HIGHLAND POVERTY AND EQUALITY COMMISSION
COIMISEAN BOCHDAINN AGUS CO-IONANNACHD NA GÀIDHEALTACHD

ESSENTIAL ELEMENTS

The role of data to accelerate poverty prevention and reduction in Highland

DataKindUK

COMPANION REPORT FOR THE HIGHLAND POVERTY AND EQUALITY COMMISSION

DataKind UK

The role of data to accelerate poverty prevention and reduction in Highland

DataKind UK Phase 1 Discovery Report for the Highland Poverty and Equality Commission

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Table of Contents

Table of Contents..... 1
Executive Summary..... 2
Introduction..... 4
Highland's Poverty and Data Context..... 5
How Data Is Currently Being Used..... 10
Current limitations: where data is absent or insufficient..... 15
Opportunities: What better data use could enable..... 17
Barriers to more effective data use..... 19
Best Practice: Ingredients for successful public sector data-sharing partnerships..... 22
Directional Recommendations..... 30
Appendix: Roadmap for continued work with DataKind UK..... 33
References..... 35

DataKind UK

Executive Summary

The Highland Poverty and Equality Commission engaged DataKind UK to explore if and how more effective use of data could help Highland Council and its Community Planning Partnership (CPP) partners accelerate the prevention and reduction of poverty in Highland. This report sets out the findings of a short Phase 1 Discovery exercise. It is not a data audit, a complete map of data use across the partnership, or an implementation plan, but the start of a journey that enables better data use to reduce poverty and inequality.

Approach: Our findings draw on three strands of evidence: We carried out a structured review of internal documents provided by the Commission or sourced from the Council; conducted seven structured interviews with ten stakeholders spanning the Council and CPP partners; and conducted desk research into comparable initiatives. The interview sample was partial by design and weighted towards Council teams, particularly Education and Welfare/Benefits, and we were not able to speak with the Department for Work and Pensions (DWP). This limited coverage of some partners is itself a finding, and it shapes how far these conclusions should be generalised.

What we found: Across the teams we spoke to, there are several examples of excellent practice to build on. The welfare and revenues team is making active use of data to maximise household income, despite technical and data governance challenges; the education team produces attainment dashboards for all 194 schools; and NHS Highland public health intelligence has recently developed a Health Inequalities Dashboard using indicators co-designed with a working group; and Highland already holds a rich, unique asset in the Highland Lifestyle Survey.

The single most consistent message of Phase 1 from stakeholders was that the Scottish Index of Multiple Deprivation (SIMD) is a limited instrument for identifying and targeting vulnerable individuals in rural Highland. It is an area-based measure, and many of the operational decisions stakeholders wish to make, such as identifying who may be eligible for additional benefits, instead require joined-up, individual-level data.

There are also populations that current data does not reliably see, including the in-work poor and those who are entitled to benefits but not claiming. Education, health, and social care data are not currently linked, so it is difficult to build a full picture of a household's circumstances. The barriers to addressing this are, first and foremost, ones of data sharing and governance, followed by variation in analytical capacity across partners, cultural factors including stigma, and ageing systems.

It is worth noting that these are not insurmountable. Where the underlying barriers can be addressed, better data use could strengthen the evidence behind decisions, inform where services and access points are placed, support a more joined-up "no wrong door" offer, help identify people at risk sooner, and test the efficacy of different interventions.

Recommendations: We make seven directional recommendations. The principle underlying them is that data work should start from the problem the partnership wants to solve, not the dataset it happens to hold.

1. **Convene a cross-partner working group** (Council, CPP, and third-sector partners) to define specific priority use cases before investing in any tool. This is the foundational recommendation. Without an agreed purpose, any investment risks following broad aims that cannot be evaluated.
2. **Commission a data maturity and skills assessment across CPP partners**, covering both leadership and the frontline staff who use data day to day.
3. **Map data assets across partners** to surface high-value linkage opportunities and existing data that is currently underused.
4. **Scope alternatives to the SIMD** for identifying and targeting individuals in rural poverty.
5. **Publish plain-language outcome measures of progress**, so the Commission and Council remain accountable to communities.
6. **Engage with SAVVI and the Improvement Service's rural child poverty network** to learn from peers and establish a lawful basis for data reuse.
7. **Broaden stakeholder engagement to validate these Phase 1 findings** with partners not yet represented.

Introduction

Context:

The Highland Poverty and Equality Commission aims to improve and accelerate current approaches to tackling poverty in the region. Since their inaugural meeting in August 2025, the Commission has run themed Sounding Boards and community-based Evidence Sessions across Highland on six themes (access, housing, ways of working, fair work, early years/education, and financial security). The Commission has also recently launched an Experience Panel of twenty people with lived experience of low income, delivered in partnership with advocacy charity Involve, to test its emerging thinking and shape its calls to action.

Alongside this work, the Commission believes that better use of data, stronger analytical capability, and more effective partnership work across the public and third sectors could meaningfully strengthen Highland's collective effort to prevent and reduce poverty, and would complement the learnings from the Experience Panel and Evidence Sessions. The Commission engaged DataKind UK to explore **if and how effective data use might enable the Council and its partners to accelerate how they prevent and reduce poverty in Highland.**

This report summarises our initial findings and recommendations from this work.

Objectives:
Our overall objective was to answer: "how might effective data use enable the Council and its partners to accelerate poverty prevention and reduction in Highland?"

We aimed to understand…

- what decisions better data and/or better data usage might enable
- how the Highland Council, and its partners, are currently using data and evidence
- the barriers to using data more effectively
- what a data partnership would need to enable for partners to deem it successful

Phase 1 Approach:
This Phase 1 Discovery project combined three strands of evidence:

- **A structured review of Commission artefacts:** 13 documents provided by the Commission or sourced from the Highland Council's website were reviewed against a common template. These included the Commission's interim report; its

overview presentation of 24 April 2026, summary presentations for six Sounding Boards sessions, and a set of administrative data sources or reports about data sources that the Council already uses.

- **Stakeholder interviews:** We conducted seven (7) structured interviews with a total of ten (10) stakeholders identified jointly with the Commission Secretariat spanning Council and Community Planning Partnership partners. This included a member of the Commission; Council members working in Child Poverty, Education (both delivery and business intelligence), Welfare/Revenues & Commercialisation; a representative from NHS Highland; and a third-sector representative/elected official. Of note, we were not able to speak with anyone from the Department for Work and Pensions (DWP).
- **Desk research into the wider evidence base and comparable initiatives:** A review of external case studies, published research articles, and reports on topics such as "best practice" public sector data initiatives and the use of data for poverty reduction in rural/remote contexts (See References for full list of resources consulted).

Please note: This Phase 1 project was a short, discrete Discovery exercise. It is not a data audit, a complete map of data usage across the Highland Council or the Community Planning Partnership (CPP), or an implementation plan. Conversations with stakeholders were partial by design and weighted towards Council members, particularly within Education and Welfare/Benefits.

Highland's Poverty and Data Context

Poverty and Deprivation in Highland

Highland covers roughly a third of Scotland's land area, with nearly 65% of people living in remote rural areas, accessible rural areas, or remote small towns.[1][2] Studies suggest that deprivation is experienced differently between people living in rural versus urban areas[3]. Indeed, poverty in Highland is shaped by many factors, including: geographic isolation/limited access to services[4]; seasonal employment patterns; and a higher cost of living[5].

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[1] 'Child Poverty Paper'.
[2] 'Scottish Government Urban Rural Classification 2020'.
[3] 'Scottish Index of Multiple Deprivation'.
[4] Fischbacher, *Alternatives to the Scottish Index of Multiple Deprivation (SIMD) for Socioeconomic Targeting*.
**It is worth noting though that according to an Evidence Review on Rural Poverty, there are mixed findings in the literature regarding whether people in rural areas are less likely to take up benefits due to stigma (see: Thomson, *Scottish Index of Multiple Deprivation: Rural Deprivation Evidence Summary*.)
[5] The Highland Council, 'Interim Report of Highland Poverty and Equality Commission'.

