority and Scotland, numbers are adjusted to show deaths per 100,000 population. This adjustment makes it easier to see differences without population size affecting the comparison.

Percentages - Calculating percentages is a straightforward way to compare data. It shows what portion of a whole a value represents. For example, to find out what percentage of all births were premature, the number of premature births is divided by the total number of births and then multiplied by 100. This allows for easier comparison of premature births across different locations or time periods.

Appendix 2: Geographical boundaries

Examples of the different Project Town geographies



- 1 Dunoon – 2 intermediate zones
- 2 Clydebank – 8 intermediate zones
- 3 Alloa – 3 intermediate zones
- 4 Rutherglen - 9 intermediate zones

These maps were included in the infographics for all the Project Towns which can be found on the Programme website on the [Local Project Action](#) page.

Appendix 3: Measures

There were a wide range of measures included in Project Town profile reports by Public Health Scotland LIST analysts. These below are the ones which were highlighted as main points to consider.

Access to services	HPV vaccine uptake rate
Alcohol related admissions	Immunisations 6 in 1
Alcohol related deaths	Immunisations MMR
Asthma hospitalisations	Life expectancy
Bowel screening	Maternal obesity
Carers allowance	Population in receipt of carers allowance
Child dental health	Population income deprived
Child healthy weight (P1)	Population in receipt of out of work benefits
Children living in poverty	Population in receipt of Pension credits
COPD hospitalisations	Population in receipt of PIP
Coronary Heart Disease hospitalisations	Premature births
Crime rate	Prescriptions of drugs for anxiety, depression and psychosis
Deaths aged 15-44	Proximity to derelict sites
Developmental concerns 27-30 months	Psychiatric hospital admissions
Drug related admissions	Road traffic accident casualties per 100k
Early deaths from coronary heart disease	Universal credit
Early deaths from cancer	Working age population employment deprived
Emergency patient hospitalisations	% living in SIMD Quintile 1
First time mothers under 19	

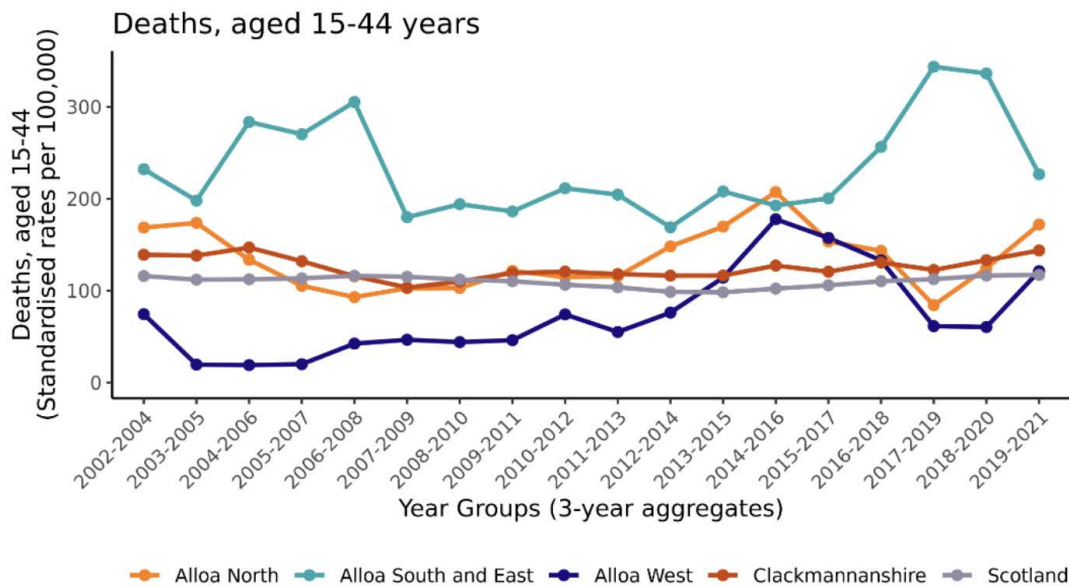
Appendix 4: Comparison of measures

This is an example of a table produced to support comparison of measures within Alloa and to the Local Authority and Scotland.

