



Local Area Research + Intelligence Association

## LARIA Newsletter April 2021

### Martin Stevens, LARIA Council Member & Trustee

Plenty is going on for LARIA at the moment, with the Spring Webinars in full swing and further LARIA webinars in the pipeline. Online events have gone down well and look set to continue, although with hope, a mixed programme of face to face and online events will be possible soon. Part of my work with the [Research Design Service](#) is aimed at encouraging and supporting an increase in social care research capacity. To this end, after the Spring Webinar on 7 May, '[Understanding the impact of COVID and lockdown](#)' there will be an opportunity to have discussions with Research Design Service advisers for anyone interested in developing ideas for funded health and social care research. We are also planning an event in July, to showcase more NIHR support for researchers interested in developing research ideas and making funding bids.

More in the line of opportunities to develop academic research interests, the National Institute for Health Research has a call for [Local Authority Fellowships](#). These are for people working in local authorities, or local authority supported services, who want to develop ideas for health and/or social care research whilst continuing with their current work. Pre-doctoral and doctoral awards are available, either of which would be a good way to develop skills and experience in research. Anyone interested in these Fellowships, or other ways of developing research interest can get support by pressing the RDS button below.

[Request Support](#)

Martin Stevens

(NIHR SSCR Senior Fellow)

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### Spring Webinar Series 2021 - Registration Open

**LARIA Webinar: Using surveys and qualitative data to identify impact and manage COVID responses, Tuesday 27th April, 11.00 - 12.30**

**@laria #LARIA2021**

Coming up in next week's webinar – Using surveys and qualitative data to identify impact and manage COVID responses:

#### **Covid-19 and social care: Longitudinal research with social care users**

Covid-19 poses significant and specific challenges for the delivery of adult social care. However, less is known about the impact Covid-19 has had on vulnerable adults in receipt of social care, the extent to which their care has been disrupted, and how this has evolved over the course of the pandemic. This session will highlight the value of public opinion research in furthering understanding of the impact of Covid-19 on adult social care provision at a local level, sharing insight on the lived experiences of social care users during the pandemic, and exploring some of the lessons that providers and councils can learn about how best to deliver care locally, both now and in the future.

**Nicola Daine, Project Manager, Norfolk County Council & Hettie Hill, Research Lead, BritainThinks**

#### **The impact of Covid-19: the voices of less heard groups influencing public health**

Working with the Buckinghamshire Public Health Team, M·E·L Research conducted behavioural research to

understand the impact of Covid-19 and lockdown measures on priority groups. This research, alongside resident surveys, has informed the Public Health Team's recovery planning and ongoing Covid-19 response.

This slot will cover:

- Engaging 'hard-to-reach' (or less heard) groups during a pandemic
- How different groups view Covid and how this translates into different approaches and different messages
- Using qualitative data to influence public health
- Weaving in qualitative research with quantitative findings

**Adam Knight-Markiegi, Research Director, M·E·L Research & Lucie Smith, Public Health Principal, Buckinghamshire Council**

### **Longitudinal research in a pandemic: researcher reflections**

This session will share key findings from our research with Essex residents through lockdown, exploring resilience factors and changes over time. This was the first longitudinal research we delivered as a team, and we will discuss how the shift to remote working enabled this type of methodology, and challenges we encountered along the way.

**Poppy Reece & Maresa Beazley, Senior Researchers, Essex County Council**

### [Register Now](#)

Visit the [LARIA website](#) for details on all forthcoming webinars.

The webinar series is free for all Full and Corporate Members.

## LARIA AGM

The LARIA AGM 2021 will take place on Microsoft Teams at 4-5pm, Thursday 10 June. All LARIA members are invited to join us for the AGM. Full LARIA members may take part in the voting and stand for election to LARIA Council. To attend, please email Sophie Flood at [admin@laria.org.uk](mailto:admin@laria.org.uk) for the meeting details.



## LARIA Research Impact Awards 2021

There is still time to enter the competition for this year's LARIA Research Impact Awards 2021. This year will be the first time we have an award targeted at district councils, who may have less research resource than others. We're really keen to hear about districts' interesting projects, even if they are less ambitious than some of our award-winners in the past.

This year's categories are:

**A: Best use of local area research** – sponsored by the Local Government Association (LGA)

**B: Best use of data** – sponsored by CACI, and offering an additional prize for the winner

**C: Best use of data or research in a district council** – NEW FOR 2021

**D: Most engaging communication of local area research or analysis**

**E: New researcher/analyst of the year**



More details of what we're looking for can be found [here](#). Please note, any entries which were sent last year before the awards were cancelled will be considered alongside this year's entries.

The deadline for entries is by **4pm Friday 7 May 2021**, and winners will be announced at a special LARIA webinar at the end of that month.

We look forward to hearing from you, and good luck.