Poverty may also be more hidden. Across four interviews, stakeholders described rural poverty as harder to see because pride and stigma lead people to avoid asking for help more than those in urban settings**. The consequence is that there may be people missing from datasets about vulnerable populations. The impact of this is that tackling data gaps is as much a cultural as a technical problem.

Based on overall Scottish Index of Multiple Deprivation (SIMD) rankings, Highland is actually "tending towards lower levels of deprivation", with 15.4% of the population living in the three most deprived deciles (by design, across Scotland, 30% of the population lives in the three most deprived deciles)[6]. However, a very different picture is painted when we look at the 'access' domain, with 55.7% of the population in the most deprived decile with respect to access to basic services.[7]

Moreover, there are challenges with using the SIMD as an indicator of poverty in rural settings which are described in more detail below. Indeed, the Scottish Government itself notes that the seemingly better performance across some parts of Highland "might hide local deprivation where low paid workers and the elderly population live alongside wealthy landowners".[8]

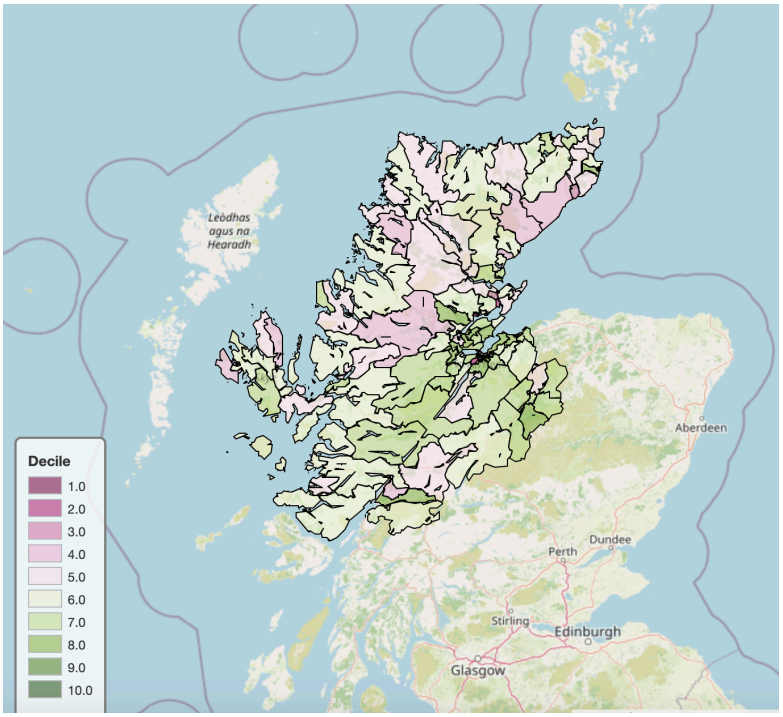

Figure 1: Scottish Indices of Multiple Deprivation for Highland. Map shows the decile for each data zone in Highland, with pink regions being relatively more deprived and green regions being relatively less deprived on the composite deprivation indicator.

[6] 'Highland Social Deprivation - Scotland's Data on a Map'.
[7] 'Highland Social Deprivation - Scotland's Data on a Map'; 'Highland Social Deprivation'.
[8] 'Highland Social Deprivation - Scotland's Data on a Map'.

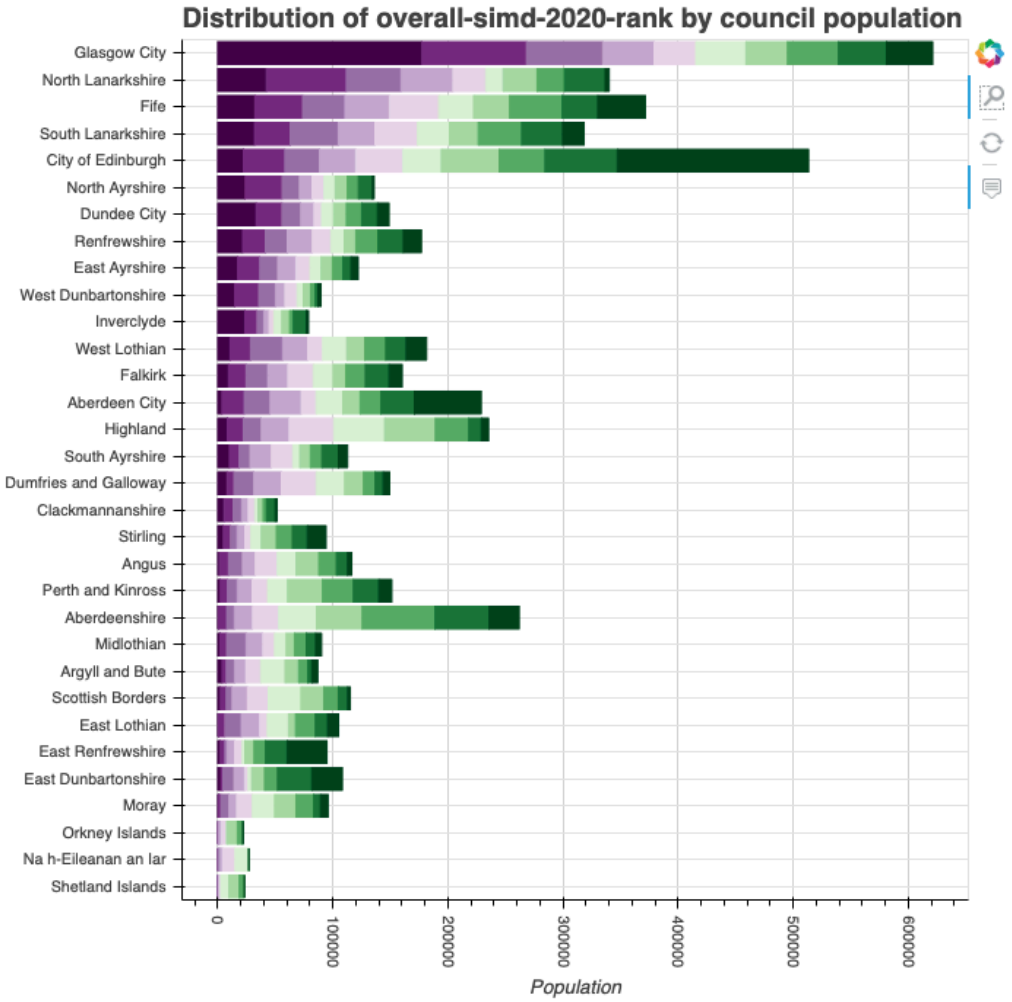

Figure 2: The numbers of citizens living in deprived zones in each of Scotland's local councils by decile group. Deep purple, Decile 1 – the most deprived; dark green, Decile 10 – the least deprived. This shows that in Highland, more than half the population is in the top 5 least deprived deciles, compared to local authorities like Glasgow City and North Lanarkshire where more than half are in the bottom 5 deciles. Source: https://datamap-scotland.co.uk/simd-local-authorities/

Limitations of the SIMD for targeting vulnerable groups in Highland:

The single most consistent message of Phase 1 - raised unprompted in four separate interviews and confirmed by the published literature - is that the Scottish Indices of Multiple Deprivation (SIMD) are a limited instrument in Highland for identifying and targeting vulnerable individuals or households[9].

[9] Fischbacher, *Alternatives to the Scottish Index of Multiple Deprivation (SIMD) for Socioeconomic Targeting*; McCartney and Hoggett, 'How Well Does the Scottish Index of Multiple Deprivation Identify Income and Employment Deprived Individuals across the Urban-Rural Spectrum and between Local Authorities?'

