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Title of the paper

Right Here Right Now: piloting novel approaches for (near) real-time research to inform health policy within an urban context

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Wednesday, June 28th 16:15 to 18:15

Abstract

This paper outlines the findings of the Right Here Right Now (RHRN) pilot study, a 6-month study of the feasibility of using near 'real-time' data collection to capture and communicate people's lived experiences. Right Here Right Now arose from concerns within the Public Health community about the growing need for more timely information on how current economic and social changes are affecting people's lives, to better support policy responses. The rapidly-evolving policy landscape also poses challenges for policy-makers and practitioners as traditional methods of evidence-generation cannot keep pace with such rapid developments. RHRN sought to help bridge the gap between data collection and generation of evidence, by testing ways of providing policy-makers with new forms of evidence on the impacts of social and economic changes brought about by welfare reforms, a changing labour market and austerity measures. The vision of RHRN was to establish and run a dynamic data collection, interpretation and dissemination process that can be used to better understand people's experiences of a range of influences on their everyday lives.

The report describes the approaches taken to: establishing effective and efficient ways of capturing near to 'real-time' lived experience data; answering important research questions quickly to promote better understanding of how people are responding to events; and helping to inform decision-making by providing valid and useful data to key stakeholders and participants in near 'real-time'. It also outlines the findings of an evaluation of processes and outcomes involved in the delivery of RHRN, and discusses how the insights and learning from this 6-month pilot can inform future design of studies aimed at providing timely evidence on lived experiences to aid decision-making.

Right Here Right Now study: final report

Gillian Fergie, Rachel Harris, Shona Hilton, Greig Inglis, Lorna Kelly, Gerry McCartney, Lynn Naven, Rebecca Phipps, Madeline Smith, Gemma Teal, David Walsh

June 2016

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"Using 'near-real-time' data to capture and communicate people's lived experiences"

Right Here Right Now 2015

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Glossary of terms

Term	Explanation
CR	Community Researcher, the term used to refer to study participants, acknowledging their early contribution to development of the project
GCPH	The Glasgow Centre for Population Health, a joint funder of Right Here Right Now
GSA	The Glasgow School of Art, whose Institute of Design Innovation, was a project partner with expertise in engagement strategies and design
NHS HS	NHS Health Scotland, a joint funder of Right Here Right Now
PAF	Royal Mail Postcode Address File
RHRN	The Right Here Right Now pilot study
SES	Socioeconomic status
SPHSU	The University of Glasgow MRC/CSO Social and Public Health Sciences Unit, a project partner with expertise in survey methodology, data storage and management
SMS	Short message service, often referred to as text messaging, either from one mobile phone to another or from the Web to a mobile phone

Executive summary

The 'Right Here Right Now' (RHRN) study was established to capture, in near to real time, people's lived experiences and perceptions of rapid social and economic change.

1.   Right Here Right Now arose from a growing call for more timely information on how changes are affecting people's lives, to better support policy responses.

2.   The first stage of RHRN was a pilot study which set out to establish a workable methodology for gathering and analysing data on the lived experiences of people responding to socioeconomic changes such as of welfare reforms, a changing labour market and austerity measures, and to report findings in near to real time to influence decision making. This report presents the pilot study methodology and evaluation findings.

3.   There was a comprehensive, iterative development phase and wide engagement with policy stakeholders and people living in Glasgow to inform the study design. This helped in clarifying aims, designing and testing tools and materials, and supporting recruitment and retention.

4.   Two cohorts of participants were recruited: the first through quota sampling in public locations across Glasgow, to test how design and engagement methods could be used to establish a diverse cohort of participants; the second through clustered random probability sampling of households, to test the feasibility of recruiting a sample that was representative of the Glasgow population. The initial aim was to recruit 100 participants in each sample.

5.   Participants were offered a choice of three methods of receiving and responding to questions: text, email and post. Email respondents and smartphone users received a link to the bespoke RHRN website to enable them to answer directly online. Basic mobile phone users could reply using a free-to-end-user messaging service, and postal respondents received a paper questionnaire with a reply-paid envelope.

6.   A bespoke RHRN IT system and website were developed to facilitate issue of questions to text and email participants, to capture responses and to share results and findings summaries. Participants (referred to as Community Researchers (CRs)) were invited to respond to weekly questions, over a period of 6 months from May to October 2015. In total, 26 questions were issued. Questions followed a four-part format, designed to facilitate increasingly deeper exploration of topics.

7.   A stakeholder panel was formed that included representatives from national and local government, the NHS, the voluntary sector and academia, who were invited weekly to suggest topics for questions, and with whom results were shared to explore potential to inform decisions and priorities.

8.   Questions were also derived from a pre-developed 'bank' drawn up by the project team, and from topical news stories and calendar events.

9.   Response data were analysed and synthesised, transformed into findings summaries, and disseminated back to respondents and stakeholders via a link to the RHRN website or by post, within two weeks of each question being issued.

10.   A mixed methods approach to the evaluation of processes and outcomes was carried out to test the objectives of the pilot study.

11.   In the random sample 57 CRs were recruited from a possible 337 addresses, a response rate of 17%. In the quota sample, 123 CRs from a possible 402 eligible people were recruited, giving a response rate of 31%. Neither sample was considered to be representative of the Glasgow population.

12.   Following early attrition, participation was relatively stable throughout the remainder of the study with only 25 (14%) CRs choosing to withdraw themselves from the pilot study. The mean weekly response rate to questions was 54%.

13.   The majority of CRs (88; 49%) opted to receive questions by email, with a link to the RHRN website. A further 71 (39%) chose SMS as their preferred method. Only 12% chose post at recruitment and 5% of these went on to participate in the project. Online responses generated more depth of data than SMS or post responses.

14.   Most CRs were satisfied with both the frequency and format of questions, and felt the weekly frequency kept them engaged with the study and gave them a feeling of being part of something. CRs valued having their voices heard and potentially being able to influence change and "make a difference". The range and diversity of topics prompted CRs to think about issues they would not normally have considered and some reported surprise to find they had an opinion on many of the topics.

15.   Due to the rapid weekly analysis and reporting of findings, there was limited scope for in-depth analysis of the response data. The timeframe, combined with the relatively small sample size, precluded presenting comparisons by demographic characteristics, which resulted in findings summaries that were brief and general in content.

16.   Utility of the data to stakeholders was affected by the relatively low response rate at recruitment of the random sample, and the influence of non-response bias across both samples, impacting on representativeness of the samples. Stakeholders also viewed the ability to provide demographic breakdowns of responses as necessary for decision-making.

17.   Stakeholders viewed the findings summaries as engaging in terms of the qualitative insights they provided, and felt that, despite representing a 'high level' view, they could be a useful approach to identifying themes for further exploration and to raise the profile of issues that otherwise might not receive attention until evidence is gathered in traditional ways.

18.   While stakeholders reported an appetite for real-time data, they acknowledged that weekly data generation may be too rapid for their existing decision-making processes. The general impression was that 6-8 weekly generation of research evidence would be timely enough. The utility of near to real time data in informing consultation processes was particularly noted.

19.   Co-production throughout the initial development stages was valuable and resulted in more usable and effective end product.

20.   In summary, the RHRN pilot study provided valuable learning on the feasibility of establishing and running a dynamic data collection, interpretation and dissemination process. The study succeeded in developing a process and system for gathering and synthesising data and feeding this back to decision-makers and participants in near to real-time.

21.   The RHRN pilot has reinforced and clarified the demand for near to real time data and the potential additional value of this approach, compared with other existing data generation methods. This remains an important area for further development.

22.   The pilot also demonstrated benefits to participants in terms of generating a sense of inclusion, prompting thought about topics they would not usually have considered, and conferring a feeling that voices were being heard and could potentially make a difference.

23.   Learning points and challenges were also identified that can help inform future development of a process for gathering lived experience data in near to real time While a representative sample was not achieved through this pilot, future approaches to sampling methods which could achieve this could be welcomed. The potential value further in depth qualitative data in near to real time was identified and should be a focus of future approaches.

Section 1. Introduction

The Right Here Right Now study (RHRN) was a multi-centre collaboration between the Glasgow Centre for Population Health (GCPH), the MRC/CSO Social and Public Health Sciences Unit (SPHSU), the Institute of Design Innovation at The Glasgow School of Art (GSA), and NHS Health Scotland (HS).

It was established to investigate whether it is possible to capture the everyday experiences and perceptions of the people of Glasgow and use these insights to inform policy and practice in close to 'real time'. Near to real-time data would be useful in complementing routinely collected data from national surveys which is often considered to be out of date by the time it has been collected and reported. This was seen as important given the likely impacts of the prolonged economic downturn and substantial changes to the social security system.

The vision for the project was to establish and run a dynamic data collection, interpretation and dissemination process which can be used to better understand people's experiences of a range of influences on their everyday lives. Notably, in addition to capturing near to 'real-time' data, analysis and reporting of the findings meant that the data generated were made available to participants and other stakeholders, to aid timely decision-making processes.

The overall aims of RHRN were:

- To establish effective and efficient ways of capturing near to real time lived experience data in a sustainable way.
- To provide a means of asking and answering important research questions in near to real-time, promoting a better and more nuanced understanding of the lived experiences of people in different socioeconomic groups and different places over time.
- To support timely dialogue and engagement around the emergent themes and issues of project partners and wider stakeholders/communities, such that decision-making is informed and innovation in the development and implementation of services is stimulated.
- To better understand, and promote a public narrative about, how people conceptualise and cope with changing social and economic contexts and the impacts of changing policy landscapes on people's lives.
- To promote a public narrative about the impacts of the current social and economic context more grounded in the experiences of people.
- To inspire and empower participants through a positive experience of engagement in this study.

The intention was to carry out the RHRN study in two stages, an initial pilot study, followed by a main study which would be informed by the findings of the pilot. This report presents the findings of the pilot study, which set out to establish a workable methodology for the main study, through the detailed objectives outlined below. These objectives reflected the broad aims of RHRN but were more focused on learning that could be achieved within the short six-month timeframe of the pilot.

1.1 Pilot study objectives

- Identify and assess means of recruiting and retaining study participants.
- Identify tools that could be used to communicate with study participants to obtain useful and high quality data.
- Assess how best to synthesise the captured data to inform decision-making in near real time.
- Provide valid data to stakeholders, which have value and utility, and can be used within the normal decision-making timeframe.

Learning from across the evaluation was also used to inform discussion on options for future development of a study design that could meet the long-term aims of RHRN.

Section 2.   Background

2.1 Public health context

There is concern within the public health community that the current wave of welfare changes may cause negative health impacts for working-age people in receipt of benefits and their families, and result in an increase in health inequalities[1]. An updated report on the estimated impact of these welfare changes across 353 local authority electoral wards (average ward population 15,000) in Scotland showed that seven of the ten worst affected wards were in Glasgow city[2].

In addition to rising in-work poverty and reduced household incomes, there is a pressing need for an increased understanding of a changing labour market landscape. For instance, there has been an increase in people experiencing temporary work, short-term unemployment and under-employment with over a third of temporary workers in Scotland unable to find a permanent job in 2011[3].

It is too soon to evaluate the full public health impact of many of these changes, which are also occurring at the same time as constrained public spending and rising household costs. However, more could be done to facilitate sensitive measures to increase our understanding of how people are experiencing and responding to these changes in near real time and how this understanding can support policy responses over time.

Moreover, the RHRN approach reflected the Scottish policy context of public service reform which envisions a public service delivery landscape where communities are empowered and services are shaped around the needs and demands of individuals and communities[4]. This involves Community Planning partnerships as key structures in working together, with communities, to plan and deliver better services in order to improve people's lives and reduce inequalities. This was further strengthened by the Community Empowerment Act[5], informed by extensive consultation with individuals and groups, which strengthens the requirement for all public bodies to engage with citizens.

The rapidly evolving policy changes have made it difficult for policy and practice to use evidence in planning a response because of the time delays inherent in designing, gathering, analysing and publishing research[6,7]. In the context of rapid social and economic changes, more timely evidence is required to make the case for policy decisions, both at local and national level. An investigation of evidence-based public health (EBPH) asserted that "evidence is imperfect, and therefore practitioners should seek the best evidence available and not the best evidence possible". This paper suggested that successful implementation of EBPH in public health practice is both a science and an art, the science of which shows the size and scope of problems and interventions that may be effective, and the art of which involves knowing which information is important to a particular stakeholder at the right time[6].

RHRN sought to help bridge the existing gap between data collection and generation of evidence, by testing ways to generate newer forms of evidence on the impacts of social and economic drivers that are unpredictable and difficult to plan for.

2.2 Generating evidence through new technologies

The ambition for this project has its roots in the Mass Observation project developed in 1937 to establish a means of "documenting the patterns of popular experience" and to become less reliant on the claims of 'others' (the media and government) speaking on behalf of the ordinary person[8]. While the Mass Observation project met with some criticism on the grounds of lacking objectivity and rigour[9], over the decades its status rose, and it was noted for offering a "unique, extraordinarily rich and internationally significant body of material for the study of everyday life", leading to its brief revival in 1981[8].

In the intervening years, the inception and growth of the Internet led to the development of new types of mass observation in the form of online panels that asked people to respond to various questions[10-13]. Although there are many high quality panel studies – such as the British Household Panel Survey[14] – as yet, such online panels have not established the feasibility of running a dynamic panel that disseminates data in near to real time.

The RHRN project incorporates many of the ideas from past attempts, but draws upon advances in mobile technology to gain near real time information on the impact that policy changes are having on people 'right here' and 'right now'.

We know that the rapid changes in communication, brought about by participative internet use and advances in portable electronic technologies, offer us new opportunities for capturing context specific, concurrent and near real-time data on people's thoughts, feelings and everyday experiences. Although there are concerns about the growth in mobile technologies excluding older people[15], there is growing evidence that technologies are penetrating other population groups, regardless of education, race or ethnicity, reducing early fears about the "digital divide among these groups"[16,17] and indicating that "mobile technologies may be a useful vehicle to reach some traditionally unrepresented members of the population"[18].

Real-time approaches are considered valuable in reducing recall bias[19,20] and repeated collection of real-time data may be particularly useful in illuminating the frequent, routine and mundane lived experiences that are often hard to capture accurately through retrospective interviews, but crucial to understanding how people actually experience the context in which they live (including policy, services and events)[20].

As yet, there is a lack of empirical data to clearly demonstrate what the potential uses, challenges and opportunities are for collecting real-time data using a range of digital and non-digital approaches. Moreover, it is uncertain how new technologies could be more widely used to be inclusive of some of these traditionally 'hard to reach' populations.

While the longer-term vision for this study was to set up a dynamic data collection, interpretation and dissemination process to capture everyday experiences of health, illness, poverty and well-being, both at the individual and population levels, the first step was to carry out a pilot study to address the specific objectives detailed in Section 1.1.

Section 3.   Designing Right Here Right Now

Design researchers from the Institute of Design Innovation at The Glasgow School of Art led the design and development phase, with the aim of establishing a pilot delivery system and a process capable of meeting the study objectives, outlined in Chapter 1. This involved several stages of development including scoping out the way in which the pilot objectives could be achieved, through exploration of user requirements, and translating these requirements into a workable methodology to deliver the pilot study (see Figure 1).

Figure 1: Stages of development of RHRN.
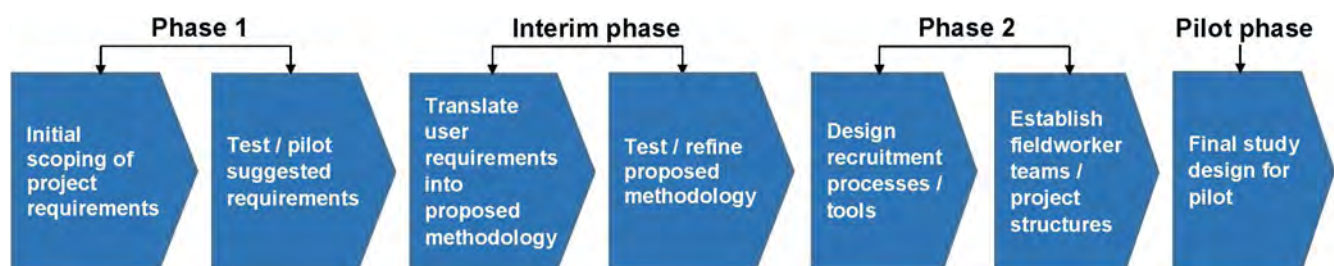
The design process utilised an iterative, co-design methodology that involved members of the public as potential participants in the RHRN pilot study, policy-makers as potential users of the data generated, and the wider research team.

3.1 Phase 1: Initial scoping of project requirements

A series of workshops was held to understand the appetite for the RHRN concept, and creatively explore requirements and develop ideas for operationalising the study. The aim of these workshops was to develop and clarify the initial pilot research questions and data collection methods. Views were obtained through seven workshops and at a community event, involving a total of 150 people across Glasgow city. See Appendix 1 for details of all workshops.

In the first workshop, the aim was to seek the views of a diverse range of around 50 strategic stakeholders, including representatives from the Scottish Government, NHS Greater Glasgow and Clyde, Glasgow City Council, third sector organisations, funders of services and academia. In particular, the focus was on the gaps that exist within current data sources and the forms of near 'real-time' data that would be useful in informing future policy and practice.

The six themes that emerged from the first workshop were a need for more data on:

- the impacts of welfare reform on housing and lives
- the impacts of the labour market on daily lives
- people's experiences of health and illness including mental health
- how services are delivered and people's experience of them
- place and local community
- attitudes to a range of issues at individual and community-wide levels.

The strategic stakeholders were invited to consider the type of methodology needed to gather insights about their chosen theme. The following prompts helped guide thinking:

- Who do you need to answer your questions?
- What aspects of their lived experience do you need to know about/uncover to answer your question?
- What methods could capture this? Can any of the exemplars provided be used as inspiration?
- How would they use the method?
- How would you/we/they make sense of the data collected?
- What are the challenges of managing the data collected?
- How would you use the data?