Indicator	Data Type	Time Period	Alloa North	Alloa South and East	Alloa West	Clackmannanshire	Scotland
Population							
Total population	count	2021	5,670	4,409	3,368	51,540	5,479,900
Gender ratio male to female	ratio	2021	1:1.05	1:1.03	1:1.08	1:1.05	1:1.05
Working age population (16-65 years)	%	2021	63.8	66.2	65.9	63.2	65
Population over 65 years old	%	2021	20.1	14.6	18.4	19.6	18.4
Population living in most deprived SIMD quintile	%	2021	18.7	100	0.0	27.7	20
Housing							
Total number of households	count	2021	2,867	2611	1,738	24,930	2,674,785
Occupied households	%	2021	97.2	95.8	96.8	97.2	95.8
Households with single occupant tax discount	%	2021	40.7	52.5	41.3	40.6	37.3
Occupied households exempt from council tax	%	2021	1.9	2.2	2.0	1.5	3.3
Households in council tax bands A-C	%	2021	64.3	93.1	51.8	63.1	59.2
Households in council tax bands F-H	%	2021	8.3	1.0	9.1	12.2	13.6
Economy and Benefits							
Population in receipt of out of work benefits	%	May 21	21.6	36.3	6.8	19.0	15.8
Attendance Allowance - cases with entitlement (per 1,000 65+ pop)	rate	Nov 22	129.9	147.8	112.3	116.1	136.2
Carers Allowance - cases with entitlement (per 1,000 16+ pop)	rate	Nov 22	30.5	60.0	21.5	33.9	27.5
Pension Credit Cases (per 1,000 60+ pop)	rate	Nov 22	109.8	223.8	101.8	97.5	118.5
People on Universal Credit (per 1,000 16+ pop)	rate	Mar 23	122.8	304.6	73.6	129.6	104.7
Environment, Access and Crime							
People living in 15% most 'access deprived' areas	%	2017	8.3	0.0	0.0	3.3	15.0
Average travel time to GP by public transport in minutes	mean	2015	12.2	12.3	14.9	9.6	10.3
Average travel time to primary school by car in minutes	mean	2015	2.2	2.3	1.6	2.2	2.5
Population within 500 metres of a derelict site	%	2021	0.1	20.9	28.8	27.5	27.2
Crime rate per 10,000	rate	2020/21	405.2	1770.5	279.9	458.8	451.8
Life Expectancy and Mortality							
Life expectancy, females	mean	2017-2021*	80.4	78.9	82.3	80.3	80.8
Life expectancy, males	mean	2017-2021*	76.4	71.1	75.9	75.4	76.6
Deaths all ages per 100,000	rate	2019-2021	1,316	1318	1,258	1,269	1,181
Deaths, aged 15-44 years per 100,000	rate	2019-2021	172	226.7	121.2	143.8	117.1
Early deaths from cancer, aged <75 years per 100,000	rate	2019-2021	170	250.4	147.6	158.4	149.6
Early deaths from coronary heart disease (CHD), aged <75 years per 100,000	rate	2019-2021	83.1	196.8	69.9	79.1	52.6

Appendix 5: Trends for a measure

This is an example of the trend for early deaths in Alloa.



Appendix 6: Key inequalities for Project Towns

Areas of key inequality across Project Towns from quantitative data

	Alloa	Ayr	Dunoon	Clydebank	Rutherglen	Dalkeith	Fraserburgh
Substance use/ misuse	✓	✓	✓	✓	✓	✓	✓
Poverty	✓	✓	✓	✓	✓	✓	
Deprivation	✓	✓	✓	✓		✓	
Early deaths / life expectancy	✓	✓		✓	✓		
Mental health				✓			✓
Crime						✓	✓
Derelict sites					✓		
Access to services							✓