1. First, the Scottish Government itself acknowledges that the SIMD is less effective at identifying geographical areas of deprivation in rural areas than in urban areas.[10] In rural areas, the data zones (the smallest geographical unit used, containing approximately 750 people), cover a larger area and mix affluent and deprived households together, producing what one stakeholder called a "vanilla" average that masks real deprivation.
2. It is particularly difficult to use the SIMD to identify income and employment deprived individuals in remote rural areas. Across Scotland, targeting only the most deprived 20% of data zones would miss around 55% of income-deprived individuals; in remote rural areas that rises to 90% (88% for accessible rural; 76% for remote small towns; and 62% for accessible small towns), see Figure 3[11] Income-deprived people live across all deprivation deciles, and it has been argued that SIMD rankings are a weak means of identifying income-deprived people, even in urban regions.[12]
3. The SIMD does not include measures at the data zone level which may be particularly relevant to rural areas, such as average fuel use, distance to the nearest large supermarket, and the % of affordable homes[13].
4. Lastly, regardless of how well the SIMD works in rural areas, it is an aggregate measure. Several stakeholders identified that it is inherently difficult to use any aggregate datasets to identify or target specific individuals who might benefit from support, since vulnerable individuals may live in less deprived areas, and vice versa. What is needed is joined-up personal-level data. For instance, government data might indicate that there are 1000 people receiving a particular benefit who might be eligible for additional benefits, but it does not reveal who those individuals are. Indeed many of the operational decisions stakeholders wish to make require the use of individual-level data, such as identifying individuals who may be eligible for additional benefits, or identifying additional health or social support needs in pupils. This is difficult to achieve with aggregate area measures.

[10] 'Scottish Index of Multiple Deprivation'.
[11] McCartney and Hoggett, 'How Well Does the Scottish Index of Multiple Deprivation Identify Income and Employment Deprived Individuals across the Urban-Rural Spectrum and between Local Authorities?'
[12] McCartney and Hoggett, 'How Well Does the Scottish Index of Multiple Deprivation Identify Income and Employment Deprived Individuals across the Urban-Rural Spectrum and between Local Authorities?'
[13] Thomson, *Scottish Index of Multiple Deprivation: Rural Deprivation Evidence Summary*.

Figure 3: This figure illustrates how income deprived people are more dispersed across both deprived and non-deprived areas in rural Scotland than for the whole of Scotland. In rural areas, one in four people in a deprived area are income deprived (vs one in three for the whole of Scotland), so if we just picked someone from an deprived area, they are probably not income deprived. Nine out of ten people who are income deprived don't live in a deprived area (versus 2 out of 3 people for all of Scotland).[14]

How Data Is Currently Being Used

This section describes current data usage as described in stakeholder interviews and by review of data assets used by the Council. It is a partial snapshot, not a complete audit, and reflects the teams and organisations that were interviewed. Across the stakeholders we spoke to, there are several examples of excellent practice, including some exciting recent initiatives which we would like to highlight.

Identifying individuals who need support

Amongst the stakeholders we spoke to, the **welfare and revenues** team appears to be the most operationally active in using data to target *specific* individuals, generally to support income maximisation. The team runs manual reports to find residents who may be missing benefit entitlements, and has established a data-sharing agreement with the DWP that allows free school meals to be awarded automatically when a child's eligibility can be confirmed from existing data.

[14] Thomson, *Scottish Index of Multiple Deprivation: Rural Deprivation Evidence Summary*.

They are also in the process of rolling out Policy in Practice's Low Income Family Tracker (LIFT) to enhance this practice. It is designed to identify people claiming one benefit who are likely to be entitled to others.

Identifying populations who need support

The **education**-involved teams likewise routinely use data to understand population needs. For instance, developmental overviews are conducted for all children entering primary 1. This data identified a specific language skills gap for children in areas of deprivation, which led to a targeted intervention using Scottish Attainment Challenge funding to increase speech and language therapy.

The **NHS Highland public health intelligence** team naturally routinely uses data to identify health inequalities, including inequalities in health care, early years outcomes, health conditions, wellbeing, and others[15].

Inequalities in children's health in NHS Highland

Table 1.1: Differences in health outcomes between the most and least deprived areas in NHS Highland.

Indicator	Year	Most deprived	Least deprived
Low birthweight babies	2024-2025	9.0%	1.7%
Tooth decay in 5-year-olds	2023-2024	42.7%	15.4%
Risk of overweight or obesity at 5 years	2024-2025	33.9%	25.1%
6-in-1 immunisation uptake at 24 months	2022-2024	91.0%	97.5%
MMR immunisation uptake at 24 months	2022-2024	84.8%	94.9%

Figure 4: Example of health inequalities data monitored by NHS Highland public health intelligence team showing differences in health outcomes (such as increased prevalence of low birthweight babies; increased risk of obesity at 5 years; reduced immunisation uptake in the most deprived areas of Highland).

Recently, NHS Highland's public health intelligence team produced a Health Inequalities Dashboard[16] which brings together a suite of indicators organised around the Marmot Eight principles as a framework[17]. The indicators were selected by a multi-agency working group and include indicators like life expectancy, homelessness, children in low income families, air quality, crime rates, and health, among others.

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[15] *Allison, Annual Report of the Director of Public Health 2024 - Health Inequalities; 'NHS Highland - Director of Public Health Annual Report 2025'.*

[16] NHS Highland Public Health Intelligence team, 'Highland Community Planning Partnership Indicator Report on Health Inequalities'.

[17] 'Marmot Places - IHE'.

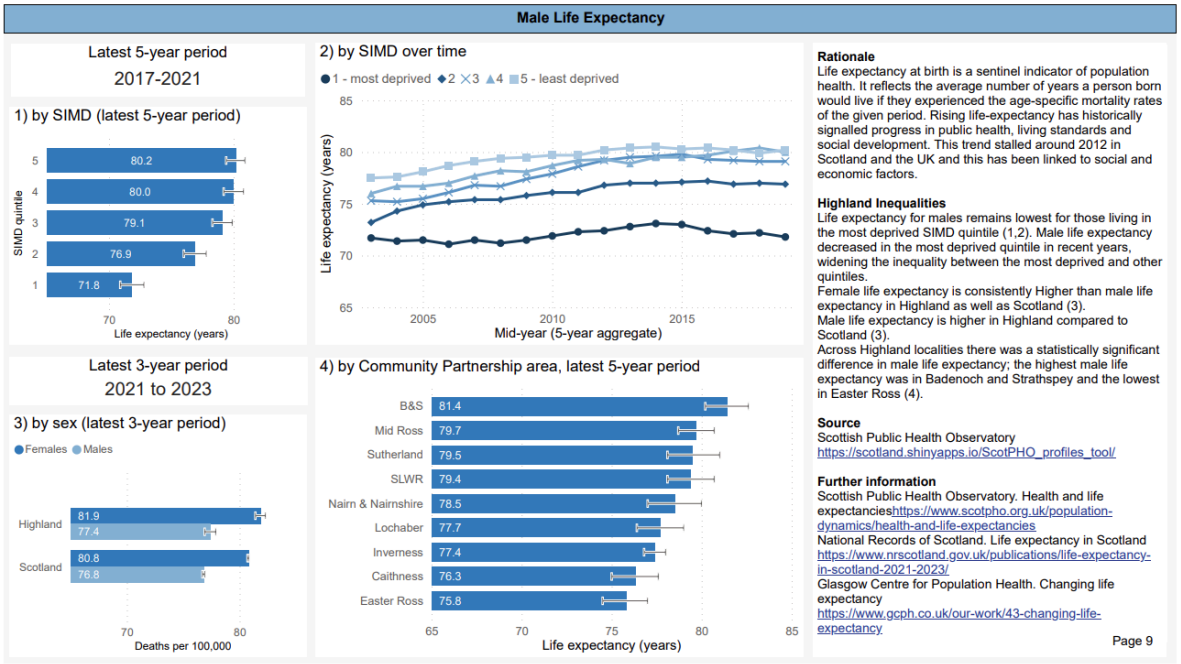


Figure 5: Sample from NHS Highland Public Health Intelligence team's Health Inequalities report showing lower male life expectancy for those living in the most deprived areas.

It is presented to the CPP board as a monitoring report and has "successfully raised awareness and generated proactive engagement with health inequalities" across partners, including on issues such as the life-expectancy gap, though it is currently used primarily as a monitoring tool versus for planning..

Monitoring performance and statutory reporting

Across all teams we spoke to in stakeholder interviews, data is being used for monitoring and reporting. However, there is mixed usage of data for more proactive planning.