The outputs of this session were distilled into a set of stakeholder requirements and design ideas. Some examples include: appropriate sampling; lived experiences; creative data collection, e.g. photographs; community research approach; breadth and diversity of experiences; complimentary to existing data sources.

Figure 2 shows how options were generated in the strategic stakeholder scoping workshop.

Figure 2: Options generation from stakeholder scoping workshop.

3.2 Phase 1: Testing and piloting suggested requirements

Members of the public from a broad range of age groups (18 years and over) and socioeconomic backgrounds were recruited to take part in six community workshops held across Glasgow city. This involved a total of 105 people. The aims of these workshops were to:

1. Test out and refine the six themes that emerged from the first stakeholder workshop.
2. Generate requirements for the range of data collection tools/methods from the perspective of the potential participants.
3. Generate ideas/insights about the desired experience of taking part in the study and explore interest, motivation and incentives to take part.
4. Share their views on how the project findings could be disseminated.

Participants worked through a series of activities to generate ideas for the RHRN study by exploring visually presented options for data collection and discussing their preferences. This included preferences on:

- data collection methods
- frequency of questions
- time required to complete questions
- type of questions (e.g. multiple choice)
- methods of asking questions (e.g. social media, SMS, email).

This feedback from potential participants was used to prioritise options for the design of the pilot study (see Figure 3). Ethical approval for the scoping phase of the pilot study was obtained through the GSA Research Office.

Figure 3: Design options for data collection.
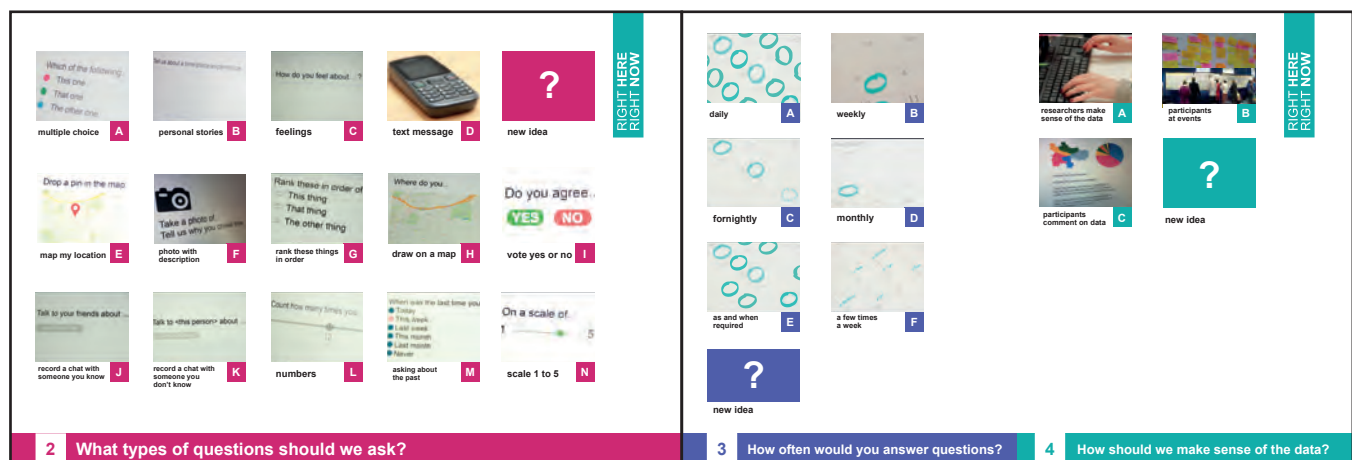
3.3 Interim phase: Translate user requirements into proposed methodology

As expected from the co-design development exercise, different requirements needed to be balanced against each other. These included requirements of funders and the project team, those of the key stakeholders, and of potential participants. Some examples of conflicting requirements were:

- The need to balance the use of social media (potential participants) versus the requirement to guarantee anonymity and prevent confirmation bias (project team). It was decided to forego the use of social media in favour of anonymity.

- The requirement to capture rich data about lived experience (stakeholders, project team) versus an interest in being able to answer questions 'on the go' (potential participants). This resulted in the development of sequential question sets to facilitate deeper exploration of topics.

Following discussion of these areas of conflict, the project team generated a preferred list of methodologies and functionality.

3.4 Interim phase: Test and refine proposed methodology

The list of requirements was developed into a brief to inform development of a workable IT system to facilitate the study design. A software developer was employed to programme the system, in collaboration with GSA and MRC project colleagues. The timescales and available budget limited the functionality that could be delivered. As this was a pilot, in the interests of pragmatism, it was considered important to ensure that the system facilitated a good experience for CRs so functionality to enable this was prioritised over background functionality to avoid manual interventions, such as the level of automatic data management and analysis. The prototype IT system and a range of engagement and pilot materials were tested at two further community workshops. Participants were invited to explore prototypes of:

- data collection using SMS messaging and postal templates
- an online IT system for question issue
- an example findings summary for participants and stakeholders
- recruitment documentation, e.g. information sheets, and other materials to support recruitment of participants.

This resulted in further refinements which led to the final study design.

3.5 Final pilot study design

The overall study design and the process for data collection for the pilot study was the result of this co-design development work. A number of additional features were also proposed at the initial stages by the RHRN team, such as carrying out nested studies with subsamples of participants to explore emerging issues of interest in more depth. Due to the time constraints in developing and implementing the pilot study however, it was not possible to include this feature in the final study design.

3.5.1 Data collection methods

Participants were offered a choice of three methods of receiving questions: text, email and post. Email respondents and smartphone users received a link to the bespoke RHRN website to enable them to answer directly online. Basic mobile phone users could reply using a free-to-end-user messaging service, and postal respondents received a paper questionnaire with a reply-paid envelope. For postal respondents, question templates were developed to facilitate the question format. Figure 4 gives an example of the postal question format.

Figure 4: Postal question template.

Side one and two

Ageing

Dear Community Researcher

This week's questions are about ageing.
Please answer the questions and return ASAP using the freepost envelope provided.

Completed questionnaires returned within one week of being posted out will be included in the summary results you'll receive in two weeks.

Many thanks for sharing your thoughts and comments.

Open to begin

Barcode

The **Right Here Right Now** team are not able to respond to individuals. If you have been affected by the subjects raised please contact:

Money or financial worries
Free advice helpline: 0808 801 1011

Health and wellbeing
www.breathingspacescotland.co.uk
Helpline: 0800 383587
www.samaritans.org
Helpline: 08457 909090
www.nhs24.com
Helpline: 08454 242424

Alcohol related issues
www.alchoholics-anonymous.org.uk
Helpline: 0845 769 7555
Al-Anon Family Group UK, www.al-anonuk.org.uk
Helpline: 0141 339 8884

Domestic violence
www.scottishwomensaid.org.uk
Helpline: 0800 027 1234
www.mensadviceline.org.uk
Helpline: 0808 801 0327

Support for carers
Glasgow City Carers Partnership
Carers information and support line: 0141 353 6504

Support for older people
Age Scotland: www.ageuk.org.uk/scotland/contact-us/
Silver Line Scotland: 0800 4 70 80 90

Homelessness
Glasgow Homelessness Network: 0141 420 7272

Contact Details
If you need any help or if you would prefer to receive your questions by text message or email please use the details below. If possible please include your ID number with your message (which can be found below the barcode).

Your participation is voluntary and you are free to withdraw at any time. Should you wish to withdraw you may be asked to give feedback on why you do not wish to continue but you are under no obligation to provide a reason for withdrawal.

FREEPHONE: 0800 389 2129 or **rhrn@sphsu.mrc.ac.uk**

RIGHT HERE RIGHT NOW

Tuesday 30th June

Return address:

Right Here Right Now
Survey Office
MRC/CSO SPHSU
University of Glasgow
200 Renfield Street
Glasgow G2 3AX

Answer question one by circling your preferred answer. Answer the questions reading left to right across the page, writing answers in the box provided.

Please Start here:

learning from **Glasgow**

RIGHT HERE RIGHT NOW

Question 1

Is Glasgow a good place to grow old?

(please circle one answer)

A) Yes

B) In some ways

C) No

D) Not sure

Question 2

If you answered A or B in Q1:
In what ways do you think Glasgow is a good place to grow old?

(please answer in the space below)

If you answered C in Q1:
Why do you think Glasgow is not a good place to grow old?

(please answer in the space below)

If you answered D in Q1:
Why are you not sure if Glasgow is a good place to grow old?

(please answer in the space below)

Question 3

For all:
Do you have any ideas for improving Glasgow for older people?

(please answer in the space below)

Question 4

For all:
In 25 years, about one-fifth of people in Glasgow will be over 65. What impact do you think this will have?

(please answer in the space below)

Please tell us the date completed
(dd/mm/yy):   /   /

You are finished.
Thank you!

Questions were issued weekly to participants, referred to as Community Researchers (CRs), and followed a four-part format, designed to facilitate increasingly deeper exploration of topics.

Question 1 was a multiple choice question to help tailor the follow-up questions; questions 2 and 3 asked for more detail about the response to question 1; and question 4 was designed to be open and creative and, in some cases offered participants the opportunity to upload relevant photographs.

3.5.2 RHRN IT system

An IT system was designed to support the issue of questions via SMS and email, the collation of responses to these, and manual entry of postal responses. The system design was such that each question set had to follow to same basic four four-part structure. A website was also created to allow CRs to answer questions directly online, and to host summaries of responses to the weekly questions. All CRs were given a username and password to access the website.

3.5.3 RHRN question sources

Questions were derived from three sources:

*   Requests from project stakeholders to suggest questions based on their current priorities. This stakeholder group comprised people who had taken part in a key stakeholder workshop during the development phase and included representatives of the Scottish Government, Glasgow City Council, the NHS, the voluntary sector and academia.
*   Questions arising from topical news items, or to coincide with particular calendar events.
*   Questions from a pre-developed question 'bank' drawn up by the RHRN team.

3.6 Phase 2: Design of recruitment processes and tools

During this phase, preparations for recruitment of study participants were underway, including producing documentation and materials to support recruitment.

3.7 Phase 2: Establishment of fieldworker teams and project structures

Phase 2 also involved the appointment of fieldworkers to carry out recruitment of study participants. By this stage, the project structures were in place to provide operational and strategic direction for the project. At the outset, a RHRN Advisory Group was established to oversee the development, implementation and progress of the project and make final decisions on its direction. The group comprised all partners involved in the project team. During the development phase, a number of sub-groups were set up to monitor operational priorities. These included:

- a *question development group*, to compile a set of questions based on existing validated questions from national surveys and priority topics of RHRN partners
- a *technical development group*, to draw up a prototype specification to govern functionality of the RHRN IT system, in accordance with feedback from the development phase workshop findings
- *delivery and evaluation group*, to take forward implementation of the IT system, sampling, recruitment and retention processes, day-to-day project operation and planning, design and delivery of the RHRN evaluation and dissemination plans
- a short-life *publications group* to decide on the prospective outputs from the project.

Many of the key stakeholders involved in the initial scoping phase were invited to join a project *key stakeholder group* for the purpose of suggesting questions or topics for or use in the pilot. In addition, a *group of pilot testers* was recruited to test the weekly questions for ease of completion and whether they made sense, before they were issued. This comprised staff at NHS Health Scotland and the Glasgow Centre for Population Health. Following pilot testing, a project sign-off group reviewed the questions to identify any potential risks associated with them.

Section 4.   Pilot study methodology

The methodology details the sampling and recruitment methods, retention strategies, weekly question delivery and analysis processes. Ethical approval was granted by the College of Social Science Research Ethics Committee at the University of Glasgow.

4.1 Sampling and recruitment

A random probability sample was chosen to test the feasibility of recruiting a representative sample to participate in RHRN. A quota sample was also recruited to test how design and engagement methods could be used to establish a diverse cohort of participants.

The two approaches to sampling and recruitment were:

- A stratified random probability sample drawn from household addresses in Glasgow (recruited by SPHSU fieldworkers). This was chosen to test the feasibility of recruiting a sample that would be representative of the Glasgow population.

- A quota sample using pop-up stands to recruit in diverse and popular public locations across Glasgow (recruited by GSA fieldworkers). This was chosen to test how design and engagement methods could be used to establish a diverse cohort of participants.

The target for each approach was to recruit 100 CRs, to achieve a total sample of 200. For both the random and quota samples, eligible individuals were defined as those who were aged 18 years old or older, who could speak and read English, and were able to provide informed consent[21].

Recruitment criteria for the random sample included individuals who were 'usually resident' at the identified address. In order to be eligible for recruitment to the quota sample, individuals had to reside in Glasgow (generally this was defined as living within a City of Glasgow postcode; however, exceptions were made for individuals who reported residing in Glasgow but had no fixed address).

All fieldworkers (SPHSU and GSA) were provided with a full day of training to ensure awareness of the rationale for the study, and in-depth understanding of the processes for recruitment and gaining informed consent, and data collection. Personal safety training was also provided for those fieldworkers (SPHSU) who were working alone in the community. Full instructions for the processes involved were also provided for reference in a RHRN Fieldworker Handbook.

4.2 Recruitment: Stratified random probability sample

The stratified random probability sample was drawn from all socio-demographic sectors of Glasgow and taken from household addresses held in the Royal Mail's small user Postcode Address File (PAF), which has good coverage of addresses in Scotland and excludes most commercial addresses. Based on standard sampling methodologies, using stratification of the population into deprivation groups (deciles), with random selection of sampling points (i.e. census output areas) within those deprivation groups, a random selection of households was identified within those sampling points. Based on our expectation of a 33% CR recruitment rate, 300 addresses were selected with a further top-up sample of 100 addresses drawn and held in reserve.

Each household received a letter introducing the study and was provided with a free-post return envelope to opt-out of participating. Addresses that did not opt-out were then visited by a fieldworker. Within each household the potential CR was identified using the 'last birthday[a]' method[22].

Five attempts were made to establish contact with a potential CR. These were made at different times of the day during the week (between 11am and 7pm) and included one weekend day. On the first occasion each address was visited, if no one answered the door, an Information Sheet and 'I called' card, with contact details, was posted through the letterbox. Once the potential CR had been identified, a maximum of three call backs were made to each property in order to recruit the person identified as the potential CR.

When the potential CR had been identified, fieldworkers explained the purpose and aim of the study and what taking part would entail. CRs were then provided with an information sheet (Appendix 2) that described the study in more detail, and were given the opportunity to ask any questions they may have about participating. If CRs were satisfied, they then provided written informed consent (Appendix 3).Random sample recruitment commenced on 27th April and finished 19th July.

4.3 Recruitment: Quota sample

A quota sampling framework was developed based on age, gender, ethnicity and area level deprivation and was informed by the breakdown of these characteristics in the Glasgow Census figures for the population of Glasgow[23]. Full details of the quota framework are provided in Appendix 4.

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[a] With this method, fieldworkers identify the resident who has had the most recent birthday in each household. This individual is then invited to participate as a CR.

Three GSA fieldworkers hosted seven 'pop-up' events at prominent venues across the city: Kelvingrove Art Gallery, west Glasgow; The Bridge cultural, leisure and learning centre, east Glasgow; The Savoy Shopping Centre, Glasgow city centre; Scotstoun Leisure Centre, west Glasgow; the Palace of Art, south Glasgow; Buchanan Galleries Shopping Centre, Glasgow city centre; and Pollok Civic Realm (community-based literacies support), south Glasgow. Dates and timings of each event were informed by discussions with venue staff to ensure maximum footfall and diverse user groups.

Each recruitment event featured a 'pop-up' stand with an incomplete map of Glasgow, featuring illustrated landmarks. Fieldworkers stationed at these 'pop-up' stands used the map to engage passers-by, by inviting them to consider their favourite place in Glasgow, mark this location with a sticker on the map and discuss the reason for their choice. Those who held a Glasgow city postcode were then invited to join RHRN. From the point at which potential CRs were identified by fieldworkers, and had expressed a willingness to join the study, the same recruitment procedures as those of the random sample recruitment were followed in terms of explaining the study, answering questions and obtaining written informed consent.

Initial quota sample recruitment commenced on 26th April and finished on 21st May. One additional top-up 'pop-up' event was hosted at the Savoy Shopping Centre on 19th July.

4.4 Data collection at recruitment

After obtaining written consent from CRs, fieldworkers collected contact details and baseline sociodemographic information from CRs (Appendix 5). Questionnaires were completed by fieldworkers in order to reduce completion errors and increase accessibility of the study to CRs.

CRs were provided with a copy of their completed consent form, and a 'What Happens Next' leaflet (Appendix 6) with instructions on how to participate each week. Following recruitment, fieldworkers returned all data to be processed at SPHSU, where CRs contact details were entered into a secure database and they were registered on the RHRN online system using a unique user ID and password. All CRs were entered into a monthly prize draw to win a £40 voucher.

4.5 Weekly data collection

CRs were offered a choice of three methods of receiving weekly questions: text, email and post. Weekly questions were issued every Tuesday morning and were identical across each of the response methods.

The first question was issued on 5th May 2015 and the last one on 27th October. A total of 26 questions were issued to CRs.

4.6 Weekly question process

A weekly email invitation was sent to the key stakeholder group (many of whom had been involved in the scoping and development phase) asking for suggestions of topics for questions to be issued. If no suggestions were received, a question was chosen from the 'bank' or developed in response to a topical news story. Some stakeholder questions were also added to the bank for issue at a later date. Each week, pilot testing was carried out before finalising the question.

4.7 Weekly data analysis

The responses to each set of questions were analysed two weeks after the questions were issued to CRs. High level descriptive statistics of responses to the multiple choice quantitative questions were generated automatically by the RHRN system. This provided response rates to the question, and a breakdown of responses by each of the options in question 1. The qualitative data responses to questions 2, 3 and 4 were analysed using a thematic analysis approach. The aim of each analysis was to provide a broad description of the entire dataset, rather than to focus on any one particular feature of the data. Data were coded and thematically analysed.