## OCSI: LARIA Webinar Sponsor

### The role of data in tackling Covid-19

We have just passed the one-year anniversary of the first UK wide lockdown and we thought it was an appropriate moment to pause and reflect on these past 12 months and the role that data has played during this time.



It's safe to say that during the past year we have, as a nation, become more aware of the critical role that data plays in managing public health, and specifically any outbreak of disease.

The focus that has been on our communities has served to highlight how and why statistical measurements of communities matter and how these combine to inform policy, planning and spending. As a result, public consciousness of the many statistical variations and measurements that go into forming policy and agendas is now at its most evolved, and with this comes stronger scrutiny and a clearer need to provide evidence-based reasoning behind all spending decisions. Following the data is something that is no longer just in the realms of the data analysts.

Key to any response to a pandemic is surveillance of where the outbreak is most prevalent – which communities and which groups are most affected and most at risk, what the symptoms may be, if they are getting more severe and when any outbreak may peak. This surveillance underpins all public health action to control and contain the disease; it is used also, to inform predictions made by modellers on how any outbreak might progress in any range of different scenarios.

#### The disease revealed pre-existing inequalities

This is the top layer, or headline level of data that many see, but beneath all this is an unseen level of small area data that provides the foundation on which all the predictions, agendas and policies are built. As the virus took grip, a data dive analysis of the areas it became most prevalent revealed that there were patterns and social factors that pre-determined the likelihood of higher infection rates. Those living in more densely populated dwellings, working in public facing jobs or lower paid work, those of a certain ethnic background, of a certain age demographic or with a particular pre-existing health condition such as obesity, were all found to have a higher degree of risk of infection and a more severe experience of the disease than other groups. The availability of open socio-economic data which can be used to identify vulnerable populations and the communities hardest hit has meant that it is possible to better identify and better respond to areas at risk.

#### Local area data forewarns levels of risk

Local, small level data such as that held by Local Insight can provide a forewarning of which communities may be hit hardest by an outbreak, help identify which communities need the most protection in terms of those with higher exposure risk, but critically also too, those that will be hit hardest by the economic consequences of the pandemic. The emerging picture of communities hit by these two factors, disease exposure and economic exposure, can be overlaid onto Local Insight to reveal the underlying contributory factors. This can be supplemented by relevant data held internally which can be uploaded from local databases into the tool to compare against nationally collated datasets. From there it is possible to build a model for economic and social interventions to rebuild and reinvest. When considering how budgets should be spent to ensure that the promise to build back better is met, knowing and understanding the economic and social variations of the areas impacted means that informed, evidence-based decision making can occur.

Our work on COVID-19 in 'Left-behind' areas – A 'data dive' for the All Party Parliamentary Group on 'Left-behind' areas – has highlighted the vastly differing outcomes of the pandemic for different groups and communities. No-one knew for certain at the start of the pandemic that it would be those in 'left-behind' areas and those in BAME communities that would be disproportionately impacted.

As the year progressed, we saw that these communities became hotspots for positive cases of COVID-19 – a dive into the make-up of these communities helped better understand why this was. By mapping the spread of infections and overlaying this with the data we hold in Local Insight, it became clear that 'left-behind' areas and areas that were highest in need and highest in measurement of deprivation were most at risk. Those economically vulnerable were ill equipped to stop work or work from home; large families in small homes, often with more than one family member working on the frontline, be it nursing, public transport or essential retail, meant that shielding was a luxury that could not be afforded.

These communities that have been hardest hit provided the workers that helped tackle the pandemic on the front line, and the workers that provided the services that supported the rest of the nation as it stayed locked down at home. Ensuring that spending on rebuilding is targeted to these hardest hit communities is the first step in any attempt to build back better.

#### Local Insight provides easy access to critical datasets

Local Insight holds relevant data on at risk groups and communities in one place. We manage and maintain all the data with regular updates and aim to have new releases live on the site within seven working days of release. You can be confident that you are using the most up-to-date data available when planning your response to the pandemic and know that you are providing needs based spending where need is greatest. It also means that spending days on data collection, aggregating and data crunching can be a thing of the past; reporting on data sets takes minutes instead of days, and the results of data dives are easily collatable and presentable in easy-to-understand graphs and visualizations. This frees up time and resources so that budgets that are already tight, time and effort can be concentrated on delivering change where needed.

OCSI are sponsoring the LARIA webinar: '*What to do with all this data? – Developing platforms to analyse and share COVID-related data with professionals, service users and citizens*' which is taking place on 27th May. To find out more about their work there is opportunity to book 121 meetings before and after the webinar.

[Book Now](#)

## Research

### **Natacha Bines & Anna Crispe: Pandemic shows a new future for data in public health**

**The Suffolk CoronaWatch project has allowed the council to turn data into decisions and evidence into actionable insight, write the head of population insight at Public Health Suffolk, Suffolk CC, and the assistant director, knowledge & intelligence, at Suffolk CC.**

For a long time, local authority public health teams have grappled with incomplete, out of date, and restricted public health data. For many datasets, such as smoking, cancer diagnostics, obesity statistics and hospital admissions, these issues remain. However, Covid-19 has presented both challenges and opportunities in the way we work with and utilise local public health datasets. Like many other local authorities, Suffolk has needed to adapt and innovate to analyse Covid-19 data, and the [Suffolk CoronaWatch](#) tools have enabled us to turn data into decisions, and evidence into actionable insight.