Welfare/Advice: The data provided to the Commission/Council by Highland's Citizens Advice Bureaux (CABs) appears to primarily be used for monitoring, as opposed to proactive planning[18]. The dataset summarises the types of issues Highland CABs handle across different categories. Based on stakeholder interviews, as well as our own prior work with CABs across the UK, this is consistent with how data is used across other CABs. According to one stakeholder from a Highland CAB, the volume of clients supported across different issue types has been largely stable for years (eg. 50% of

[18] Highlands CABs, *Highland Poverty Report 2025*.

clients receiving advice about benefits). However, they reported it being difficult to use this data for service provision as the CAB is already operating at capacity - so even with the knowledge of growing demand in certain service areas, it would be difficult to make operational changes.

Education: Education's business intelligence team produces attainment and attendance dashboards for all 194 schools, benchmarked against Highland and national figures. It is a well-developed data monitoring function that enables schools to do virtual comparators based on similar profiles. Despite this infrastructure, engagement with it is uneven, with one stakeholder estimating that only around half of schools actively use the attainment dashboard.

Community development and other Council use: Within the Council and its partners in community planning, data is also used towards fulfilling statutory reporting requirements, such as: the annual Local Child Poverty Action report[19]; to evidence progress; and to benchmark Highland against other areas in the UK[20].

Figure 6: Example of dataset provided to Commission members to benchmark Highland against other local authorities, as well as the UK and Scotland. This figure shows the percentage of children living in relative poverty in 2023 (purple) and 2024 (green).

[19] 'Highland Local Child Poverty Action Update Report'.
[20] 'Child Poverty Paper'.

Within the **education team**, data "feeds decisions every day", according to one stakeholder. For instance: staffing decisions are made on the basis of the number of pupils with additional needs support; data is used to pinpoint service gaps and training requirements, such as identifying a need for increased neurodiversity training due to high referral numbers; population-level data is used to predict future needs, such as the prevalence of children with severe and complex needs based on pre-term birth rates, which informs preventative strategies.

One stakeholder also described routinely using data, particularly research and population-level data, to understand "what works", for instance to identify what interventions might work for individuals with literacy challenges. It was difficult to ascertain how widespread the use of evidence in decision making was across other domains.

Lifestyle survey: Highland already has access to a rich, unique dataset in the form of the Highland Lifestyle Survey, which is carried out every two years and completed by pupils in P7, S2, and S4. There is a 50% return rate, which is exceptional. Pupils answer a series of questions about their experience in care, their sleep, health, self-image, wellbeing, and their family configuration. A concrete example of how this dataset was used to change decision making was when free period products were rolled out across schools. Programme managers noticed a lower demand for products than anticipated. The Lifestyle survey revealed that these products were only accessible in the office, and as such, the location of the products may be a barrier to accessing them. The programme managers were able to take this data to schools, and a number of schools moved the location of these products to the bathrooms overnight.

Administrative data used by the Council

Based on the datasets shared with us as examples of the types of data the Council already has access to, it is clear the Council is using a large number of data sets, if not always in a joined up way. These include:

- Performance data on housing, including the number of households in temporary accommodation, the number of homelessness presentations[21]
- Data on individuals in receipt of various benefits[22]

[21] Assistant Chief Executive - Place, 'Council Housing Performance up to 30 June 2025'.
[22] Webster, 'Welfare Support Team - March 2026'.

- Data about fuel poverty rates[23]
- Data from the DWP showing the percentage of children in poverty, eligible for free school meals (FSM)[24]
- Nomis Labour market data on economic activity in Highland[25]

Aside from the Health Inequalities Dashboard, there does not appear to be a central place where these or other dataset are drawn together in a strategic way, though we would note it was beyond the scope of this phase to map the usage of each of these and other datasets. It would be interesting to understand the ways in which these specific datasets are used, and if and how the Council finds them useful.

Source	What it supports	Note on usefulness
DWP child poverty estimates; Social Security Scotland payment data	Council child-poverty analysis and benchmarking against other authorities	Aggregate / Local Authority-level; good for monitoring, weak for finding individuals
Council Tax Reduction data	Trend data on low-income households claiming support	One scheme only, but a recognised route to identifying low-income households (see Dundee Poverty Pathfinder Project case study below
Education data (attendance, FSM eligibility, attainment)	School performance, attainment-gap analysis	Strong within education; not linked to health or social care
Nomis labour market profile	Employment and economic-activity context	Sample sizes too small for reliable sub-LA Highland estimates
Highland Lifestyle Survey	Wellbeing, demographics, 15-year trends	Rich but potentially underused; owned by psychological services

Table 1: A sample mapping of a subset of the existing datasets used by the Council.

Current limitations: where data is absent or insufficient

This section identifies the decisions and populations that current data does not adequately support. Some gaps are about data that seemingly does not exist, is difficult to access, or presently unknown; others are about data that exists but is not linked, not granular enough, or not used.

[23] 'Housing Evidence Session - Presentation'.
[24] 'Child Poverty Paper'.
[25] *Nomis - Local Authority Profile.*

Populations that are difficult to see

- **The in-work poor:** Several stakeholders, including those from the welfare/revenues and commercialisation team described the challenge of identifying people who are not currently eligible for benefits, many of whom would be described as "in-work poor". The challenge is that if the person is not entitled to benefits, the Council won't know about them, which presents a major data challenge. This sort of data may be accessible by using other datasets, such as local food banks who may hold data on people in in-work poverty accessing their support.
- **People entitled to benefits but not claiming:** Across stakeholder interviews and resource reviews, there was a frustration that government bodies such as the DWP and Social Security Scotland hold the data that would enable Councils to know who is entitled to benefits, with one stakeholder noting that much poverty could be eradicated if data was shared from the DWP, HMRC, and/or Social Security Scotland. There was a desire to improve data-sharing between the DWP, Scottish Government and councils to identify where unclaimed benefit entitlement exists[26].
- **Dispersed rural poverty:** As Section 2 set out, the SIMD does not reliably locate deprived individuals in rural Highland and is particularly limited in identifying income-deprived individuals in rural areas.

Not having the right data

- **Whether interventions work:** There are some interventions where stakeholders reported not having access to the right data to determine whether an intervention was working. For example: to support families at birth, Highland developed financial pathways where midwives and health visitors provide information on benefit entitlements. However, a significant operational barrier exists because the national recording system lacks a mechanism to record these referrals, leaving the department unable to track the frequency or success of these interventions.
- **Siloed data:** Education has no access to health or social care data, so it cannot build a full picture of a child's circumstances. In one example, a child was a young carer for two years without the school knowing, because the information was not (and could not be) shared, so support could not be offered.

[26] 'Financial Security - Presentation', 2 March 2026.

- **Food security:** One stakeholder noted that when it came to developing the Child Poverty Action Report, there was a lack of accessible data around certain topics, such as quantitative data around food security. This meant that the report had to rely on case studies and "instinctive knowledge" for this strand.
- **Need for more qualitative context:** Finally, one stakeholder noted that sometimes the "right" data is not available to inform decision making. The "result" is available, but not the "why". For example, the Council has access to benefits take-up rates, or number of people in arrears, but they lack access to data as to "why". For example, if we know there are a certain number of people in arrears, what is the reason? Likewise, although there might be data on the number of social care providers in the region, if there is a sudden loss, it is difficult to ascertain the reason.

Lastly, one stakeholder gave an example of cases where even when there was sufficient data, it wasn't always acted upon. As described, data from developmental overviews revealed a language skills inequality between children in higher areas of deprivation, which led to a targeted intervention. Subsequent analysis showed that although the intervention successfully closed the attainment gap for girls, boys living in significant deprivation continued to perform poorly. Despite this evidence, there has not been strategic funding to address this discrepancy. Likewise, data shows violence/distressed behaviour in schools peaks in Primary 1, but there has not been investment in earlier intervention to reduce this. These stories serve to illustrate that even in the presence of data or evidence, there can be additional barriers to action, often due to competing pressures and budgetary limits.

Opportunities: What better data use could enable

This section sets out the decisions and outcomes that more effective data use could support. It draws on what stakeholders said they want to be able to do and on actions the Sounding Board sessions revealed as desirable. It describes what effective use *could* enable, not necessarily what it *will* enable, and most depend on the barriers described later in this report being addressed first or alongside.