A brief summary of the findings was produced that gave a general impression of the main themes identified in the analysis. These findings summaries were deliberately brief and accessible, as they were intended to be read by a wide audience that included both stakeholders and CRs. Each week, the relevant summary based on analysis from two weeks previously was posted on the RHRN website, which could be accessed by both stakeholders and CRs. Stakeholders were notified of the availability of the latest findings summary in the weekly email inviting them to submit topics for questions, along with a short précis of the findings.

The weekly process of question selection, issue, analysis and summary preparation is outlined in Figure 5. This shows the process that ensured a rapid turnaround to give a quick response to Community Researchers and key project stakeholders.

Section 4.   Pilot study methodology

Figure 5: Weekly RHRN question process.

	Questions	Analysis & summary preparation
MONDAY	Email invitation to stakeholders	Summary of results from 2 weeks previously formatted for postal respondents
TUESDAY	• Electronic issue of question to text and email respondents • Mail out of question to postal respondents	Formatted summary sent to postal respondents
WEDNESDAY	• Question sifting/ selection/first draft(s) • Question workup	
THURSDAY	• Question agreement/ risk assessment • Pilot testing	Analysis of previous week's question
FRIDAY	• Upload to website template • Upload to postal template	• Summary preparation • Summary of question issued 2 weeks previously uploaded to website template

4.8 Retention strategies

Two strategies for retention of CRs were developed over the course of the six-month pilot phase: a process for contacting non-responders by telephone and letter, and retention events. The findings summaries that were posted onto the RHRN website and mailed to postal and SMS respondents were also viewed as a retention tool to keep CRs engaged in the weekly question process.

4.8.1 Telephone calls and letters to non-responders

Community Researchers who did not respond to three weeks of concurrent questions were telephoned by SPHSU staff, to check if there were any barriers to participation and if they wanted to continue in the study. When contact was made with CRs, they were given the option to change their preferred contact method (email, SMS or post), to remain with their current method or to withdraw from the study.

If CRs did not answer this call, where possible a voicemail was left, that encouraged the CR to contact SPHSU staff if they were having problems responding to the weekly questions. If the CR did not answer the weekly question following this attempted contact, up to two further attempts to telephone the CR were made. If CRs did not respond for a total of eight concurrent weeks, CRs were sent a letter asking them to contact SPHSU staff by a free-to-call telephone number if they wanted to continue to take part in the study.

Between week 8 and week 12, we sought to remove non-responders from our sample. During this period, CRs who did not respond to ten weeks of concurrent questions were removed from the sample. After week 12, we stopped removing CRs for non-response.

4.8.2 Retention events

CRs in the quota sample were invited to attend one of two retention events held during week seven of the pilot. The aim of these events was three-fold: as a retention strategy to re-connect face to face with people recruited at pop-up events; to facilitate a sense of community among participants; and as an opportunity to get early feedback from CRs on their experiences of participation and ideas they had about the questions RHRN should be asking.

The event invitations were posted to participants' homes in brightly coloured envelopes and contained a description of the event's aims, a word puzzle, paper game and a RSVP return slip. The materials were designed to be engaging and interesting.

Section 5.   RHRN pilot study evaluation

The evaluation took a pragmatic mixed-methods approach[24], drawing on insights from both quantitative and qualitative data collection and analysis. This included data generated as part of the processes of the pilot itself, including using the weekly question process to issue two evaluation questions, comparisons with relevant administrative datasets, and primary research with CRs and key project stakeholders.

The primary research with CRs consisted of telephone interviews with 14 CRs who agreed to be interviewed from a possible sample of 44. The sampling framework was based on weekly CR response rates to questions, and further broken down by chosen contact method. Appendix 7 gives a breakdown of the sampling frame and the resultant interviews. An interview schedule was produced to guide the telephone interviews which were audiotaped and transcribed, and thematic analysis was carried out to identify common themes emerging from the interviews. Details of the telephone interview schedule are available in Appendix 8.

Research with stakeholders involved inviting all 41 external stakeholders from the partner organisations listed in Chapter 3 to take part in an evaluation workshop. The stakeholder evaluation workshop programme is outlined in Appendix 9. Fifteen RHRN stakeholders agreed to participate representing NHS Health Scotland, Glasgow City Council, Wheatley Group (housing, care and property management), the Scottish Government, the Poverty Alliance, the Scottish Community Development Centre, NHS Greater Glasgow and Clyde and the International Futures Forum.

5.1 Evaluation objectives and data sources

A summary of data sources used to address the four pilot evaluation objectives is outlined in Figure 6. Full details of the research questions and methods and data sources used to answer them are available in Appendix 10.

Figure 6: Evaluation objectives and data sources.

Objective 1: To identify and assess means of recruiting and retaining study participants

- RHRN project team reflections
- RHRN system reports
- Recruitment logs, baseline demographic questionnaire, retention data
- Fieldworker diaries of issues arising during recruitment
- Analysis of system-generated data on question response patterns

Objective 2: To identify tools that could be used to communicate with study participants to obtain useful and high quality data

- RHRN system data
- Data from two evaluation questions, issued to CRs as part of the weekly pilot questions
- Telephone interviews with CRs

Objective 3: To assess how best to synthesise the captured data to inform decision-making in near real time

- RHRN team reflections
- Telephone interviews with CRs
- Stakeholder evaluation workshop feedback

Objective 4: To provide valid data to stakeholders, that has value and utility, and can be used within the normal decision-making timeframe

- Stakeholder evaluation workshop
- Documentary analysis of weekly question invitation emails to stakeholders
- Data from two evaluation questions, issued as part of the weekly pilot questions
- Telephone interviews with CRs

Section 6. Findings

The main RHRN findings are presented below according to the pilot evaluation objectives.

6.1 To identify and assess the means of recruiting and retaining study participants

This objective was assessed by considering: the effectiveness of the recruitment processes for both samples; response rates and response bias, effectiveness of retention strategies, efficiency of recruitment processes for both samples; and participant acceptability of initial engagement strategies.

6.1.1 How effective were the RHRN recruitment processes?

A central aim of the pilot phase was to recruit 100 CRs through stratified random probability sampling and 100 through quota sampling.

Random sample recruitment: Seven fieldworkers visited a total of 345 of the originally sampled 400 addresses after the initial postal mailing generated 55 opt-outs. Of the 345 addresses, 31 were ineligible. The majority of these were commercial premises or addresses that no longer existed. For the remaining 314 addresses, each address was visited up to five times by a fieldworker. At 18 addresses, no householders were eligible to participate (unable to provide informed consent). Table 1 provides an overview of the random sample recruitment.

Table 1. Outcomes of random sample recruitment.

Fieldwork outcome	N	% sampled	% eligible
All sampled addresses	400		
Refused			
Opt-out after initial letter	55	14	16
Householder refused before potential Community Researcher identified	46	12	14
Potential Community Researcher refused at point of fieldworker visit	90	23	27
Total refusals	191	48	57
Non-contact			
Contact made at address, but not with potential Community Researcher (3 attempts)	16	4	5
Unknown eligibility			
No contact made with anyone at the address (5 attempts)	87	22	
Estimated eligible addresses in set of unknown eligibility addresses	73	18	22
Total eligible addresses	337	84	100
Not eligible			
Household not eligible	31	8	
Community Researcher not eligible	18	5	
Total ineligible	49	12	
Community Researchers recruited	**57**	**14**	**17**

The response rate to the random sample recruitment was calculated as the percentage of eligible addresses where a CR agreed to participate in the pilot study. Consistent with national surveys, addresses of unknown eligibility were allocated as being either eligible or ineligible proportional to the levels of eligibility for the remainder of the sample[25]. The total number of CRs recruited in the random sample was 57 from a possible 337 eligible addresses, giving a response rate of 17%.

The most common reason for refusal given by prospective CRs during the random sample recruitment was that involvement was 'too big a commitment' (n=23; Appendix 11). The next most popular reason recorded was 'other' – 'illness (including caring responsibilities)' (n=15), which perhaps also reflects a specific concern about the level of commitment involved.

Outcomes of quota sample recruitment: Over the course of the eight 'pop-up' events, a total of 736 people were approached. Due to the nature of the quota sample recruitment and the fieldwork team sharing 'live' totals of CRs recruited according to specific characteristics, recruitment was tailored throughout to ensure that the quota was fulfilled and certain individual characteristics were not over-recruited. Table 2 provides information about the numbers of people approached, refused and ineligible.

Table 2. Outcomes of the quota sample recruitment.

Pop-up recruitment	
Total approaches	736
Ineligible because not living in Glasgow	225
Ineligible because full quota	81
Ineligible (other reason)[b]	28
Total eligible people approached	402
Total refusals	279
Total Community Researchers recruited	123

The total number of participants recruited to the quota sample was 123 from a possible 402 eligible people. The most frequent reason for refusal recorded in relation to the quota sample was "too busy to complete recruitment process" (n=89), with "too big a commitment" second most frequent (n=57). The full list of reasons for refusal is detailed in Appendix 12.

[b] This category includes people under the age of 18, non-English speakers, and people unable to provide informed consent.

6.1.2 Socio-demographic characteristics of the random and quota samples

Details of the demographic data collected from participants are presented in Appendix 13. To assess how the random and quota samples might differ, the CRs in each were compared on a number of key sociodemographic variables. Where possible, the samples were also compared against figures for Glasgow, in order to assess how representative each was of the city's population. It should be noted here that the quota sample was stratified according to age, gender, ethnicity and area level deprivation. Percentages of CRs within each socioeconomic group were calculated after removing those CRs with missing data on that variable. For this reason, the percentages presented in the following figures may differ from those reported in Appendix 13, where CRs with missing values were included. Figures for the general Glasgow population were mostly derived from the 2011 Glasgow Census. As the RHRN samples only include individuals aged 18 or over, we report census figures for individuals aged 18 and over as well.

Figures 7-9 show how the samples compare on age, gender and ethnicity.

Figure 7: Percentage of CRs within each age bracket, by sample (n = 180).
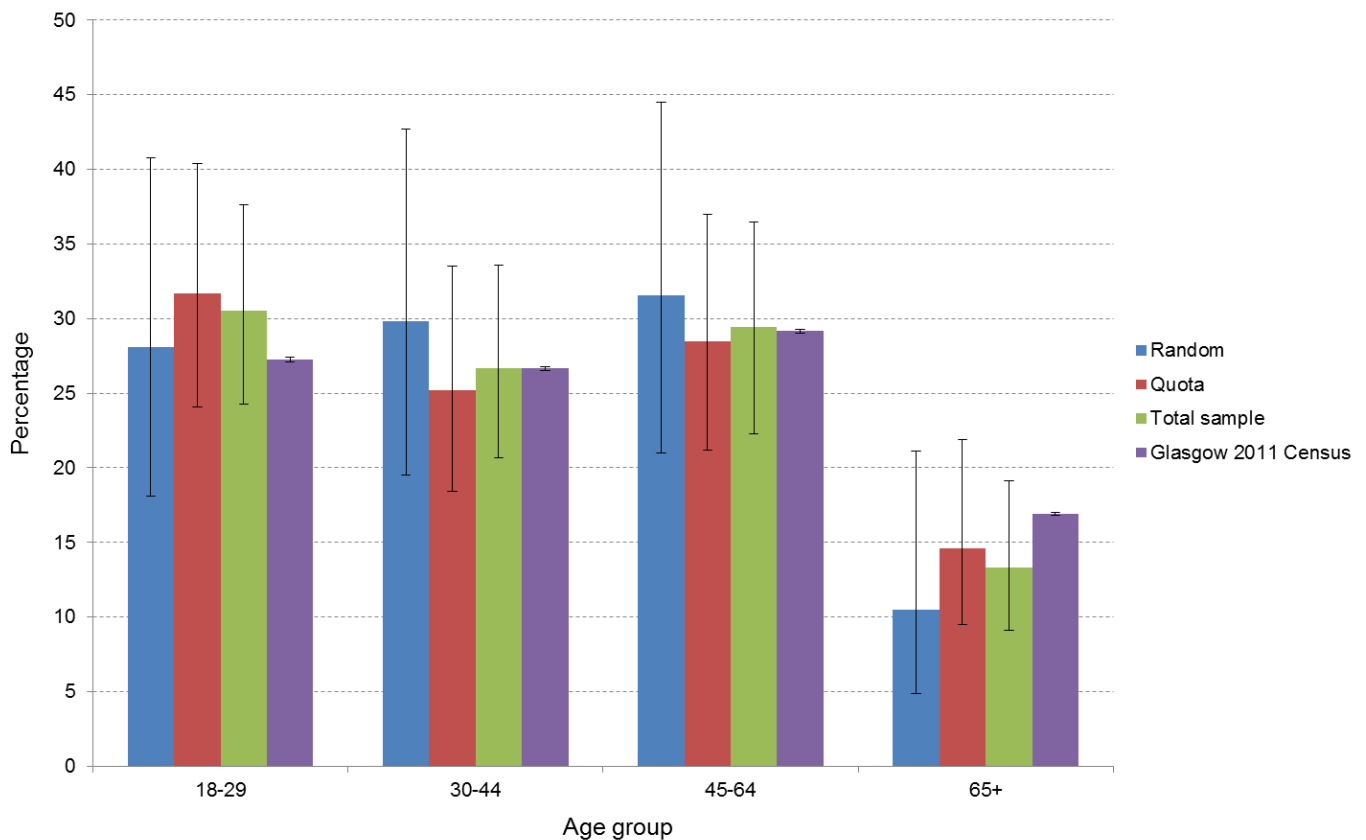
Note: Error bars represent 95% confidence intervals

Figure 8: Percentage of males and females within each sample (n = 180).
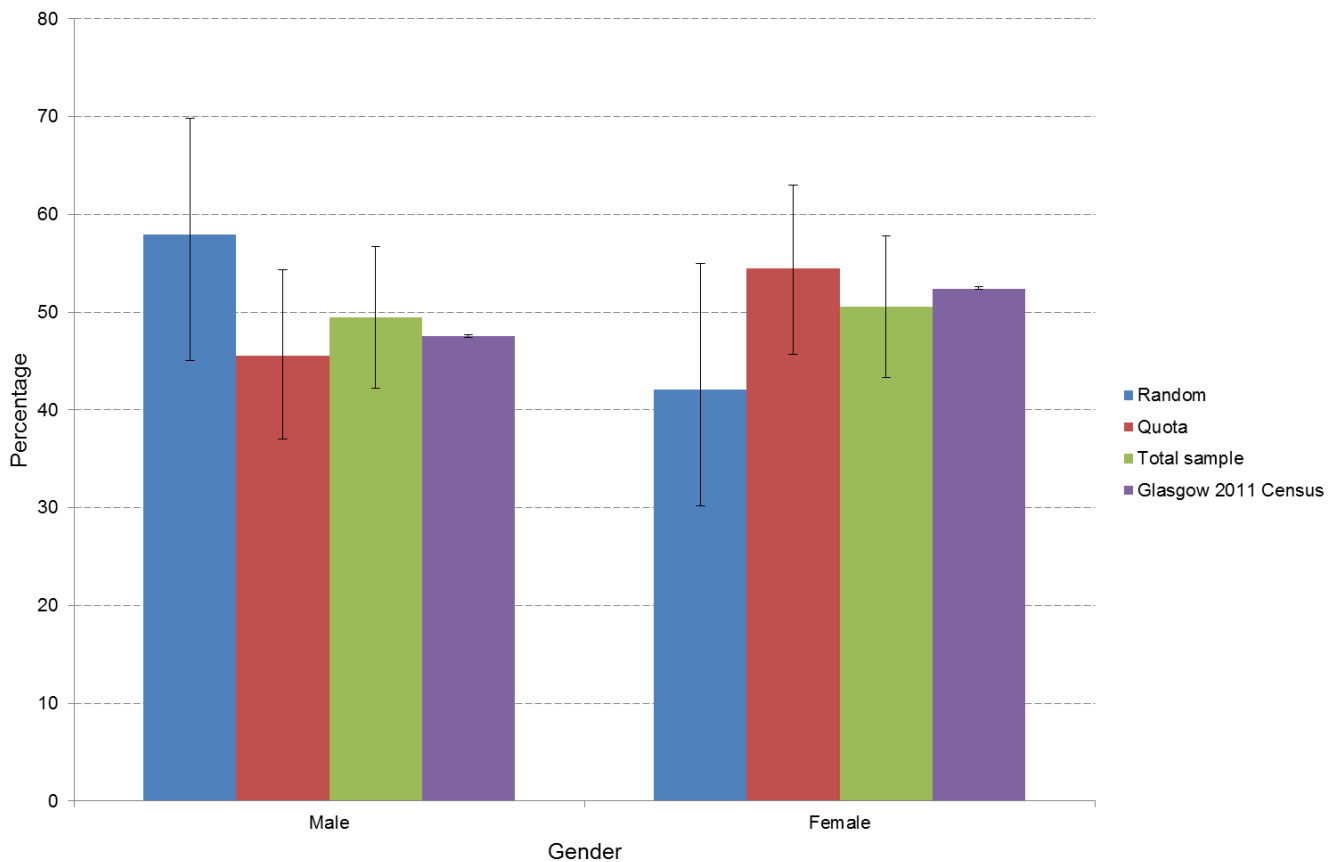
Note: Error bars represent 95% confidence intervals
Note: Census figures relate to the percentages of the population who are 18+ years of age.

The random and quota samples both appear to be similar to one another and the general population of Glasgow with regard to the age and gender of CRs. With regard to the quota sample, this reflects that both age and gender were included in the sampling framework.