In March 2020, as Suffolk entered lockdown alongside the rest of the country, we had no access to local Covid-19 data. We used national data and local estimates of prevalence to give us early indications of potential Covid-19 prevalence in Suffolk. In May 2020, we started getting access to detailed local analytics from Public Health England. This was fed through a Power BI analytics platform in July 2020 giving us access to secure, up to date intelligence on Covid-19 cases.

However, this presented us with a new challenge: how to download, interrogate, analyse and provide insightful analysis from data that changes on a daily basis, and has continued to evolve rapidly over the course of the pandemic.

It quickly became clear that our 'old-school' methods of analysis would not cut it. The sheer scale of churning and extracting the Covid-19 information would exceed Excel's capabilities. We also needed a secure, role-based approach to disseminating our data and analytics based on the need to see the data.

For the full article please see [here](#)

*Natacha Bines, head of population insight, Public Health Suffolk, Suffolk CC; Anna Crispe, assistant director, knowledge & intelligence, Suffolk CC*

## King's College London - Call for Participants

Cleaning, catering, and housekeeping staff have played a vital role in care homes during the COVID-19 pandemic. [Researchers at King's College London](#) want to learn about their experiences and shine a light on their contributions.

Are you part of cleaning, catering, or housekeeping staff in care homes and would you like to share your experiences? Or are you a care home manager or in charge of Human Resources in a care home and have experiences with the ancillary workforce? Please contact Olivia by email [olivia.luijnenburg@kcl.ac.uk](mailto:olivia.luijnenburg@kcl.ac.uk) or telephone 07927 512916. You will receive a £20 voucher as a thank you for your time.



## Webinars

### UK Data Service Introductory Training Series: Spring 2021

The UK Data Service provides access to a wide range of social science data for re-use. To help you get the most from the Service, we run free introductory level training events every spring and autumn to introduce different aspects of the UK Data Service.

See below for the remaining events in Spring 2021 and see [our events pages](#) for a full list of our training events.

- Webinar: Data Management Basics 1: Introduction to data management and sharing, 29 April, 11.00 – 12.00
- Webinar: Data Management Basics 2: Ethical and legal issues in data sharing, 30 April, 10.00 – 11.00
- Webinar: Depositing your data with ReShare, 6 May, 11.00 – 12.00
- Online workshop: How to become a Computational Social Scientist, 13 May, 11.00 – 12.30
- Online workshop: Dissertation projects: Introduction to secondary analysis for qualitative and quantitative data, 18 May, 11.00 – 12.30
- Webinar: Consent issues in data sharing, 27 May, 10.00 – 11.00



To book a place visit the [UK Data Service events pages](#).

### Webinar Series on Statistical Methods for Covid-19

Organised by RSS Official Statistics Section in collaboration with the Health Statistics User Group

The fourth in this series of webinars was held on 15<sup>th</sup> April 2021, and provided an update on Test, Trace and Protect, and Initial Information on Vaccinations

The programme for the webinar on 15<sup>th</sup> April was as follows:

- Update on Test, Trace and Protect This was a shared update on Test, Trace and Protect in the UK from the 4 Nations Group – with input from DHSC (Department for Health and Social Care), PHS (Public Health Scotland), Welsh Government and HCSNI (Health and Social Care Northern Ireland )
- Update on ONS Covid 19 Infection Survey
- Vaccination Statistics for Scotland This was a shared presentation by PHS (Public Health Scotland) and University of Strathclyde. The presentation covered uptake and vaccine failure, as well as vaccine effect estimates and the different statistical models used for this work, illustrated with data from Public Health Scotland and the EAVE study
- Vaccination Statistics for England Introduction to Vaccination Statistics – PHE (Public Health England) Vaccinations by socio-demographic factors - ONS (Office for National Statistics).

The slides for the event are available below:

[21-04 VaccTTP presentationFINAL V6.pptx](#) (3.8 MB)

A recording of the webinar is available on the RoyalStatSoc [YouTube channel](#).

This recording will only be available for 2 weeks after the event

Further details of the event will be posted on the HSUG website as they become available, including

1. A report of the meeting
2. Q&A based on points raised by participants
3. Key links to information provided by speakers and others

Speakers at the 15<sup>th</sup> April webinar only gave an introduction to the work on vaccination statistics. It is planned that the next webinar in the series (in June / July) will cover updates on this work, and provide an opportunity to discuss this in more detail.

Please see the Health Statistics User Group web site [www.hsug.org.uk](http://www.hsug.org.uk) for further information about this webinar, and others in the series.

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