Strengthening assertions used for decision making

Better data use could enable testing of reasonable assumptions and strengthen anecdotal evidence for prevailing beliefs that were surfaced through the Sounding

Board presentations[27]. These include statements that are plausible but presented without a data source, such as "people with disabilities, long-term health conditions, unpaid carers, and those with convictions face persistent discrimination and lower employment rates". These may reflect unreferenced data that was used, or qualitative stakeholder knowledge. Better use of data and evidence would resolve this ambiguity, strengthen how conclusions are reached, and promote a culture of evidence-based decision making.

Enabling decisions about service delivery

Many inequalities in Highland are driven by inequalities in access. The overview presentation from the Sounding Boards suggests many decisions about service delivery are being explored, such as the placement of public service hubs, which could be facilitated by use of existing datasets. For example, data about population density and transport times could be used to optimise hub placement[28]. Likewise, data can be used to identify regions underserved by current, "lifeline" bus services, or with poor digital connectivity (not covered by R100/Project Gigabit).

Reducing the "pillar to post" effect

Across the Sounding Board summaries and stakeholder interviews, there was a clear desire to create a more joined-up service offer. To enable this, a "no wrong door" setup has been proposed - this would be a single access point with a centralised referral system and potentially some form of electronic record system or shared case management tool that shares relevant information with partners. Establishing appropriate data infrastructure and governance is essential to enabling a single point of access, and thereby to reducing this "pillar to post" effect wherein people have to repeat themselves to multiple different agencies.

Finding people at risk earlier

Several stakeholders expressed a desire to not just deliver better joined-up support but also to support people sooner or more proactively (e.g. with additional care needs or additional benefits entitlements. However, this is limited by the fact that data is not shared across services and/or between the Council and benefits providers such as the DWP. One interviewee described a consequence of this: a child was a young carer for two years without the school knowing, because social care and education data are not

[27] 'Access Sounding Board - Presentation'; 'Housing Evidence Session - Presentation'; 'Fairwork - Sounding Board Presentation'; 'Early Years and Education Sounding Board'; 'Financial Security - Presentation', 2 March 2026; 'Ways of Working - Presentation'.

[28] 'Sustainable Transport | Audit Scotland'; Verduzco Torres and McArthur, 'Public Transport Accessibility Indicators to Urban and Regional Services in Great Britain'.

shared, and support was therefore delayed. Linking health, social care, and education data would enable more holistic support and identification of vulnerability.

Even without data linkage, Highland already has access to a dataset which may be underutilised for identifying children in need of additional support, the Lifestyle Survey and developmental overviews, which as described above, provide a rich, longitudinal dataset for identifying cohorts of children with additional support needs (eg around literacy or behaviour).

Testing "what works"

There are many challenges to enabling more people to access benefits to which they are entitled. Even if the individual(s) can be identified, there are perceived challenges in reaching people due to pride and stigma. The welfare and revenues team in particular expressed a desire to understand "what works" both for identifying individuals in need of support (this is being piloted with the LIFT Tracking tool), and in terms of increasing uptake. Data analytics commonly used in marketing campaigns, for instance, can help experimentally test whether particular outreach approaches are more effective than others.

Accountability & transparency

Regardless of the actions recommended by the Commission and taken forward by its partners, two stakeholders expressed a role for data in enabling the Council and its partners to be transparent about its ambitions and remain accountable to local communities. We agree with this instinct and would recommend that regardless of the specific actions undertaken following the Commission's recommendations, that the Council develop clear, plain-English measures of progress towards their outcomes which can be shared back to communities.

Barriers to more effective data use

Data Sharing and Governance

Overwhelmingly, the primary barrier identified to using data more effectively is **data sharing and governance.**

- **Information governance is the most commonly cited barrier.** This was true across stakeholder interviews, Sounding Board presentations, and in reviewing external case reports. Confidentiality and privacy regulations create barriers to sharing information between agencies like the DWP, Social Security Scotland, and local authorities. The ideal model is a "tell us once" approach, but current limitations often force individuals to navigate multiple, cumbersome application

processes. Similarly, data is not currently shared between education, health, and social care, even though the Council is a Lead-Agency model. As described in the case studies below, demonstrating a legal and ethical basis for data reuse and/or sharing is often the first hurdle.

- **Agreements are slow and brittle:** Even when data sharing agreements are created, they take time to establish and are quite use restricted. Furthermore, organisations interpret the same guidance differently, so there is no shared understanding of what is permissible.
- **Technical / infrastructure compatibility is also an issue:** The Ways of Working Sounding Board notes that the CPP and Poverty Reduction Delivery Group want to coordinate efforts, and have ambitions to "combine quantitative indicators and qualitative insights from frontline organisations", but struggle with data sharing and system compatibility.[29]

Capacity and skills

The second core barrier identified was variations in data capacity, both in skills available and the number of people and/or capacity in a particular organisation's data function.

- **Capacity and confidence to use data varies significantly across CPP partners and within organisations:** Within Education, the Council shares dashboards and analysis with all schools in Highland. Stakeholders expressed that there was considerable variation in schools' data skills and capacity to meaningfully use the available dashboards. Many barriers were reported, including senior leaders lacking training in data literacy, having come from professional backgrounds without prior training in data; and head teachers already facing a significant administrative burden, with many lacking the skills or capacity to analyse the datasets provided. It was perceived that low engagement was partly driven by "fear" of data tools like Excel and PowerBI.
- **All teams described feeling under-resourced:** As we understand, the education and welfare/revenue team each have one analyst; and whilst the public health function has a team of 9, the remit is incredibly broad. All stakeholders commented on the breadth of their remit.

Cultural

- **Stigma shapes the data:** Across four interviews, stigma around claiming support was described as both keeping people from help and creating gaps in who appears in the data at all.

[29] 'Ways of Working - Presentation'.

- **Performance data can be guarded rather than used:** Some stakeholders described a reluctance to expose weaknesses, particularly in comparison to other local authorities.

Technical and infrastructure

- **Suitability of existing systems:** Some stakeholders described the process of using data to be quite manual, and it is not easy to get the information they need, and that the hardest part was dealing with Excel. Similarly, education stakeholders described SEEMIS as "clunky" and noted they were in the process of procurement for a replacement system.

It is worth noting: The barriers we identified echo those articulated within the recent Highland Children and Young People's Needs assessment[30], which notes that "Despite the availability of rich administrative data across health, education, housing, and social care, significant barriers limit its use for integrated analysis:

- Fragmented systems with different identifiers that make data linkage difficult.
- Data sharing between agencies is complex due to legislative requirements and differences in interpretation of GDPR.
- Variation in organisational data maturity, with some agencies lacking basic infrastructure and others capable of more advanced analytics.
- Workforce constraints, particularly in analytical and data engineering skills.
- Limited qualitative insight, meaning lived experience is not consistently integrated."

And that "together, these factors limit the partnership's ability to understand need, target support and monitor outcomes in a consistent, rights-based way across Highland."

Stakeholder needs:

Lastly, we asked stakeholders: If Highland Council and its partners were going to invest in using data more effectively together, what would need to be in place for that to feel worthwhile to your organisation?

The interviews identified several conditions of success:

- **Shared purpose before shared data.** Collecting data without a clear purpose was seen as futile. The prerequisite is agreement on what the partnership needs

[30] Public Health Intelligence, Directorate of Public Health and Policy, NHS Highland, *Highland Children and Young People's Needs Assessment*.

data to inform, what decisions would actually change as a result, and how findings will be interpreted consistently.

- **Shared technical infrastructure and data standards.** Shared dashboards and intelligence products require both technical systems that span organisations, and people to keep them current. Likewise, data needs to be captured and recorded in a standardised way, allowing for "apples with apples" comparisons. This points towards shared resources and training, rather than each partner solving the same problems independently.
- **Developing capacity.** One stakeholder acknowledged the difficulty of adding full-time posts (we presume due to limited budgets), but spoke to the importance of developing capacity within existing roles, which would also support institutional knowledge.
- **Protected time to think together.** One stakeholder argued that creating time together as a management team to analyse combined data is as important as the data infrastructure itself, and that the cultural and relational work of looking at evidence collectively is what converts data into decisions. We have seen the benefits of cross-functional data conversations, both within organisations we have supported, and in external resources, such as the blog “Data conversations” by the Head of Data Science at Citizens Advice[31].