Figure 9: Percentage of CRs from non-White ethnic minorities, by sample (n = 180).
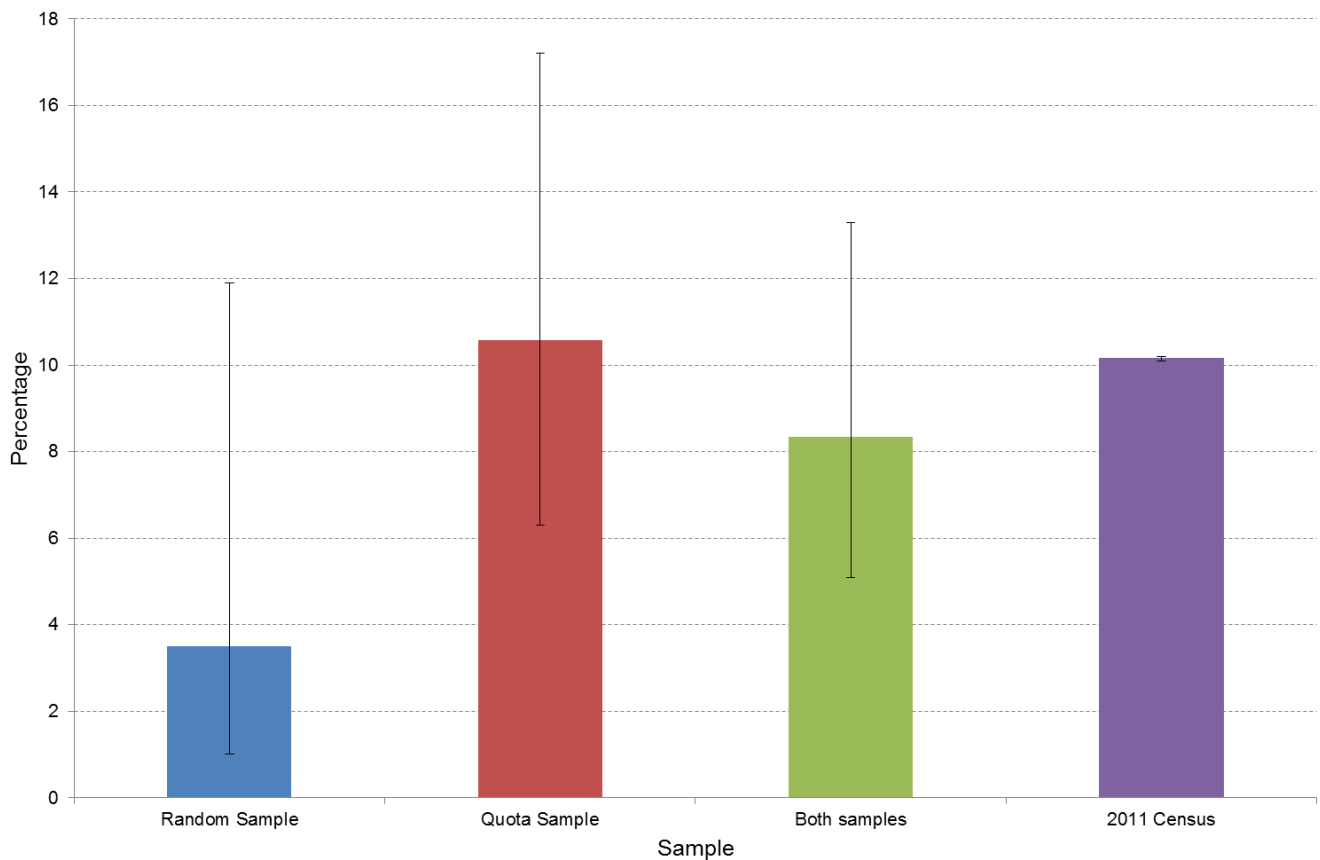
Note: Error bars represent 95% confidence intervals
Note: Census figures relate to the percentages of the population who are 18+ years of age.

The proportion of CRs from non-White ethnic minorities in the quota sample was also similar to that of the census, which reflects the inclusion of ethnicity in the quota sampling framework.

The percentage of CRs in the random sample (4%) from non-White ethnic minorities appears to be lower than that recorded in either the quota sample (11%) or the Glasgow Census (10%), however, these differences could have been due to random sampling variability.

The samples were further compared according to educational attainment, economic status, receipt of some disability related benefits, housing tenure, area deprivation according to the Glasgow Index of Multiple Deprivation[c] and income in Figures 10-15.

[c] The Glasgow Index of Multiple Deprivation (GIMD) is a local index of deprivation derived by applying for Scottish Index of Multiple Deprivation (SIMD) to Glasgow datazones. One advantage of the GIMD is that it provides an even balance of deprivation quintiles. According to the national SIMD system, 50% of Glasgow's population is located within the most deprived quintile.

Figure 10: Percentage of CRs with a degree or equivalent qualification and those with no qualifications, by sample (n = 177).
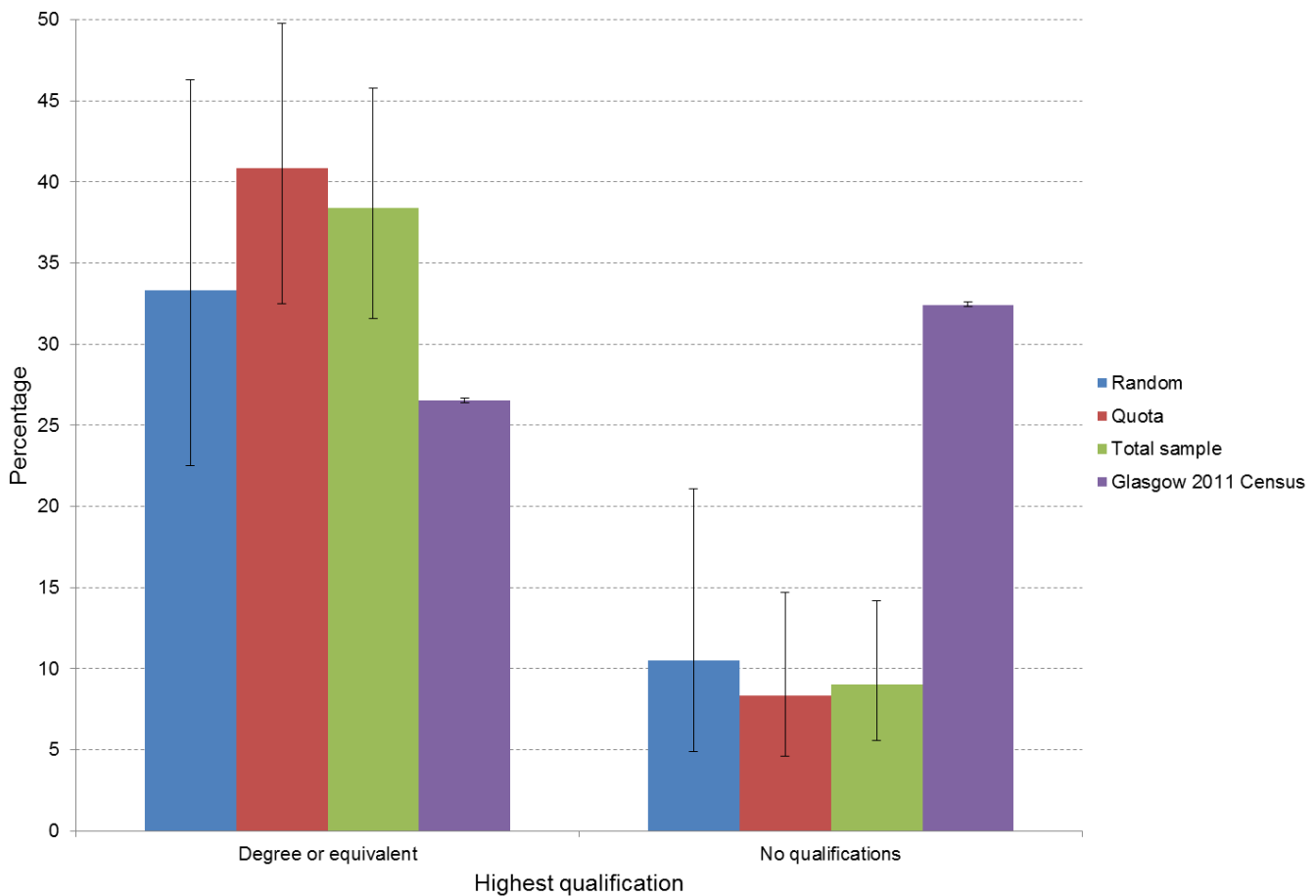
Note: Error bars represent 95% confidence intervals

Note: Census figures relate to the percentages of the population who are 18+ years of age[d].

The quota sample overrepresented the proportion of individuals who possess a degree-level qualification, relative to the Glasgow Census, and the proportion of individuals who possess no qualifications was underrepresented in both the quota and random samples. With regard to the quota sample, this reflects the fact that educational qualifications were not included in the sampling frame.

[d] The RHRN demographics questionnaire included an additional category labelled "other vocational/work-related qualifications." This option was not listed on the 2011 Scottish Census questionnaire, which may affect the comparability of the "no qualifications" statistics reported across the Scottish Census and RHRN.

Figure 11: Economic status of Community Researchers within each sample (n = 179)[e].
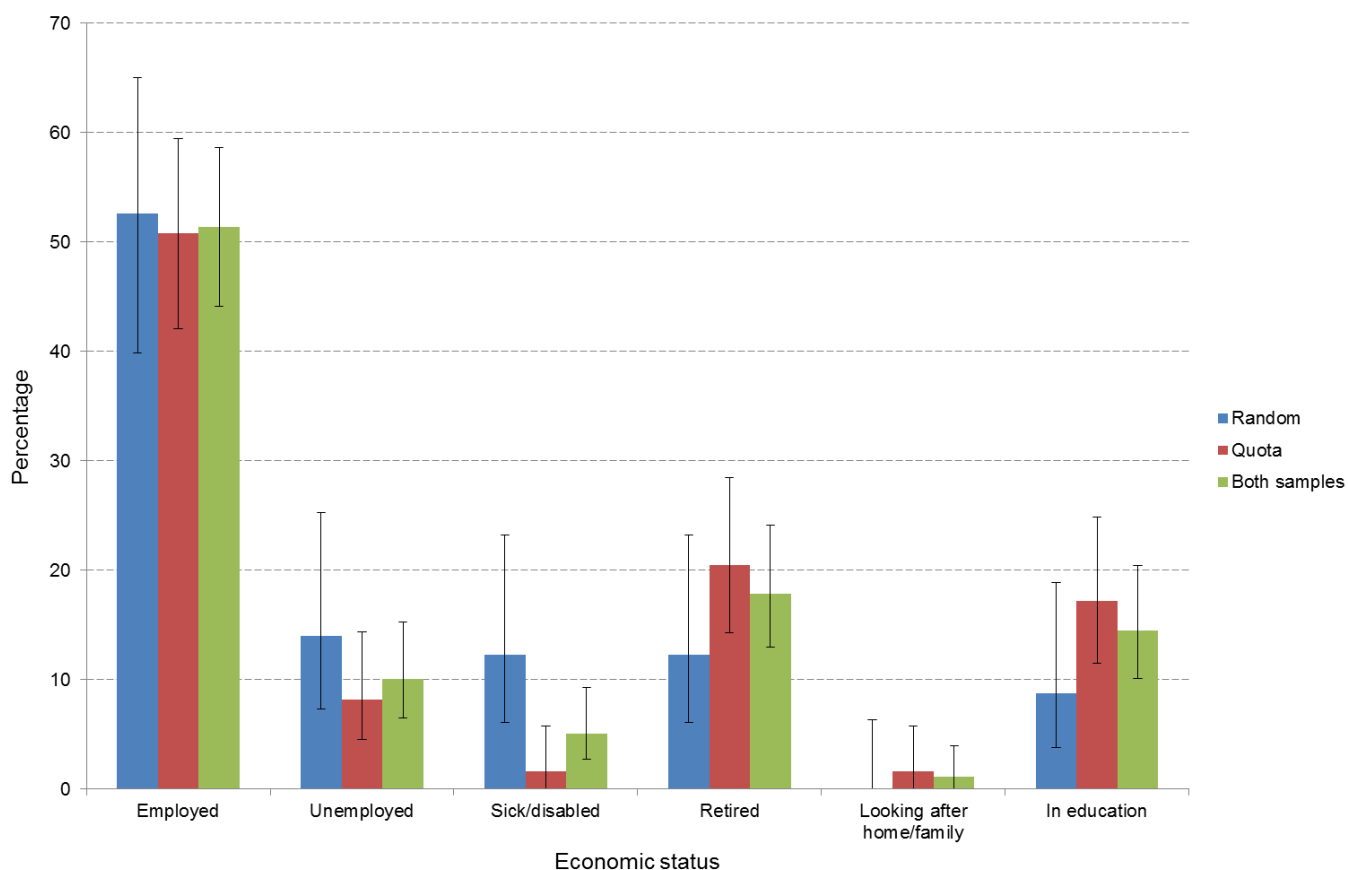
There was some indication that the quota sample contained a higher proportion of CRs who were retired or in education than did the random sample. The random and quota samples were similar with regard to the number of employed CRs, but differed in that the random sample contained a higher proportion of CRs who reported sickness or disability.

[e] Comparable statistics for the economic status of people aged 18 and above in Glasgow were not available.

Figure 12: Percentage of CRs in receipt of Disability Living Allowance (DLA) or Personal Independence Payment (PIP) (n = 177)[f].
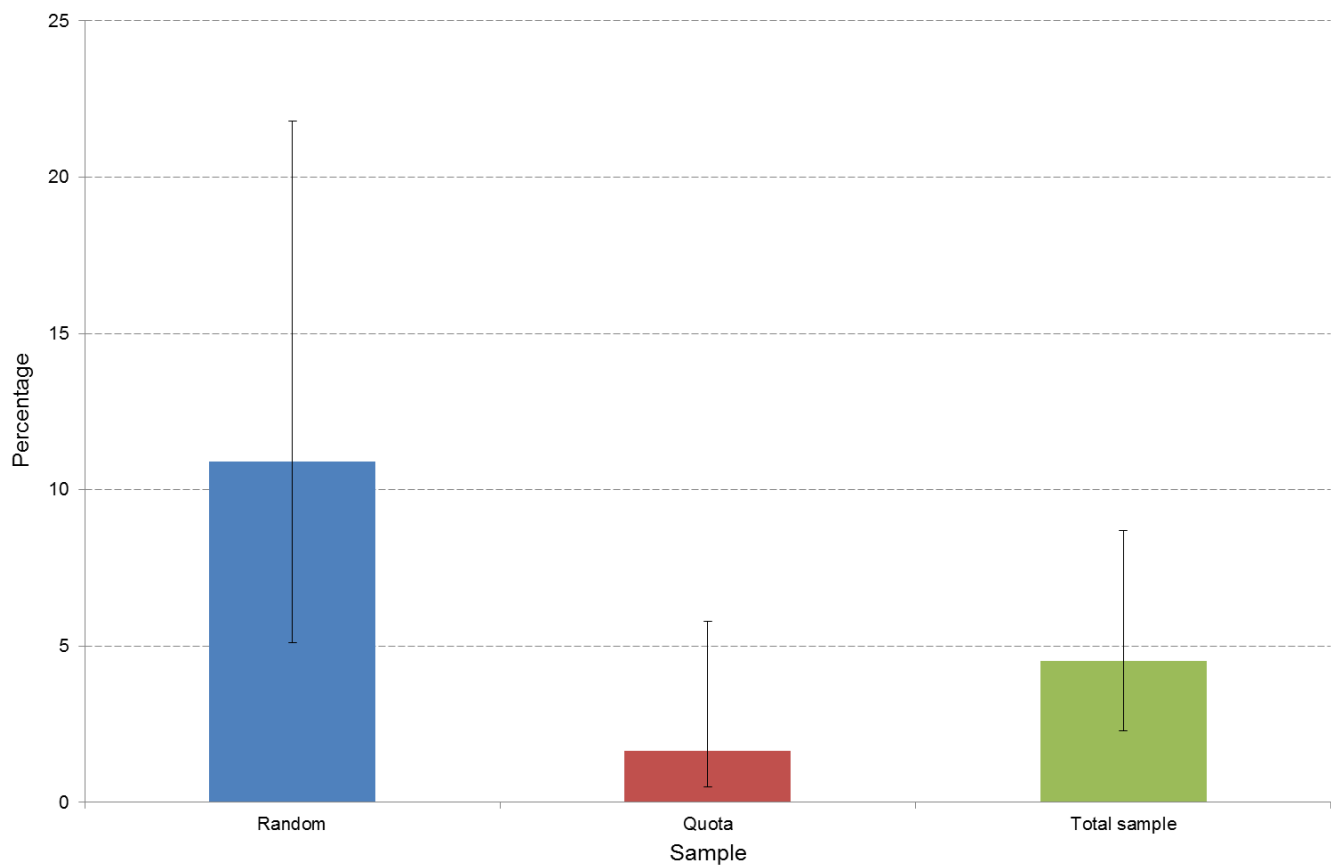
Note: Error bars represent 95% confidence intervals

Figure 12 shows that there was a higher proportion of CRs in the random sample in receipt of either DLA or PIP (11%) than in the quota sample (2%).

[f] Disability Living Allowance and Personal Independence Payments are benefits for adults with long-term illnesses or disabilities.

Figure 13: Percentage of CRs according to housing status and sample (n = 179).
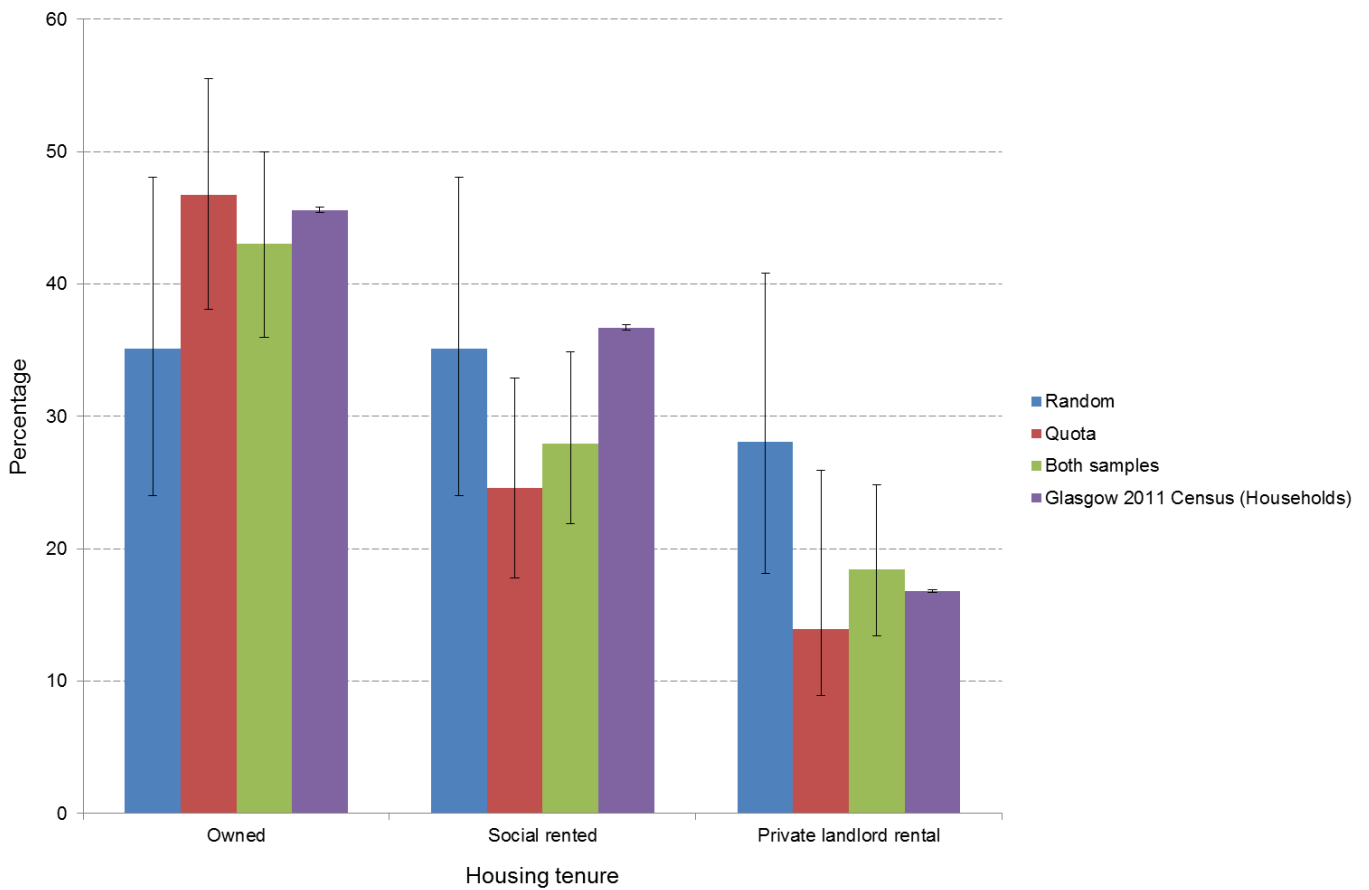
Note: Error bars represent 95% confidence intervals
Note: Census figures relate to numbers of Scottish households, not individuals.

With regard to housing tenure, the quota sample underrepresented the proportion of socially rented households in relation to Glasgow, while the random sample overrepresented the proportion of privately rented households. These data should be interpreted with caution however, due to differences in how housing tenure was measured in the RHRN baseline questionnaire and the census[g].

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[g] Specifically, the RHRN baseline questionnaire included categories not listed in the census, which introduces some ambiguity in CRs' housing tenure. See Appendix 14 for a full breakdown of CRs' responses.

Figure 14: Percentage of CRs living within each Glasgow Index of Multiple Deprivation quintile (n = 170).
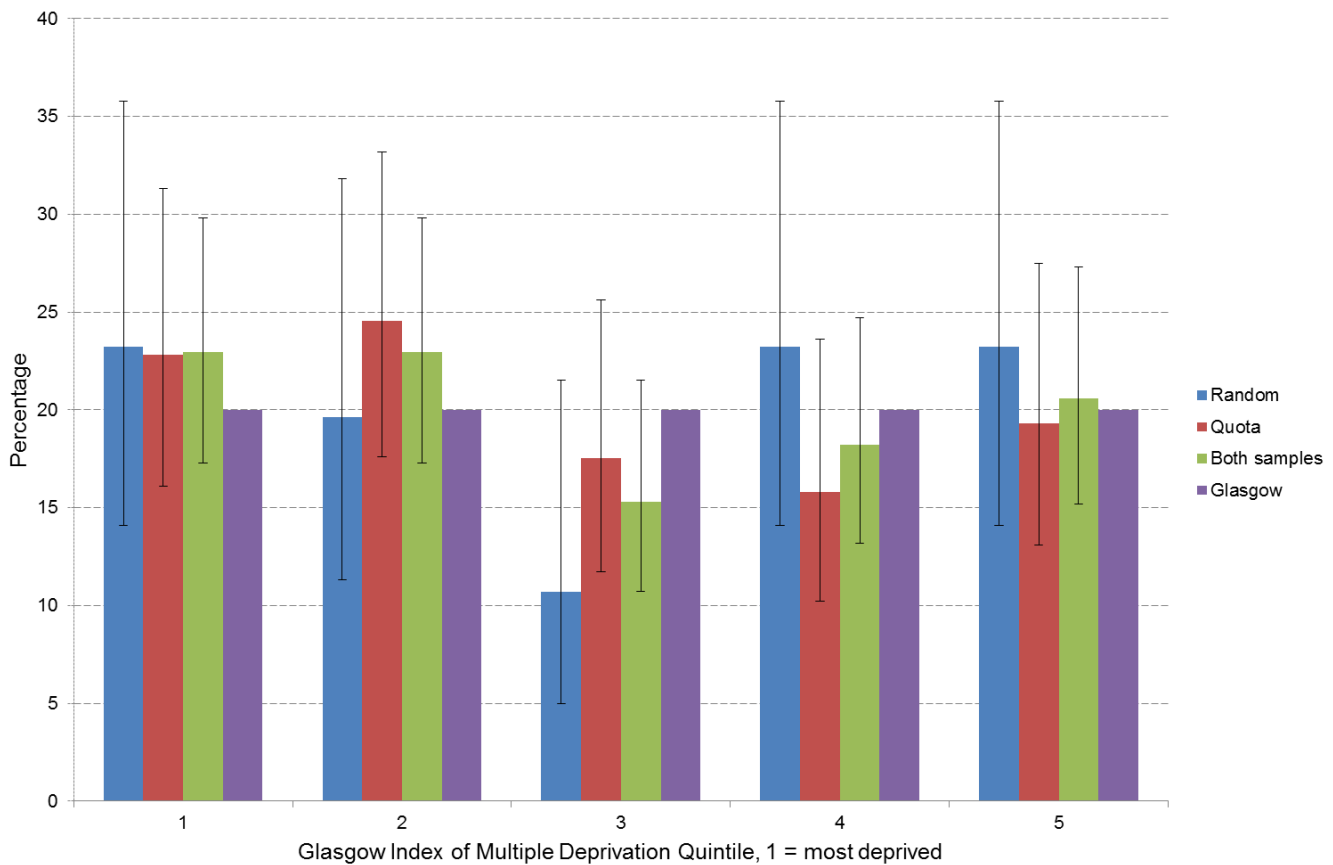
Note: Error bars represent 95% confidence intervals

As can be seen from Figure 14, residents living in GIMD 3 areas were underrepresented in the random sample. The relatively even distribution of GIMD quintiles in the quota sample reflects the inclusion of area deprivation in the sampling frame.

Figure 15: Household income of CRs within the random and quota samples[h] (n = 133).
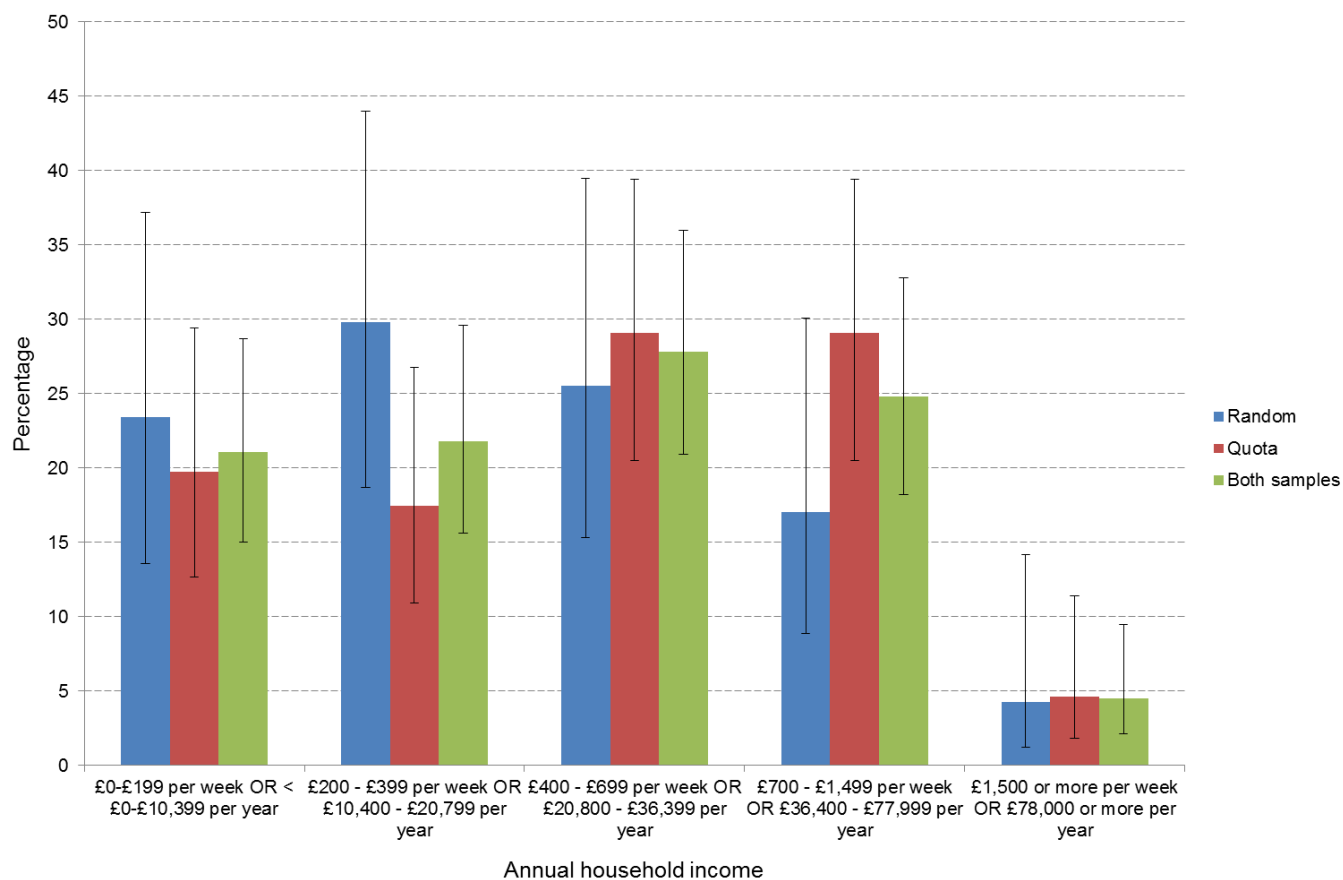
With regard to household income, there was some indication that the random sample contained a higher proportion of CRs who had an annual income of £10,400-£20,799 than the quota sample. Moreover the quota sample contained a higher proportion of CRs with an annual income of £36,400-£77,999 than did the random sample.

6.1.3 Response rates and response bias

The data presented so far refer to the 180 CRs who were recruited throughout the course of the pilot. The sample size differed from week to week, however, as a result of ongoing recruitment and CR attrition over time. Moreover, only a proportion of the CRs who were recruited actually responded to questions each week. To illustrate this, the response rates to the first and last questions of the four questions asked of each CR each week are displayed in Figure 16.

Figure 16: Response rate to questions 1 and 4 for each week of the RHRN pilot.
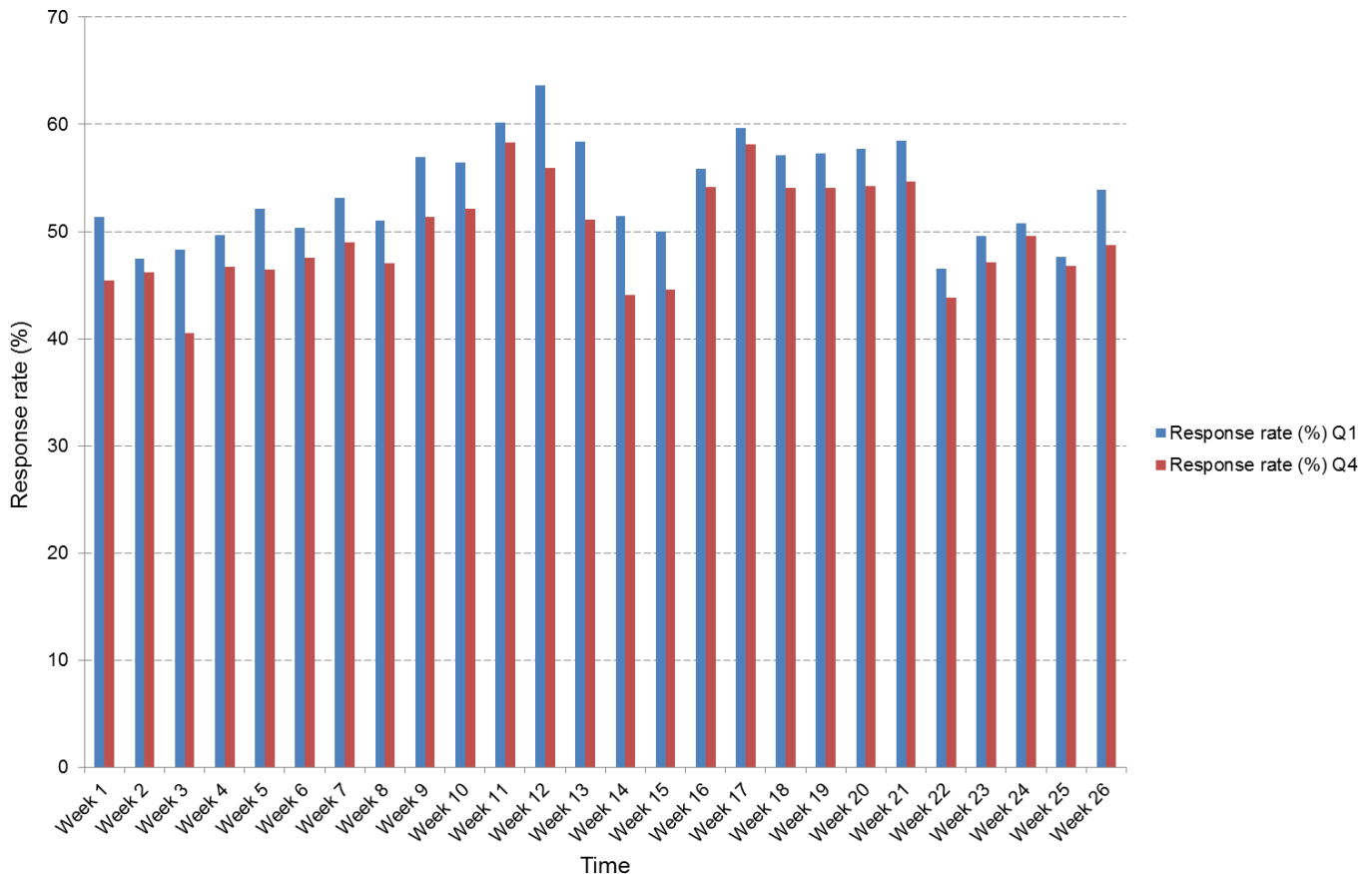
RHRN system data showed that the response rate to the first and fourth questions ranged between 47% and 64% (average = 54%) and 41% and 58% (average = 50%), respectively. Moreover, the response rates to the first and fourth questions were similar each week, with the difference ranging from 1% to 8% (average = 4%). These data show that the majority of CRs who completed the first multiple choice question continued to answer the three subsequent qualitative questions.

It is also helpful to examine whether the likelihood of CRs responding to RHRN questions differed according to socio-demographic characteristics, to test whether some individuals were more likely to respond to RHRN questions than others.

CRs in the random and quota samples spent an average of 19 and 18 weeks in the study, respectively. In the total sample, the average time spent in the study was 19 weeks. Due to the longitudinal nature of the study, it was possible to calculate response rates for individual CRs, across all of the questions that they were issued; CRs' response rates were defined as the proportion of weeks that CRs spent in the study where they responded to the first quantitative question. Table 3 displays a breakdown of CRs within each sample according to the percentage of weeks that they spent in the study where they responded to a question.

Table 3. Number (%) of Community researchers within the random and quota samples by response rates to the quantitative weekly RHRN questions.

Percentage of weeks where CR responded to a question	Random sample	Quota sample	Total sample
0%	10 (18%)	30 (24%)	40 (22%)
1-20%	6 (11%)	16 (13%)	22 (12%)
21-40%	4 (7%)	14 (11%)	18 (10%)
41-60%	8 (14%)	19 (15%)	27 (15%)
61-80%	16 (28%)	24 (20%)	40 (22%)
81-100%	13 (23%)	20 (16%)	33 (18%)
Mean CR response rate	51%	42%	45%

As shown in Table 3, 18% of the random sample and 24% of the quota sample did not respond to any of the questions issues to them. On average, CRs in the random sample responded to 51% of the questions issued to them, on average while CRs in the quota sample responded to 42% of the questions issued to them.