Best Practice: Ingredients for successful public sector data-sharing partnerships

Through our desk research, we identified several examples of promising or successful case studies. Below, we describe the problem the organisation was addressing, what effective data use enabled, and how it was made possible. Where there are questions of transferability to Highland (e.g. the example occurring in a more urban context), we have noted that.

1. SAVVI (Scalable Approach to Vulnerability via Interoperability)

What it is: SAVVI is an approach that aims to enable public sector organisations to proactively identify and support vulnerable people.[32] It is funded by the Scottish Government and delivered by the Improvement Service.[33] It recognises that no single

[31] ‘Data Conversations’.
[32] ‘SAVVI’.
[33] Service, ‘SAVVI’.

organisation knows everyone who is vulnerable, and so it develops practical guidance, frameworks, data standards, and resources to enable councils and public sector organisations to identify people who are in need of support.

How it works: The SAVVI approach helps public sector organisations navigate the legal, ethical, and technical challenges of data sharing; tackle fragmented and inconsistent data across and within councils, the DWP, and other bodies; and promotes sharing innovative practices, so that councils can learn from each other. They provide guidance, frameworks, data standards, templates, and resources in an online playbook.

This approach has been used in a number of different areas, including Wigan, Huntingdonshire, North Yorkshire, and across three local authorities in Scotland (Angus Council, Argyll & Bute Council, and Inverclyde Council). It is the Scottish use case that we will highlight here.

Case study: Reusing Data to Find Cases of Rural Child Poverty in Scotland[34]

- **The challenge:** Three Scottish councils, Angus, Argyll & Bute, and Inverclyde, wanted to find rural families at risk of child poverty who were not appearing in SIMD-based targeting. Families in need were dispersed across rural localities that were not statistically identified as deprivedOften, they were surrounded by wealthier neighbours, and fell under the radar of every service. Crucially, the councils already suspected they held relevant data such as Council Tax arrears, welfare benefits, debt records, and household composition, but did not know whether they could legally combine it to identify at-risk families.
- **What they did:** The Councils worked with the Improvement Service and the SAVVI framework to first identify what data would be most useful in assessing the risk of child poverty ("risk factors"). They then mapped which data they already held that corresponded to those factors, and finally, they investigated the legal basis for combining and reusing that data.
- **Key outputs:** The result of this process was reusable governance templates that any Scottish council can now adopt to evaluate the legal and ethical basis of sharing and/or reusing personal data.
- **Relevance to Highland:** The Councils here were tackling a similar problem faced by Highland, which is that rural poverty is not captured well in the SIMD. The Highland Council and its CPP partners likely already hold administrative data that could, in combination, identify households at risk of poverty who are not

[34] Office, 'Reusing Data to Find Cases of Rural Child Poverty in Scotland · SAVVI'.

currently known to services. The barrier to using this data is not primarily technical; it is establishing the lawful, ethical, and transparent basis for sharing data and/or using data collected for one purpose and reusing it for another. The SAVVI framework and outputs developed in this use case have produced reusable templates and governance tools that could be practical here.

Note: This case study documents the design and governance process, not an implemented and evaluated outcome. The Councils established that data reuse was lawful; we do not yet know whether they subsequently identified and supported families as a result.

2. Dundee Child Poverty Pathfinder

The Glasgow and Dundee Child Poverty Pathfinders are place-based endeavours that aim to provide person-centred support to families at risk of poverty.

- **Challenge:** Dundee City Council wanted to reach families with children in Linlathen and Mid Craigie who were in need of support but not currently engaging with services.[35]
- **What they did:** This pathfinder project brought together the Council, the DWP, and Social Security Scotland. They used existing Council Tax Reduction (CTR) data to identify households with children and no earned income from employment. Rather than waiting for these families to make contact, the team used targeted door-to-door outreach and also offered a weekly community drop in.
- **What data enabled:** This project is still running, and so the evaluation is not complete.[36] Nonetheless, in the first two years, over 1,000 people had some contact with the pathfinder, of which approximately 20% were parents with dependent children. Qualitative evidence from parents has been positive, and the use of CTR data to identify families has been evaluated as "effective" though quantifying the impact has been difficult.[37] The phase 2 evaluation describes this approach as something "other areas should consider" as transferable.
- **Challenges and key learnings:** The main relevant learning here is the time it takes to establish a legal basis for data sharing, and the trust that needs to be in place to enable it. Being able to use data to identify families required an MOU between the Council and the DWP. However, even with this data sharing some

[35] *Phase 2 Evaluation of the Child Poverty Pathfinders in Dundee and Glasgow: Summary Report*.
[36] 'Dundee Child Poverty Pathfinder – Impact Evaluation'.
[37] *Phase 2 Evaluation of the Child Poverty Pathfinders in Dundee and Glasgow: Summary Report.*

uses were not covered by the agreement, and this was seen as a barrier to further impact.[38]

- **Relevance to Highland:** The idea of using CTR data to find and approach households is directly transferable. The limitation of this use case is that Dundee is a very different geographic area. Highland's dispersed rural population means door knocking from a CTR list would be more difficult. However, the principle of using an existing administrative dataset as a proxy to identify who to reach, and then making contact proactively, is transferable.

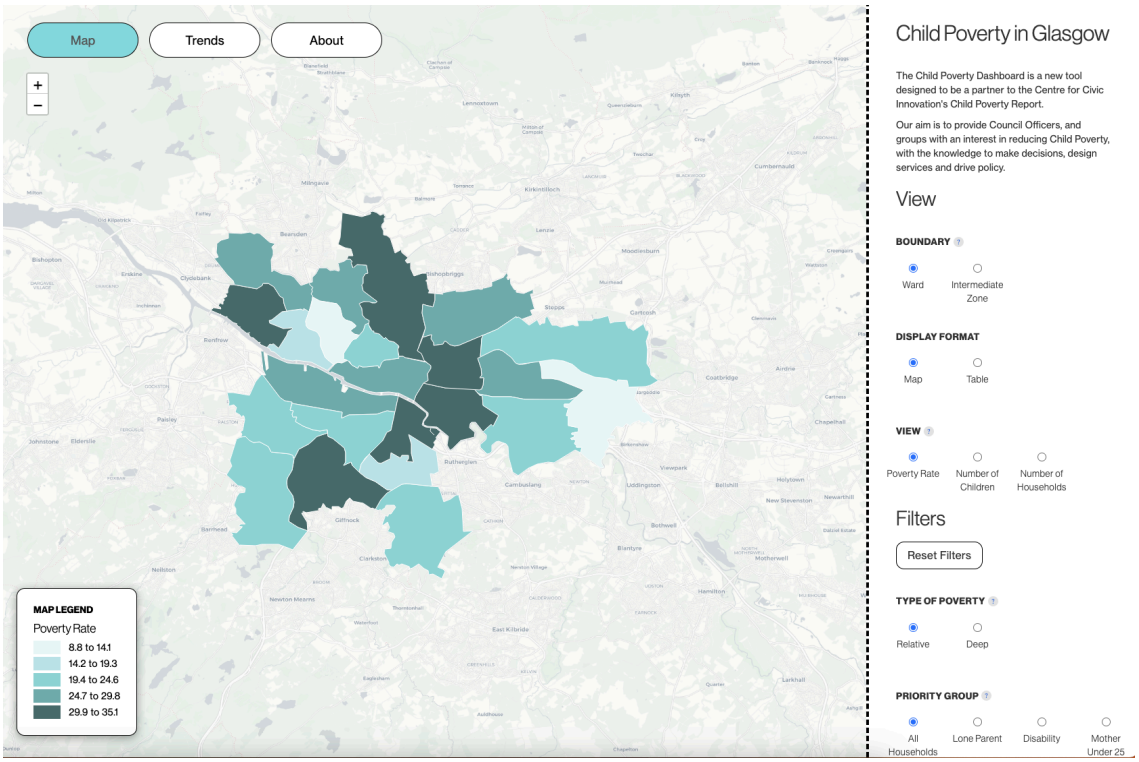
3. Glasgow Child Poverty Pathfinder

- **Challenge:** Glasgow City Council wanted not just to reduce poverty, but more broadly transform how services come together to support families.[39]
- **What they did:** Glasgow established a multi-agency change team and implemented a "No Wrong Door" model, meaning families can access support without navigating multiple separate service entry points. The programme built a Child Poverty Dashboard[40] drawing on DWP data. This enabled the team to identify geographic priority areas and, to a degree, specific families most likely to benefit from support.
- **What data enabled:** According to the report "the use of data (via the Council's Child Poverty Dashboard) has enabled the pathfinder to identify both precise areas and specific families most likely to benefit from support. This is seen as a significant step forward."[41] The evaluation also noted that the tool enabled better engagement, stating that elected members who had previously operated in silos became "more collegiate" when they could see poverty mapped to neighbourhoods and specific streets.[42]
- **Challenges and key learnings:** There are two key learnings: First, the dashboard took significant resources to build. The evaluation notes Glasgow was well placed as Scotland's largest council to develop this tool, and asks whether the Scottish Government should support smaller councils to develop equivalent tools. Secondly, even once data was shared for research and monitoring purposes, it proved "more difficult to agree a legal basis for using it to contact families and offer support"[43]. Data sharing between third sector and public sector partners also remained challenging. Finally, this case study notes