A subsequent multiple regression analysis was conducted to explore whether CRs' individual response rates differed as a function of the method by which they were recruited (e.g. random or quota sampling), the method by which they chose to receive questions (text, email or post)[i], or the socio-demographic characteristics of CRs. CR response rates were calculated as the proportion of weeks they spent in the study where they responded to the first quantitative weekly question, and therefore ranged from 0 to 1. The socio-demographic variables that were entered as predictors of response rates were CRs' age, gender, ethnicity, education attainment, and GIMD area deprivation quintile. We also entered the number of weeks that CRs spent in the analysis as a control variable. The full output of this analysis is presented in Appendix 14.

This analysis showed that CRs responded to a similar proportion of questions issued to them regardless of whether they were recruited through random or quota sampling, or whether they chose to receive questions via email, SMS or post[j]. Individual response rates did differ according to some socio-demographic variables however; older CRs displayed higher response rates than did younger CRs and CRs with a degree level qualification or higher displayed higher response rates than CRs with no qualifications.

6.1.4 How effectively were participants retained on the RHRN pilot study?

The random and quota sample recruitment began on the first week of the pilot study and continued until Week 12. Figure 17 displays the number of CRs in each sample over the course of the pilot study.

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[i] This refers to the method that Community Researchers choose at the point of recruitment. A minority of Community Researchers choose to change contact method later in the study however.

[j] The model was rerun with SMS question delivery set at the reference variable to test for any difference between CRs who chose to be contacted via SMS or post. There was no such difference however.

Figure 17: Number of CRs within each sample over the course of the pilot study.
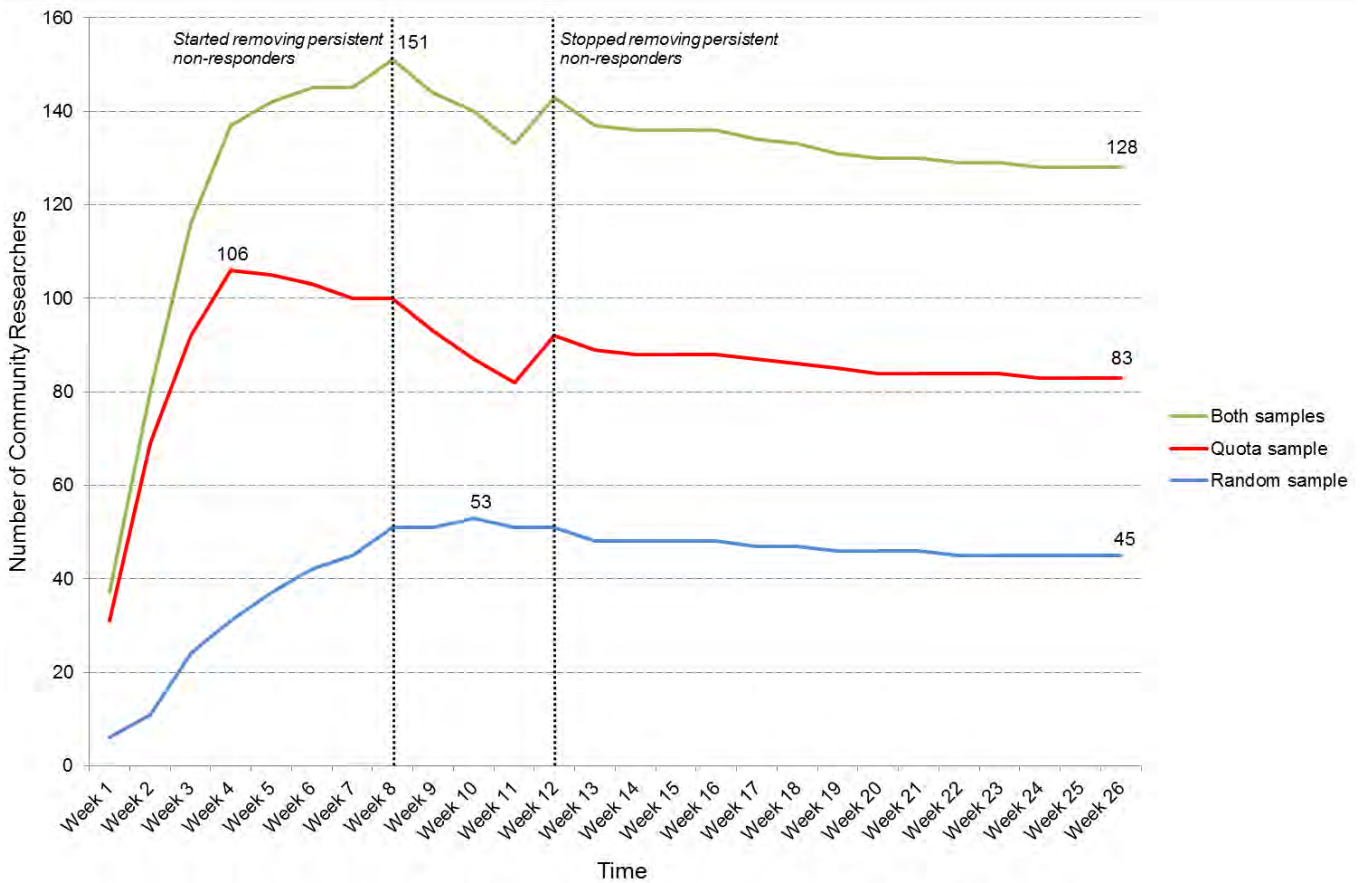
The total sample was largest in Week 8 where there were 151 CRs across both the random and quota samples, though this had fallen to 128 CRs when the final question was issued in Week 26. The increase in the number of CRs in the quota sample in Week 12 reflects an additional top-up recruitment event that was conducted to replenish the sample following some early attrition.

Tables 4-6 show the attrition of CRs over the six months by sample cohort, method of contact and reason for withdrawal. Also displayed in each table is the number of CRs who did not answer any of the questions issued to them.

Table 4. Number of CRs withdrawn from the study, by sample cohort.

Sample	Number of CRs withdrawn (%)	Of which responded to no questions (%)
Random sample	12/57 (21%)	7 (58%)
Quota sample	40/123 (33%)	26 (65%)
Total (both samples)	52/180 (29%)	33 (63%)

Table 5. Number of CRs withdrawn from the study, by preferred contact method.

Contact method	Number of CRs withdrawn (% of contact method)	Of which responded to no questions (%)
Post	11/21 (50%)	8 (73%)
SMS	17/71 (23%)	13 (76%)
Email	24/88 (29%)	12 (50%)

Table 6. Number of CRs withdrawn from the study, by form of withdrawal[k].

Form of withdrawal	Number of CRs withdrawn (% of total withdrawals)	Of which responded to no questions (%)
Active withdrawal	8 (15%)	0 (0%)
Responsive withdrawal	17 (33%)	10 (53%)
Passive withdrawal	27 (52%)	23 (85%)

[k] Active withdrawal refers to CRs who contacted the RHRN team and asked to be removed from the study. Response withdrawal refers to CRs who asked to be removed from the study when they received a retention phone call. Passive withdrawal refers to CRs who were removed between weeks 8 and 12, due to 8 weeks of consecutive non-response.

Of particular note in Table 6 is the finding that 33 (63%) of the CRs who were withdrawn from the study – for any reason – did not answer any of the weekly questions that were issued to them, and therefore never engaged with RHRN past the point of recruitment. Also of note is the finding that a higher proportion of CRs was lost from the quota sample (33%) than the random sample (21%), and that across the three preferred contact methods, the highest degree of attrition was among those CRs who opted to participate via post.

Outcomes of retention activities: The total number of retention calls made, letters sent and retention event invitations issued over the course of the six month period is displayed in Table 7. Also displayed here is the number of instances where a CR re-joined the study following a retention call or letter being sent; that is to say, that the CR responded to a RHRN question within two weeks of receiving a phone call or letter.

Table 7. Outcomes of retention activities.

Retention calls	
Total calls made	431
Conversations	148
Messages	134
Re-join*	188
Letters	
Total letters sent	64
Re-join[I]	4
Retention events	
Invites sent	107
Replies	15
Attendees	3

Overall, 431 retention calls were made, 148 of which resulted in a conversation with the CR and 134 messages were left on answering machines. CRs were considered to have re-joined the study if they answered a question within two weeks of receiving a call or message. A total of 188 (44%) retention calls resulted in a CR re-joining. On the other hand, four CRs re-joined the study following a retention letter and there was a low uptake of the retention event. Therefore, only the phone calls likely to have led to CRs re-joining the study. However, it is possible that some CRs would have started responding without any of the retention activities, since they may have decided to answer only questions they found most interesting or relevant.

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[I] Re-join: question answered 0-2 weeks after conversation or message left, or after letter sent.

With regard to the retention events, 107 invitations were sent to CRs to attend one of two events held in different locations at different times. This resulted in three CRs attending an event.

6.1.5 How efficient were the RHRN recruitment processes?

A central aim of this pilot study was to recruit 200 CRs; 100 through a random probability sample and 100 through quota sampling. This aim was not achieved through the random sampling recruitment, which yielded a response rate of 17% and resulted in 57 CRs being recruited. Table 8 displays the resources taken to recruit both the random and quota samples.

Table 8. Resources required for recruitment.

Recruitment resources (hours)		
	Quota	Random
Fieldwork administration (creation of RHRN participant database (SORD); printing costs; administration of documents; Community Researcher pack preparation; receipt of completed packs; processing of documents; entry of CR information to SORD; data entry of baseline questionnaires)	90 + 8 (additional 8 post-pop-up admin)	90 + 35 (additional postal mailing for random sample)
Organisation/management of fieldworkers	2	35
Training for fieldworkers	18 (3 fieldworkers)	42 (7 fieldworkers)
Fieldwork	126	206
Total	244	408
Total per participant	244/123=2	408/57=7.2

As displayed in Table 8, recruiting the random sample was considerably more resource intensive than recruiting the quota sample. The quota sample was recruited in approximately four weeks, while the random sample recruitment took approximately 12 weeks. The longer period of time taken to recruit the random sample reflects the lengthy time period required (up to two weeks) to visit each address up to five times, on different days, at different times of the day, and at the weekend, in order to maximise the probability of making contact with potential CRs.

6.1.6 How acceptable were initial engagement strategies to CRs?

Feedback from the CR interviews revealed that, for those who expressed an opinion on the methods of recruitment and the materials used for this purpose, the general view was that recruiters were enthusiastic and the recruitment materials were presented in a clear and easy to understand format and looked professional.

6.2 To identify tools that could be used to communicate with study participants to obtain useful and high quality data

In order to answer this research question, data were gathered on the effectiveness and efficiency of the tools used, relevance of the data obtained, and quality of data.

6.2.1 Effectiveness of the tools used to collect data

A number of measures were used to assess effectiveness of the data collection tools, including uptake of response methods; views on the impact of design on recruitment and retention and on the tools used; and CR acceptability of participation.

CRs' preferred contact method: CRs had a choice of three methods for being contacted during the pilot: email, SMS or post. CR choices of contact method are shown in Table 9.

Table 9. Number (%) of CRs who selected each of the contact methods at the point of recruitment.

Preferred contact method at recruitment	
Email	88 (49%)
SMS	71 (39%)
Post	21 (12%)

We also examined the effectiveness of the tools by testing whether the length of CRs' responses to the qualitative questions differed across the three preferred contact methods. CRs who did not respond to any qualitative questions were not included. Table 10 displays the average character count of CRs' responses to weekly qualitative questions throughout the pilot.

Section 6. Findings

Table 10. Average character counts for CRs' responses to qualitative questions.

Preferred contact method	Average character count
Email (N = 65)	98
SMS (N = 57)	73
Post (N = 14)	103

The figures displayed in Table 10 suggest that CRs who chose to be contacted via post had the highest average length of response, followed by CRs who chose to be contacted by email and then those who chose to be contacted by SMS.

Further analyses were conducted to examine whether the differences in average response lengths across the three groups were statistically significant. The only statistically significant difference was that CRs in the email group provided longer average responses than those in the SMS group. It is likely that the difference between the postal and SMS groups was not found to be significant in this analysis due to the low numbers of CRs in the postal group.

In order to afford the opportunity for more creative feedback, photographs were invited for seven of the 26 questions. These were 'Heating', 'Community', 'Walking', 'Stress', 'Commonwealth Games', 'Museums and art galleries' and 'Living in Glasgow'. The opportunity to upload photographs was only available to those who answered questions on the RHRN website, as the invitation was a tick box at the end of question 4 on the online template. Therefore, CRs using the website link on email or a smartphone had access to this facility, as no such invitation was included in the general mobile phone text or on the paper question template. A total of six photographs were uploaded, five for the Commonwealth Games question and one relating to the Community question.

CRs' views on the data collection tools used: During the telephone interviews with CRs, views were sought on the tools available to participate in the study. Eight interviewees reported having chosen email as their preferred method. For some this was due to its convenience in enabling them to answer when it suited them. One interviewee felt that this method was less intrusive than others. It was also noted that answering online provided scope to elaborate on answers. A small number of interviewees (mid and low responders) reported difficulties receiving emails which resulted in them missing out on some questions.

Frequency and format of questions: Feedback from both the evaluation questions and telephone interviews showed that most CRs were happy with both frequency and format of questions. The majority view was that weekly questions were easily manageable and made sense. For many, the weekly frequency either served as a reminder about the project:

"it keeps me motivated to fill it in the day I receive it. If it was a more extended period I would probably lose interest" or it gave a sense of inclusion and continuity: *"long enough gap between them to have a break, but not too long that we forget we're part of it".* Overall, it was felt that answering questions weekly was not an onerous task and was enjoyable for most people: *"I actually look forward to them",* and: *"it's just become part and parcel of what you do each week".*

Views on question content: Despite the fact that some topics were of more interest or had more personal relevance to respondents, it did not appear that their answers were restricted only to those questions. Some reported answering questions out of a sense of duty, or because they felt they had a valid opinion. For one CR, the questions prompted them to consider issues they would not otherwise have thought about: *"The diversity of the topics was quite interesting, maybe it made you stop and think a little bit about things".* In some cases, CRs reported surprise at finding they had an opinion on topics they would not normally have considered: *"I find the main benefit of answering questions on subjects that I do not normally consider is that I sometimes discover that I actually have opinions on these matters, which is something of a surprise to me".*

Perceived value of participating in RHRN: A strong theme that emerged from the majority of CRs was the value they placed on RHRN in giving them a sense of inclusion in matters relating to their communities: *"I like that I am doing something for my community and that answering these questions could possibly help improve it".* The majority of respondents felt that being a CR conferred some status or responsibility on them: *"you feel as if you've got a bit of responsibility to think about the questions you've been asked and answer them honestly – I think it makes you feel involved and a part of something".*

For some, the most attractive aspect of participation in the project was the opportunity to have their voices heard and perhaps be influential in bringing about change: *"if stakeholders/ policy-holders are likely to be involved in it then it's giving you a chance to put that opinion across to them"* and *"It feels like someone really cares and wants to hear what I have to say about the different aspects of the place I live in".*

Indeed, one of the aims of RHRN was to report back to policy-makers in order to influence decision-making, and many comments from CRs related to the value attached to having an opportunity to do this. 'Making a difference' emerged as a key benefit of participation in RHRN for CRs: *"I would like to think that the answers I am giving are of use to someone and hopefully somewhere that this information will be put to good use".*

Suggested improvements: With regard to all aspects of RHRN, CRs were asked how they thought the project could be improved. Many were of the view that it worked well without any changes: *"I think you have covered a great deal of topics and I can't think about any way you could improve and I have enjoyed answering them".* Some suggested expanding the sample and targeting specific groups such as ethnic minorities, to better understand the issues that impact on them. There was also a view that the project should focus more on local issues as questions had sometimes felt *"quite broad".*

It was also highlighted that, to really engage citizens with the policy-making process, the project would have to provide feedback on how the data collected is being used, and demonstrate that it could be used to inform change: *"… something about what's happening with our responses – where do they go? Do they have any influence, and if so, where?"*

Ongoing participation: The majority were positive about their experiences of taking part, and would be happy to continue over a longer period of time. Overall, RHRN was viewed as a worthwhile and constructive project, and the fact that there was potential to inform decision-making made a difference: *"It would encourage me to continue. I believe if you answer questions then they have to be, not an end product but they have to be of some use".*

Some respondents believed that RHRN was achieving the goal of providing a platform for people to give their opinions: *"The project has attempted to provide a forum for current issues affecting most people, and allows an anonymous response to these issues".*

6.2.2 Efficiency of the RHRN tools for data collection

A RHRN team reflection session was carried out to assess the resources required to collect data each week in terms of weekly question selection, formulation, review and issue processes. The weekly question process is outlined in Figure 5, Chapter 4.

In terms of question selection, a question 'bank' had been developed in the lead-up to, and throughout the pilot by a group representing all the partner organisations in the project. Although this process produced appropriate, usable questions around population health themes, it was observed that it was difficult developing questions in the context of not having a clear rationale for asking them. This meant that these 'bank' questions were often subsequently subjected to the weekly review and approval process which produced further discussion and changes to the wording, thereby causing a duplication of effort. As the project progressed, questions were allocated to weekly slots, which resulted in a more efficient use of this resource. There was some flexibility around these weekly slots to accommodate emerging news stories, and consultations on social or public health issues. Some stakeholder questions were timed to coincide with work they were doing on particular issues and were therefore added to the question 'bank' against the appropriate weekly slot.

In terms of selection of stakeholder questions, weekly emails inviting stakeholders to suggest questions or topics generated some questions, but perhaps not as many as initially anticipated. In most cases, stakeholders suggested general question topics rather than formulating a question to suit the RHRN format. Stakeholder requests also differed in that some were time-sensitive, while others could be added to the 'bank' for later use. Overall, there was a good balance between the three sources of project questions, as outlined in Table 11. A full list of the questions issued throughout the pilot is available in Appendix 15.

Table 11. Sources of project questions.