[38] *Phase 2 Evaluation of the Child Poverty Pathfinders in Dundee and Glasgow: Summary Report.*
[39] Glasg. City Counc., 'There Must Be No Wrong Door to Tackling Child Poverty'.
[40] 'Child Poverty Dashboard Glasgow — CCI'.
[41] *Phase 2 Evaluation of the Child Poverty Pathfinders in Dundee and Glasgow: Summary Report.*
[42] *Phase 2 Evaluation of the Child Poverty Pathfinders in Dundee and Glasgow: Summary Report.*
[43] *Phase 2 Evaluation of the Child Poverty Pathfinders in Dundee and Glasgow: Summary Report.*

that any use of data needs to consider who is left out - for instance, the dashboard does not identify families “on the cusp” of poverty.

- **Relevance to Highland:** This is a useful example of data-driven poverty work in Scotland and demonstrates that a lot of the enablers are relational or governance related, versus technical. The limitation is that, like the Dundee pathfinder, this project took place in an urban centre, which may not translate directly to Highland's geography. Crucially, for Highland, the evaluation of this project asks whether resolving data-sharing issues should be managed nationally, rather than each council solving the same problems separately.



Glasgow Child Poverty Dashboard. Source: https://cciglasgow.org/child-poverty-dashboard/

It is worth noting: This case study also specifically questions whether resolving data sharing issues *should* be addressed by individual councils, or if it should be solved at a national level.

> *“At the same time, experience in Glasgow has also highlighted the ongoing challenges around using individual-level data for engagement of families, even when data has been successfully shared. This raises questions around whether responsibility for resolving data sharing issues would be better managed at a national level, to avoid individual councils all separately trying to resolve the same challenges.”*[44]

[44] *Phase 2 Evaluation of the Child Poverty Pathfinders in Dundee and Glasgow: Summary Report*.

4. Wales Warm Homes Nest and Secure Anonymised Information Linkage (SAIL) Databank[45]

- **The challenge:** The Welsh government wanted to reduce fuel poverty in Wales. To do so, they developed schemes to provide energy efficiency "Nest" improvements to lower-income households. They wanted to understand whether the scheme was actually improving health outcomes for participants, and whether the eligibility criteria were capturing the right people.
- **What they did:** The Welsh Government partnered with Swansea University to link records of which households had received Nest improvements with health data held in the SAIL Databank, a national data-linkage infrastructure hosted at Swansea University.
- **What data enabled:** By linking programme records with health data, researchers could measure the actual health impact of the energy-efficiency improvements on participants. This enabled the government to design new eligibility criteria so low-income people with health conditions could receive support.
- **Relevance to Highland:** The main learning from this case study is that it demonstrates how data can help evaluate an intervention, and then inform and shape policy to govern its expansion. If the Council was interested in similar data linkage approaches, they could explore partnerships with ADR Scotland.

5. London Borough of Barking & Dagenham[46]

- **The challenge:** Like many councils, in 2018-2020 the London Borough of Barking & Dagenham (LBBD) was facing unprecedented demand and complex needs across housing, social care, and welfare support whilst having also absorbed substantial budgetary cuts. They wanted to develop a systematic way of identifying people before a crisis hit, but data-matching was a resource-intensive process in Excel involving multiple teams across the Council.
- **What they did:** LBBD brought together and joined up multiple data sources from social care, housing, revenue and benefits, and education into a system called OneView to create a "single view" of a potentially vulnerable resident. The system had three main outputs: case summaries synthesising information from

[45] Lowe and Morrison-Rees, 'A Policy Impact Case Study Using Real World Data from Welsh Government Fuel Poverty Schemes to Inform Scheme Design.'
[46] Carter et al., *Critical Analytics?*

multiple services for frontline workers; predictive alerts identifying individuals at risk of specific events (such as becoming homeless or being admitted to hospital) within the next 12 months; and cohort identification for proactive outreach.

- **What data enabled:** This system was most useful during COVID-19 as a case-management system, as it enabled the Council to identify at-risk residents and contact them to offer shielding support, before data was shared from the central government. The case summaries were useful in the early stages of support when staff had less information, but there were concerns about the use of these summaries, particularly within children's social care.
- **Relevance to Highland:** This article is an incredibly rich resource about the application and challenges of applying data analytics in the public sector, and we would encourage decision makers to review it. There are several key learnings about crucial ingredients for making data analytics in a public sector context successful. The report also importantly notes that "***introducing a data analytics system into an existing, complex context such as a local authority is a significant task that requires considerable resource, effort, and the involvement of multiple in-house and externally contracted staff – including technical staff, decision-makers and frontline staff***." [47]

The article recommends that before adopting an analytics solution, councils should:

1. Agree the purpose and goals of the solution.
2. Develop an evaluation plan and success criteria, including for pilot developments.
3. Ensure that data analytics systems are explainable to all stakeholders.
4. Consider the tool in "the context of the whole system into which it has been introduced".

(See Carter et al for a full list of recommendations for councils).

6. ChiCs (Children's Health Care in Scotland)

- **The challenge:** The goal of this study, conducted by the University of Glasgow, was to understand the health of care-experienced children in Scotland compared to their peers.

[47] Carter et al., *Critical Analytics?*

- **What they did:** The study linked ten datasets, all held by different Scottish public bodies, including statistics on “looked-after” children, the school pupil census, and health records.
- **What data enabled:** By linking these datasets, the researchers were able to track care-experienced children across health, education, and social care records simultaneously, and over time. The main finding was that children who had been in care had substantially worse health outcomes across almost every measure, and premature deaths were almost five times higher. Moreover, the study found deprivation alone could not explain these differences. The data linkage therefore revealed a “hidden inequality” beyond what deprivation alone would predict, and that would have remained invisible without data linkage.
- **Relevance to Highland:** Again, like the Wales case study, this demonstrates what is made possible when social care, education and health data held by different public bodies are linked with appropriate governance. It is important to note, however, that the study took eight years from conception to publication. Nonetheless, Highland’s CPP partners have access to similar datasets, though they are not currently linked in a way that would enable this type of analysis.

Key ingredients for success

Across the cases, the following conditions appear as necessary ingredients for successful data partnerships:

1. Clear, specific problem and measurable success criteria
2. A lawful and ethical basis for reusing personal data
3. Linked data with consistent identifiers
4. Analytical capacity and time to interpret findings together
5. Established relationships and trust between organisations

Directional Recommendations

There is clearly both existing good data practice within Highland Council and its partners, and evidence of what further data capacity can enable.

Recommendation 1 (Working group): The Commission should recommend the establishment of a cross-partner working group to define priorities.

The most consistent lesson from both the interviews and the case study review is that data work fails without a clearly specified purpose. Moreover, in our experience at DataKind UK, data work should be focussed around the problem you are trying to

solve, rather than the data sets you are trying to work with. There are a number of fruitful avenues the Council and its partners could explore to use data more effectively to address poverty in the region, such as using existing data to identify families in need of support; advocating for better data sharing from the DWP for income maximisation; exploring the legal basis of combining health, social care, and education data; and/or identifying population needs using existing data sets, such as the lifestyle survey.