Stakeholder requests	Question 'bank'	Topical/current news
People (population)	Heating	Walking
Community	Stress	Blood donation
Ageing	Family	Budget 2015
Museums and art galleries	Project questions (evaluation)	Quality of work
Commonwealth Games	Volunteering	Smoking in cars
Discrimination	Money worries	Refugee crisis
E-cigarettes	Your feedback (evaluation)	Travel
Smoking ban	Public services	
Children (child-friendly city)	Credit and finance	
	Living in Glasgow	

Overall, development and agreement of questions linked to a particular need, such as a specific consultation, or with clear intent of use from a stakeholder, tended to be more efficient and effective, and seemed more likely to generate data that fitted with the overall project aim of "answering important research questions".

It was acknowledged that the weekly process for question selection, development, and agreement was time-consuming and labour-intensive, and spanned several days each week. It also transpired that the initial intention to make part four of the question set more creative and engaging than typical survey questions was limited by RHRN website constraints, ethical approval restrictions in relation to having to secure additional permission each time photographs or other digital media were submitted and maintaining anonymity of participants, and costs levied by some mobile phone contract providers to upload photographs or other digital media.

Despite these challenges, questions were developed for each week of the pilot from a good balance of sources and were generally viewed by participants as appropriate and covering relevant topics.

6.2.3 Quality of the data generated by RHRN

The stakeholder workshop sought to explore decision-makers' views on the quality of the data generated by RHRN.

It was acknowledged by stakeholders that the relatively low response rate at recruitment of the random sample and the influence of non-response bias across both samples meant that findings could not be considered to be representative and, therefore, not generalisable across Glasgow. It was also felt that, in order to use the data, stakeholders would need to see the demographic breakdown of the responses.

Despite this, the findings summaries were viewed as engaging, particularly in terms of the qualitative insights they provided. They were described as easily accessible, digestible and visually more appealing than standard reports. While it was accepted that they represented a high level view of the data collected by RHRN, it was seen as a useful approach to pulling out key themes.

CRs who reported reading the findings summaries valued hearing other people's views. This, for some, was also an opportunity to compare and think more deeply about their own views: *"sometimes it comes from a different angle, maybe something that I have not thought of".* However, some CRs, using the email link or SMS messaging to answer questions, reported not having looked at the summaries.

The following case study gives an example of the type of data generated for one of the questions posed to CRs. A booklet of findings summaries for all 26 questions is available on the GCPH website[26].

RHRN Question theme: Money worries

The 'money worries' question was developed to gather CRs experiences of the current economic situation brought about by austerity measures and welfare reforms, and their potential impacts.
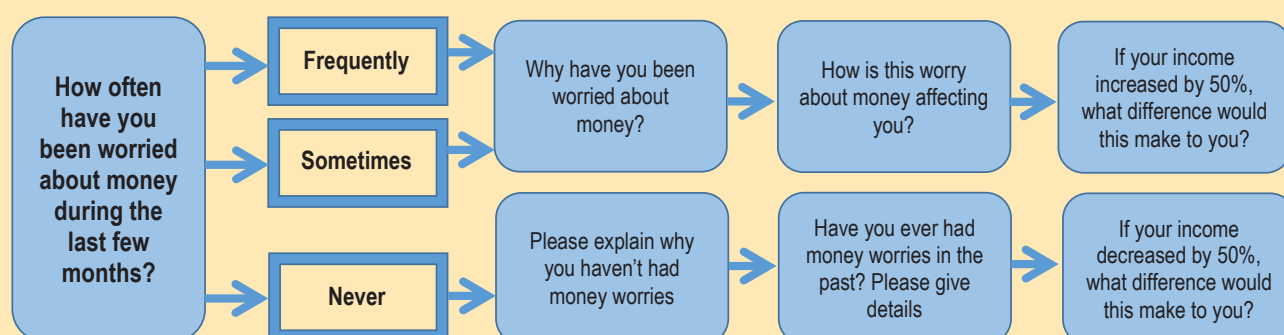
Eighty CRs responded to this question, three-quarters of whom said they had either 'frequently' or 'sometimes' worried about money in the previous few months. The main reasons given were rising costs and insufficient income.

Different circumstances made it difficult for CRs. For one single parent, being made redundant had a significant impact on her: *"I got made redundant last month and now struggling to get a job that gives more hrs. I work 16 hrs now and find it so difficult, as I'm a single parent".*

A number of CRs referred to the negative effects of worrying about money on their mental health and wellbeing, including stress, sleeplessness, depression, loss of appetite and family discord: *"I feel stressed and anxious. I have difficulty shutting off from thinking about money and my wife and I constantly bicker about money".*

Some of the wider effects mentioned were:

"Every day in every way. Never enough to do the things I want, barely enough to cover what I need"

"Feeling of not being in control"

CRs who reported not having money worries thought that a decrease of 50% in their income would not affect their ability to pay bills and live but would have an impact on their quality of life, in terms of not being able to afford additional activities such as eating out, going on holidays, and buying clothes.

On the other hand, CRs with money worries felt that an increase of 50% in income would make a considerable difference and in some cases would be life-changing. Some of the tangible benefits mentioned were *"being better able to plan and budget"* and *"struggle less to feed the kids".*

Findings summaries for a topical question on the 'refugee crisis' and a question on the 'quality of work' (in response to a call for evidence by a Scottish Parliament select committee, on Work, wages and wellbeing in the Scottish Labour Market), are available in Appendix 16. The findings from the 'quality of work' question have fed into the consultation.

6.2.4 Relevance of the data obtained

We investigated stakeholders' perceptions of the relevance the questions posed and data derived from RHRN. Some stakeholders indicated that they would like to have seen more open questions that related directly to personal impact, or people's lived experience, rather than opinions. The potential of RHRN to capture qualitative lived experience data that had depth was highlighted as important, although this was not achieved in the current pilot study. Some stakeholders thought this would be enhanced by using themed questions that could accumulate in-depth insights over time.

The added potential of generating different forms of data through the project, and data from people not always represented in national surveys was highlighted as a benefit of this approach. Stakeholders were of the view that this kind of data, detailing the daily lives of participants, could fill the gap that other data collection methods cannot. However, in the context of policy-making, it was felt that data or findings generated by RHRN would always have to be considered alongside a range of other influences and evidence sources.

6.3 To assess how best to synthesise the captured data to inform decision-making in near real time

Due to the real-time nature of RHRN, it was necessary that data were analysed, summarised and reported quickly. This was conducted and produced by one researcher in approximately 1.5 working days. While this was achievable in this pilot study with a sample size of 180, and with data collected from short responses to only three open questions each week, there would be implications for such rapid turnaround in a study with more CRs or more data collected.

Additionally, as a result of time constraints around weekly analysis of findings, there was a limit to the extent to which in-depth analysis of the data could be achieved. This also meant that, while the findings summaries provided a succinct description of the central themes identified in the data, there was limited scope for providing wider interpretation of the meanings or implications of these. Moreover, it was not possible to analyse the data according to CRs' socio-demographic characteristics or to experiment with alternative data analysis approaches.

6.4 To provide valid data to stakeholders, which have value and utility, and can be used within the normal decision-making timeframe

This question was concerned with the effectiveness of stakeholder engagement in the RHRN process, utility of the 'real-time' evidence and the value attached to real-time data by decision-makers.

6.4.1 Effectiveness of engagement of stakeholders in the RHRN process

Each week, the project stakeholder group received an email inviting them to suggest topics or questions, including a short précis of the latest results summary, along with a link to the RHRN website for the current and previous summaries. While this weekly email contact did not prompt additional ongoing dialogue with stakeholders, it did result in a comparable distribution of questions from this source, compared with the other two sources, as shown in Table 11 in section 6.2.2.

However, due to the weekly time constraints, there was insufficient opportunity to liaise more closely with stakeholders to determine if and how they used the data. Feedback was received relating to two questions. The findings of the 'discrimination' question were incorporated into awareness-raising and training materials for NHS staff, and the findings from the 'quality of work' question were submitted to a Scottish Parliament consultation.

During the stakeholder workshop, it was noted that the weekly emails were useful in prompting thinking, and that this shared process involving a range of partners meant questions were posed that some stakeholders might not have thought of otherwise. Stakeholders appreciated the opportunity to input into designing and shaping the project.

6.4.2 Utility of real-time data to stakeholders

Some limitations of using RHRN to inform decision-making were highlighted. There were concerns about bias, given the low response rates and marked differences in the education of CRs to the Glasgow population. To be able to use the information, some stakeholders noted they would need to know more about the composition of the sample or, more specifically, who was responding to the questions.

Additionally, the fact that the quantitative findings were not representative of the population of Glasgow, and the qualitative data provided in the findings summaries were very general and brief in content had implications for their potential utility to stakeholders.

Stakeholders were asked if the immediacy of RHRN findings could fit within their practice, from the point of view of having the capacity to deal with 'real-time' evidence. Feedback revealed an appetite for 'real-time' or near 'real-time' data collection, although it was felt that the benefits of this to decision-makers had not yet been fully explored, or at least not clarified.

Some stakeholders alluded to difficulties around exploiting real-time data opportunities, in the sense that their decision-making processes are aligned to longer-term strategies and are not flexible and responsive enough to act quickly on such rapid evidence generation: *"it is unreasonable to think that decision-makers can respond to information rapidly and make a decision within a week, policy doesn't work like this".* The view was expressed that weekly evidence production was almost too rapid, and that a turnaround of 6-8 weeks would be sufficient to generate research information that was 'timely' but not necessarily 'real-time' per se.

However, there was a clear appreciation of the potential of this kind of rapid-turnaround research to overcome the time lag frustrations associated with other methodological approaches to researching social and health issues.

There was also a suggestion that the RHRN process could be something akin to a 21st century citizen's panel, or could be used to feed into decision-making as part of consultations.

6.4.3 What value does 'real-time' data offer decision-makers?

It was acknowledged that RHRN was a pilot delivered over a short timescale and, as such, subject to some shortcomings. In the longer term, stakeholders felt that, to obviate the lack of representativeness of findings, RHRN would need to provide deeper qualitative insights into people's experiences through more in-depth studies.

Despite this, it was felt that the type of evidence that RHRN can currently provide is useful where no evidence exists on a topic. One stakeholder commented that a lack of evidence can result in policy-makers avoiding decision-making and RHRN could thus raise the profile of issues that otherwise might not receive attention for a number of years or until evidence is gathered in traditional ways.

The rapid turnaround and immediacy of the RHRN approach appealed to stakeholders, who also commented on the positive aspect of the 'neutrality' of RHRN as a source of evidence, noting that other sources of qualitative data can be funded by organisations with a vested interest.

Section 7. Discussion

This discussion considers the extent to which the pilot met its aims and was able to answer the specific pilot research and evaluation questions. It also considers how far the pilot was able to contribute to the overall RHRN aims and future study design, including wider learning.

This is based on the direct findings of the evaluation, additional insights into issues beyond the specific evaluation questions gathered from the engagement with Community Researchers and stakeholders, and reflections from the Right Here Right Now programme team.

7.1 Overview

The key aim of the pilot – to test the feasibility of establishing a dynamic longitudinal panel to collect and disseminate data in near to real time – was met, with the delivery of a system involving participants in answering weekly questions, with analysis and feedback of results within two weeks. The pilot has therefore shown that it is possible to develop and run a system of the type envisaged, responding to requirements of both stakeholder organisations and Community Researchers. The pilot evaluation has also identified a range of areas where adaptations and choices would be required to ensure a sustainable future model of near to real time data collection, and to address issues about recruitment and representation.

There were inevitably limitations as to what could be achieved in a time-limited pilot. This was particularly true in relation to aspects requiring up-front investment, such as development of a bespoke IT system to support the delivery of the pilot.

Initial ideas and aspirations were also tested extensively with potential participants in the development stage, which further narrowed down the range of approaches used. Key issues considered in the development phase, but not delivered fully in the eventual pilot model, included:

- Nested studies or smaller cohort studies, excluded due to the limited lead-in time to prepare and develop the pilot.
- Comparative analysis and integration of RHRN results with existing data sets. This was limited both by time constraints (with priority given to the weekly question analysis) and the lack of comparability of the questions used with some more traditional surveys and approaches.
- Comparison across different group types. This was restricted both by analysis time constraints and by the total sample size.
- In-depth understanding of lived experience. Initial aspirations around use of in-depth methods to understand lived experience, such as video diaries, storytelling and creative outputs – were not implemented in the pilot. This was in part informed by the development phase and preferred engagement tools identified by Community Researchers, but also restricted by project capacity, the limitations of the question and response system and the additional resources which would have been required to establish these methods.

Section 7.   Discussion

There were some additional limitations to the evaluation delivery, namely the difficulty of gaining feedback on participant experience from low responders. We were also unable to systematically follow up on all stakeholders who submitted topics for RHRN questions or to review how the findings summaries were used by stakeholders.

7.2 Recruitment and retention

One of the objectives of this evaluation was to "identify and assess a means of recruiting and retaining a cohort of study participants and how this impacts on responder bias, attrition, quality of data, cost and acceptability to the research participants".

The pilot showed that it was possible to recruit a cohort of individuals to take part in this sort of study through both random sampling and quota methods. There were differences between the approaches in terms of efficiency and sampling bias.

7.2.1 Recruitment

The random probability sample achieved a response rate of 17%, which meant that only 57 of the intended 100 CRs were recruited in the allotted time. The quota sample was comparatively less resource intensive, and the desired sample of 100 CRs was achieved relatively quickly. Moreover, the quota sampling approach also enabled rapid 'top-up' of the sample through additional targeted pop-ups.

We also examined how representative both samples were of Glasgow on a number of key socio-demographic variables. The random sample was comparable with Glasgow in some aspects, such as age and gender. Moreover, the quota sample matched the population well on those variables that were included in the sampling framework: age, gender, ethnicity and area deprivation. On the other hand there was evidence of significant sampling bias in both samples, such that neither could be considered representative. For example, both the random and quota samples were found to be better educated than the Glasgow population.

This pilot study illustrates the difficulties of recruiting a representative sample to take part in a study like RHRN. If it was determined that a representative sample was required for future work, then it would be important to understand why the response rate was so low in the pilot, and how the recruitment of CRs in a future study could be improved.

A number of online panel studies have recently been developed, some of which also employ random probability sampling to recruit participants. The response rates to these studies varies considerably, from as low as approximately 10% to as high as 48%[27]. The latter response rate was obtained in the Dutch LISS (Longitudinal Internet Studies for the Social Sciences) panel, which benefited from extensive piloting of various incentive procedures to maximise response rates[13]. Therefore, there are methods that have been identified in the literature as

being helpful in maximising response rates to random probability sampling methods in panel studies similar to RHRN. Although we were not able to capitalise on these during this pilot, they should be considered in any future studies where a representative sample was deemed to be necessary.

The sampling bias observed in the quota sample reflects the fact that these methods are unlikely to match the population on variables that are not included in the sample framework. One reason for this is that fieldworkers' choice of which individuals to approach to take part within each section of the quota framework is non-random[28]. As such, interviewers may prefer – consciously or unconsciously – to approach particular types of individuals at the expense of others (e.g. people who appear friendlier or more approachable). Some potential interviewees are likely to also actively avoid interviewers, making it less likely that they will be approached to participate. Moreover, when recruitment takes place in public spaces – as was the case in this sample – certain groups of individuals are less likely to be included, or will not be included at all, such as those who are housebound or have limiting illnesses[29]. This was highlighted in the RHRN pilot study in the higher proportion of CRs in the random sample receiving PIP or DLA than in the quota sample.

The difficulty of recruiting a random sample, paired with the low response rate achieved in this pilot study, may lead researchers and practitioners to question the benefits of random probability sampling over non-probability methods such as quota sampling[30]. The choice of which recruitment approach should be undertaken in future versions of RHRN should be determined by the aims of the research however. If the aim is to generate accurate estimates of population values, then a random probability sample would be required. The results from this pilot highlight the difficulties of recruiting such a sample, but there may be methodological lessons to be learned from the wider literature that could help to improve future efforts.

If the aim is to generate qualitative data then quota sampling may be appropriate. To this end, this pilot study demonstrates how quota sampling can be used to recruit a diverse sample of participants relatively quickly.

7.2.2 Response rates and retention

The average response rate to the weekly questions was approximately 50%, which was considered a positive finding given the frequency of questions and the length of the pilot. Community Researchers responded to a similar proportion of the questions issued to them regardless of whether they were recruited through random or quota sampling, or whether they chose to receive questions via email, SMS or post.

Response rates were influenced by age and level of education however. Specifically, older CRs answered a higher proportion of the questions issued to them, while individuals with no qualifications answered a lower proportion of the questions issued to them, relative to those with a degree level qualification. Thus the pilot provides insight both into who is likely to be recruited, and who is most likely to continue responding.

The pilot study further demonstrates that it is possible to retain a sample of CRs over several months in a study like RHRN, as only 25 CRs chose to remove themselves from the panel. In addition, responses did not drop off significantly between questions 1 and 4 demonstrating engagement with the topic and potential to build from short direct questions to more in depth discussion of experiences and views. This suggests that a 'conversation' approach which builds up layers of data is feasible.

The level of retention and sustained engagement suggests that the extensive engagement in the development phase was worthwhile in terms of enabling selection of those tools and question approaches which were most likely to be engaging and relevant to CRs. Moreover, considerable efforts were made to retain CRs throughout the pilot study, particularly with the routine phone calls that were made to CRs who did not respond to questions. This is likely to have had an impact on maintaining the relatively high response rates to weekly questions.

Future iterations of RHRN would benefit from experimenting with additional methods of improving the response rates to weekly questions, such as the use of incentives.

7.3 Data collection and quality

The following discusses the objective of "identifying a small number of tools that could be used to communicate with study participants, to obtain data useful in achieving the long-term aims of RHRN and to generate high quality data".

7.3.1 Data collection

The pilot suggests that text, email and paper based approaches are all feasible for the collection of real time data. Each of the three approaches was successful in communication with study participants and obtaining data. Response rates were similar across the three methods.