However, before investing in any tools or approaches, we recommend that a cross-partner group (Council, CPP partners, third sector representatives) be convened to identify priority “use cases” - specific decisions or questions the partnership wants data to support, and what success would look like. Without this clarity of purpose, any investment risks following broad aims that cannot be evaluated.

Note: There may already be existing functional working groups, such as the CPP Board, whose membership could identify priority use cases, however caution should be taken that 'tacking on' these decisions to any existing groups remit may not enable the fullest consideration

Recommendation 2 (Data maturity assessment and skills audit): The Commission should recommend a skills audit / data maturity assessment across CPP partners.

There is variation in data capability across the stakeholders we interviewed. A structured data maturity assessment would help the Council and its partners understand cultural and technical barriers to data work in more depth; it would also serve as a baseline to understand what capacity might be needed to implement any of the use cases identified by the working group.

We would recommend that this be quite broad in reach, considering both leadership and end users of data, for example the Education teams identified that there are barriers with end users in schools using data and analytics.

Recommendation 3 (Data mapping): The Commission should recommend a data mapping exercise of data assets across CPP partners.

Throughout our review of data sets used by the Council and stakeholder interviews, it was clear that whilst some datasets were routinely shared and discussed across teams (such as the recently created Health Inequalities Dashboard), others remained siloed within individuals or individual teams. We recommend identifying key data assets and their uses and purposes that are held across relevant partners.

The goal here is two-fold: first, to identify high-value linkage opportunities which could potentially be pursued if the right legal agreements were in place. Secondly, to identify underused data assets that already exist. There seems to be a lot of different data assets available, but little shared knowledge of who owns them and what they are being used for.

Recommendation 4 (SIMD alternatives): The Commission should recommend exploring alternatives to the SIMD for targeting individuals in rural poverty.

The Scottish government itself notes that the SIMD is inherently an area-level measure and does not capture differences within data zones. They "strongly recommend (especially for larger data zones in rural areas) that other data is used alongside SIMD to identify households in poverty"[48]. However, there is no clear alternative, with some arguing that alternative options perform no better[49], and an alternative index once proposed, the Socio-economic Performance (SEP) Index for rural and small town data zones has not been updated since 2011[50].

We recommend that alternative data indicators are scoped. This could be individual-level approaches via linked administrative data; complementary measures such as the recently developed Scottish Community Needs Index[51]; a combination of indicators, as has been developed for the Health Inequalities Dashboard; and/or the enhancement of SIMD data with other administrative datasets.

Recommendation 5 (Transparent outcome measures): The Commission should recommend outcome measures be used to monitor progress on actions. Regardless of the specific calls to action made by the Commission, we recommend that outcome measurements for Commission goals be made publicly available and communicated in plain language. This will enable the Commission and/or Council to remain accountable to community partners.

Recommendation 6 (SAVVI): Engage with SAVVI and the Improvement Service's rural child poverty network to learn from peers and establish a lawful basis for data reuse. We are genuinely enthusiastic about the SAVVI approach. We recommend that once established, the working group engages with SAVVI and the Improvement Service's rural child poverty network. This would support the CPP in identifying lawful bases for data reuse, and potentially with identifying further opportunities for data linkage to identify vulnerable groups.

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[48] Thomson, *Scottish Index of Multiple Deprivation: Rural Deprivation Evidence Summary*.
[49] Fischbacher, *Alternatives to the Scottish Index of Multiple Deprivation (SIMD) for Socioeconomic Targeting*.
[50] Copus and Hopkins, *Mapping Rural Socio-Economic Performance (SEP)*.
[51] Henderson, 'What Is the Scottish Community Needs Index?'

Recommendation 7 (Wider stakeholder engagement): Engage a wider range of stakeholders to validate the conclusions from the phase 1 discovery process.

The interview sample for this Phase 1 Discovery was weighted toward Highland Council, and within that, primarily the education and welfare/benefits teams. Voices from NHS Highland outside public health intelligence and from third sector organisations beyond CAB, were not included. To sense-check some of the conclusions of this report, we recommend broadening the user interviews to:

- Education Area quality improvement managers
- Representatives working in health and social care (including mental health, justice services)
- Stakeholders involved in secondary education and/or transition to employment/further education
- Council and external stakeholders involved in digital innovation/delivery
- Stakeholders involved in housing & homelessness
- Additional Community Planning Partnership stakeholders

Appendix: Roadmap for continued work with DataKind UK

The seven recommendations in this report are the output of Phase 1 of a proposed longer project, and DataKind UK would welcome the opportunity to support the Commission and/or Council and its partners in taking this work forward in a phased way. We propose organising the recommendations into two phases of continued work, plus one standalone activity that can run alongside them. The phasing reflects the fact that more technical and governance-focussed work only become well-targeted once the Commission, Council, and/or CPP has agreed what it is trying to use data for and has a clearer view of its own capability. The timescales below are indicative. The precise scope, effort, and cost of any continued work would be defined and proposed separately, and shaped by what each phase surfaces. We have good working relationships with many other organisations in the sector who may also be valuable parts of any solution.

Phase 2: Foundation (Months 1–4) Recommendations 1, 2, and 7

The three foundational recommendations are closely interdependent, and we propose addressing them together before any investment in tools or infrastructure.

- We would first support the Commission to broaden its stakeholder engagement (Recommendation 7), testing Phase 1 conclusions with partners not yet represented and building the coalition needed for the more substantive work ahead.
- Through our Advising strand, we would support the Commission to convene and facilitate the cross-partner working group (Recommendation 1), bringing structured facilitation to help the group move from broad intent to specific, evaluable use cases.
- Alongside this, we would lead the data maturity and skills assessment across CPP partners (Recommendation 2). This is designed to be accessible to both leadership and frontline staff, and to surface honest findings in a way that feels constructive rather than threatening.

Phase 3: Data Discovery & Exploring (Months 4–16) Recommendations 3, 4, and 6

This phase is the most substantive and is likely to take between six and twelve months, depending on what Phase 2 surfaces. We propose drawing on our Exploring strand, pairing the Commission and its partners with small teams of skilled data scientists from the DataKind UK community to work through defined problems. As with all our work, any members of our community would work under confidentiality agreements and be onboarded to the project before any engagement with partner data or stakeholders.

We would lead the data asset mapping across partners (Recommendation 3), identifying high-value linkage opportunities and data that is currently underused. This provides the evidence base for scoping alternatives to SIMD for identifying and targeting individuals in rural poverty (Recommendation 4), which we would take forward as a defined **Exploring** project.

Engagement with SAVVI and the Improvement Service's rural child poverty network (Recommendation 6) would run alongside both workstreams, supporting the Commission to learn from peers and, where appropriate, to establish a lawful basis for data reuse. Where Phase 2's data maturity assessment identifies specific skills gaps, we would look to complement the analytical work with targeted input from our **Training** and **Mentoring** strands, building the internal capability within the Council and its partners to sustain data-informed practice beyond the life of this engagement.

Standalone (runs in parallel): We would support the Commission and/or Council to publish plain-language outcome measures so they remain accountable to communities (Recommendation 5). This does not depend on the phasing and can begin immediately and continue throughout. It is primarily owned by the Council and partnership; DataKind UK could advise on the design of the measures.

How we would work together

The working relationship established in Phase 1, including structured discovery, Chatham House conventions for stakeholder conversations, and regular check-ins, provides a strong foundation for what follows. We propose retaining the same lead contact and working rhythm across Phases 2 and 3, with scope and cost confirmed at the start of each phase and reviewed openly if circumstances change. This approach is consistent with the principle underlying all seven recommendations: that the work should start from the problem the partnership wants to solve, not from the data or tools it happens to hold.

Why DataKind UK

DataKind UK is a charity with a vision of a strong, thriving third sector that embraces data science to become more impactful.We have over a decade of experience supporting third sector organisations across the UK to use data to make decisions, evaluate their impact, streamline operations, and guide delivery, including providing direct support to over 280 charities and providing training to over 1000 people. For more about us, see DataKind UK Introduction.pdf or visit our website.

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