The preferred method of the three was email, linked to website response. A minority (12%) of CRs chose to receive and respond to questions by post, half of which were later withdrawn from the study. Based on this low uptake and high withdrawal, future studies would need to consider the cost-effectiveness of developing a postal system, versus the risks of attrition.

The pilot relied heavily on having a technical platform which could be used with text, email and hard copy to ensure consistency of questioning and automation of question issue and follow up questions in response to initial replies. The RHRN system was designed to fit with existing data management systems. It had a number of limitations including length and format of questions and ability to deal with additional forms of response (e.g. audio files). For a larger pilot, more up-front investment in a flexible system could be considered.

7.3.2 Data quality

The accuracy of the quantitative data collected throughout the pilot was limited by the small sample size, and was further hampered by the sampling bias that was evident in both the random and quota samples.

However, a number of advantages of the types of data collected were identified through the stakeholder and CR evaluation processes, particularly with regard to the qualitative data. This includes an endorsement of the potential for real time data to "illuminate the frequent, routine and mundane lived experiences that are… crucial to understanding how people actually experience events"[19]. Stakeholders valued the insights into perceptions of Glasgow residents on a range of current issues. A key issue for future researchers will be to jointly consider how sample size and sampling bias may impact on the quality of the qualitative data gathered. For example, it is unclear whether it would be possible to achieve data saturation using a system like RHRN.

Due to the time constraints of performing weekly data analysis, it was not possible to perform in-depth analysis of the qualitative data. Similarly, although we were able to collect rich demographic data from CRs at the point of recruitment, it was not possible to utilise this information in the weekly analyses. Additionally, the cohort numbers were too small to enable comparative analysis or either quantitative or qualitative data gathered, or integrating what we did with existing data sets. Finally, we were not able to experiment with alternative methods of qualitative analysis other than the thematic approach employed in the pilot study. In a scaled up version however, with additional resources and possibly more time being given to data analysis it would be possible to further explore all of these issues.

An added benefit of the approach which was highlighted by CRs particularly was that it gave a voice to the CRs. Thus data quality should not just be considered from the point of view of the research questions which can be answered by such an approach, but also in terms of benefits to participants in being able to feel their views are being sought and heard and the added benefit of realising they had opinions on topics they would not have otherwise considered.

Positive feedback from Community Researchers suggests that this is a realistic aim of a real time data collection model. CRs were particularly positive about the opportunity to be part of something importance in the city, to have a voice and to have influence. The co-production approach used in the development phase also showed the potential for participants from a range of backgrounds to have a real influence on the design and final specification of the pilot; this co-production is also likely to have made the pilot more relevant and engaging to the eventual cohort of CRs.

Section 7. Discussion

7.4 Informing decision-making in near to real time

A further objective of the pilot was to "to assess how best to synthesise the captured data to inform decision-making in near real-time".

7.4.1 Near to real time

A key finding of this research is the perceived value of near to real time data, and further clarification of what is considered to be 'real time'. From the point of view of CRs, rapid feedback on the questions was valued as it provided reassurance that their views had been listened to, and a summary of feedback within a timescale that made it feel dynamic and relevant. From the point of view of decision-makers, the key issue was data which did not have the lag time of more traditional surveys or which fitted within particular process timescales, e.g. consultations. A very rapid turnaround was not deemed essential for this – 'real-time' could therefore be considered as a 6-8 week window in terms of informing decision-making processes. This is significant as the approach to providing rapid analysis to inform the weekly summaries restricted some of the depth of analysis which was possible. In a 6-8 week timeframe, further analysis would be possible to identify differences between groups, compare findings with other evidence and make the most of qualitative data. However, it should be noted that any additional analysis would still be limited by the sampling bias evident in both cohorts.

7.4.2 Informing decision-making

The selection of the question topics was crucial to ensuring relevance and opportunity to inform decision-making. Where questions were prompted directly by stakeholders, this process, and the audience for the findings, was clear. Where questions were generated by topical events, or more exploratory in nature, the audience and decision-making processes for the findings was less clear.

This is a significant issue for future study design; having clear links to existing decision-making processes is likely to inform the utility of the data, but may restrict the range of questions asked and the flexibility to respond to emerging issues and topics which have not been anticipated. CRs valued the breadth of topics and their relevance to day to day life in Glasgow, but a wide range of topics is harder to link directly to decision-making processes. In addition, it is not a straightforward choice: CRs were also clear that it was important that their views were making a difference. Therefore, for future approaches, a balance will have to be struck between maintaining interest and engagement of CRs, and ensuring that there is an audience for the information generated.

Stakeholders also valued the perceived neutrality and objectivity of the data provided. Therefore, the credibility and reputation of the partners involved in providing the data are critical to how it is perceived, and they must be seen to be neutral.

7.5   Decision-making processes

A further objective of the pilot was "to investigate the best ways of identifying important decision-making processes that could be better informed through RHRN and the best ways of using the study to meet the needs of decision-makers".

The stakeholder group, established through partner relationships, was key to being able to generate relevant and topical questions. This emphasises the need for a wide network of stakeholders who are linked in to decision-making processes and who are able to identify opportunities. The study did create data collection methods that allowed feedback on real issues raised by stakeholders. Some stakeholders provided questions that were very topical. This process worked particularly well where there was a defined process, such as a consultation or a call for evidence.

The range of topics covered in the pilot meant that there were multiple potential processes which could be informed by the data, covering different topic areas and different levels of decision-making (e.g. local or national). However, only one or two questions in the six month pilot were relevant to any one decision-making process.

One option for future studies would be to establish a more in-depth relationship with stakeholders or a specific decision-making process, thus increasing the potential to shape questions with direct relevance and impact. This, however, has to be balanced against the need to maintain engagement with CRs, to enable CRs to raise topics which have not been generated by a 'top down' process, and to ensure that new issues and trends can be identified.

One aspect valued by stakeholders – the potential of RHRN to highlight emerging issues and raise the profile of issues which might not otherwise might not receive attention until evidence is gathered in more traditional ways – raises a challenge in terms of decision-making processes as there may be no clear process linked to the issue. Stakeholder links therefore need to be broad enough to enable consideration of emerging issues as well as topics already linked to decision-making processes.

7.6 Contribution to future study design

The pilot study has provided important insights into the potential options, adaptations and choices to be made in a future large-scale study. Specific options are considered further in the sections below.

In addition to the specific issues identified, there are some general learning points for future approaches in light of the overall RHRN aims.

- *Focus*: Although the pilot was limited in some respects, it still had multiple aims and was trying to test several different things in parallel. This included recruitment processes, engagement and retention approaches, question generation processes, real time data collection, rapid analysis, feedback to decision-makers and the potential to gain insights into lived experience. Future studies may benefit from a more focussed set of aims.

- *Co-production and innovation*: The comprehensive development phase and wide engagement in the study design has emphasised the value of co-production approaches and the benefits these have in terms of clarifying aims, tools and materials, and supporting recruitment and retention. There were a number of different phases of engagement, from early stage open engagement with lots of ideas and potential innovation, through to the latter stages which honed down these ideas into a deliverable project. Co-production throughout these stages was valuable and resulted in a usable end product. A development stage, informed by stakeholder and potential Community Researcher views, was crucial to identify a set of real and pragmatic research questions which could be explored through this process.

- The importance of the technical delivery system should not be underestimated. While considerable effort and time was spent during the development stages on understanding stakeholder interests and preferred methods of engagement, less time and resource was committed to the development of the technical system to deliver this. Not all the desired functions were achieved within the timeframe allowed for the IT development, and the system itself became a subsequent constraint when different approaches were considered during the course of the pilot. Again there are choices to be made between simplicity and automation which may support large-scale approaches and automate elements of analysis, versus ability to be flexible and handle different forms of response.

Section 8. Options for future development

The RHRN pilot has reinforced and clarified the demand for real time data on lived experience to inform policy and service development, and the potential additional value of this sort of approach compared with other existing methods. However, a range of choices and trade-offs has been identified through the pilot which mean that there are a number of remaining unanswered questions and options for how the approach could be taken forward.

The existing RHRN team will explore future models focusing on the collection and analysis of qualitative data in near to real time to create a rich source of evidence to inform decision-making. This is likely to be based on purposive sampling methods with specific parameters to capture views of target groups. A potential focus of data collection would be on innovative methods of capturing in-depth lived experience, and analysing that in near to real time in a way which does justice to the depth of the data while providing something useful to decision-makers.

There is a range of other issues which could be considered as part of further research:

- Real time large-scale quantitative data based on a representative sample. The potential utility of this was reinforced by the pilot, but the pilot itself was unable to establish a recruitment method which gave a representative sample or provided sufficient evidence that a representative sample could be possible even with some amendments to the sampling approaches. However, this is a rapidly evolving area of research and further work could be done to establish large-scale representative panels for similar projects.
- Longitudinal approaches. The potential for a small cohort to be engaged over time to assess changes in experience, for example, focusing on children and families.

The policy context and social and economic changes which prompted the development of the RHRN project remain challenging, and continue to change rapidly: while the direct effects of recession are less of a policy priority, there remains a pressing need to understand the impact of continued welfare reform, and austerity and related economic and social changes and to inform responses to those. The requirement on public bodies to take account of the views of the population has been reinforced through the Public Service Reform Act and Community Empowerment Act.

This pilot has reinforced the demand for near to real time information and has shown that it is possible to deliver an approach to meet that demand. Overall, this innovative pilot succeeded in generating near-real time data in response to topical questions, some of which have contributed to current local priorities and national consultations. The pilot evaluation identified a range of areas where adaptations could be made to ensure a more sustainable model of near-real time data collection, interpretation and dissemination in the future.

APPENDICES

Appendix 1. Design and development of RHRN – details of co-design workshops.

Stage 1: Gathering user requirements			
Date	Location	Attendees	Purpose
23rd Jan 2014 (day)	The Lighthouse	Stakeholders/data users (n=50)	Participants were introduced to the aims of the study, and worked through a series of activities to generate ideas for the Right Here Right Now system. The ideas and comments were analysed and a set of Stakeholder (data users) requirements were produced.
28th Jan 2014 (day)	The Lighthouse	Members of the public (n=19)	Participants were introduced to the aims of the study, and worked through a series of activities to generate ideas for the Right Here Right Now system. The ideas and comments were analysed and a set of Community Researcher requirements were produced.
30th Jan 2014 (evening)	Partick Burgh Halls	Members of the public (n=22)	

Stage 2: Evaluating concepts			
28th May 2014 (evening)	City Mission	Members of the public (n=9)	Participants were invited to explore options for the system, presented visually. They discussed their preferences and gave feedback on:
1st Jun 2014 (day)	Gibson Street Gala	Members of the public (n=31)	• tools
2nd Jun 2014 (evening)	Downhill Community Council	Members of the public (n=10)	• frequency of questions • time required to complete questions • type of questions (e.g. multiple choice)
4th Jun 2014 (evening)	City Mission	Members of the public (n=6)	• methods of asking questions (e.g. social media, SMS, email). Feedback was used to prioritise options and select the tools and question format.

Appendix 2. Participant information sheet.

Front

Importantly, your responses will also inform how we develop the study in the future. Please note that assurances on confidentiality will be strictly adhered to unless evidence of wrongdoing or potential harm is uncovered. In such cases the University may be obliged to contact relevant statutory bodies/agencies.

What happens if I change my mind?
You can withdraw from the study at any time. If you decide not to continue, we will contact you to ask what made you decide to withdraw. You are under no obligation to provide a reason for withdrawal but this information is valuable to us for the future development of our study. If we use any information given before you withdraw, this will also be treated confidentially, in line with the Data Protection Act 1998.

Contact for further information
If you have any questions about the study, you can contact the project manager, Lynn Naven, on 0141 287 6906 or email at Lynn.Naven@drs.glasgow.gov.uk
If you have any concerns regarding the conduct of the study you can contact the University of Glasgow, College of Social Sciences Ethics Officer, Dr Muir Houston: Muir.Houston@glasgow.ac.uk
This study has been given ethical approval by the University of Glasgow College of Social Science Research Ethics Committee.

Thank you for taking the time to read this information.

RIGHT HERE RIGHT NOW — Pilot Study Information

Learning from **Glasgow**
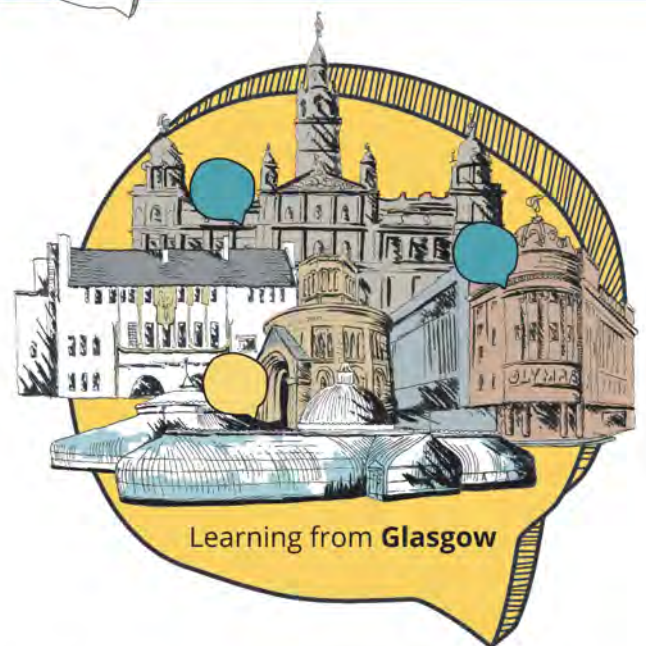
You are being invited to take part in the **Right Here Right Now** pilot study which aims to develop a process for finding out what life is like for people living in Glasgow today.

Appendix 2. Participant information sheet (continued).

Back

Before you decide whether or not to take part it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully and discuss it with others if you wish. If there is anything you are not clear about, or if you would like more information, please contact us (details on the back of this form).

Right Here Right Now is being carried out by the Glasgow Centre for Population Health; MRC/CSO Social and Public Health Sciences Unit, University of Glasgow; Glasgow School of Art; and NHS Health Scotland.

Why do you want me to take part?
We want to speak to lots of different people living in Glasgow today, aged over 18. We hope that by gathering up-to-date 'real-time' information we will be able to tell decision-makers about the issues that are important to people, so that they can take them into account. By taking part in this pilot study you will be helping us to test our new approach to gathering people's views on important issues.

Do I have to take part?
Taking part is entirely voluntary, it is your decision. By taking part, you will be providing important information about how best to develop **Right Here Right Now** in the future. If you take part you will have the chance to win a £40 high-street shopping voucher.

What will I have to do?
One of the study researchers will contact you and ask you to give written consent to take part. You will then have a choice of different ways to give us your views

and share your experiences. This could be through text, online or by post.

Every week, for about six months, you will be sent one question (in four parts) which will only take a few minutes to respond to. For example, you may be asked about how you travelled that day, or about things happening in your neighbourhood. There are no right or wrong answers – we just want to hear what you think. If you do not want to answer any particular question you do not have to. We might also contact you by phone to ask about your experience of taking part and how the **Right Here Right Now** process could be improved.

What happens to my information?
Your replies will be anonymous (no one will be able to identify you in anything written about the project). If you provide any photos, video or audio recordings they will not be used unless you give permission. Your identity will be kept confidential and personal information will be stored in a separate secure file and used only for the purpose of contacting you. Your replies will also be stored in password-protected files that can only be accessed by the study staff according to strict privacy rules. Data will only be identified by a unique barcode and held separate from any identifiable information. The data you provide will be used to feedback to decision-makers, but will also be used in presentations, reports and research articles.

Appendix 3. Participant consent form.

RIGHT HERE RIGHT NOW

Community Researcher Consent Form

Please initial each statement to confirm you agree:

1.	I confirm that I have read and understand the Information Sheet for the study and have had the chance to ask questions.	
2.	I understand that my participation is voluntary, that I am free to withdraw at any time.	
3.	I understand that I may be contacted by phone to discuss my participation and how **Right Here Right Now** could be improved. If I do withdraw I understand that it would be useful to give feedback on why I do not wish to continue but I do not have to give a reason for withdrawal.	
4.	I understand that my answers may be used in future reports, articles or presentations by the research team.	
5.	I understand that my name will not appear in any reports, articles or presentations.	
6.	I understand that any photos, video or audio recordings I provide will not be made public without my permission.	
7.	I understand that the information I give will be recorded and stored securely and destroyed after ten years in accordance with University of Glasgow guidelines.	
8.	I understand and agree that the information I provide may be made available to other legitimate researchers in the future for further research, but that this would be overseen by the study team and following their strict rules of confidentiality.	
9.	I agree to take part in the **Right Here Right Now** study.	

Name of Participant _____ Date _____ Signature _____

Researcher _____ Date _____ Signature _____

NHS Health Scotland   Glasgow Centre for Population Health   Institute of Design Innovation   University of Glasgow   MRC Medical Research Council   CHIEF SCIENTIST OFFICE

Appendix 4. Quota sample framework.

	Quota Sample (n=100)									
Deprivation level	SIMD quintile 1 (any postcodes) = 20		SIMD quintile 2 (any postcodes)= 20		SIMD quintile 3 (any postcodes)= 20		SIMD quintile 4 (any postcodes) = 20		SIMD quintile 5 (any postcodes)= 20	
Gender	Male = 10	Female = 10	Male = 10	Female = 10	Male = 10	Female = 10	Male = 10	Female = 10	Male = 10	Female = 10
Age Groups	18-29 yrs =3 30-44 yrs = 3 45-64 yrs = 3 65+ yrs = 1	18-29 yrs = 3 30-44 yrs = 2 45-64 yrs = 3 65+ yrs = 2	18-29 yrs =3 30-44 yrs = 3 45-64 yrs = 3 65+ yrs = 1	18-29 yrs = 3 30-44 yrs = 2 45-64 yrs = 3 65+ yrs = 2	18-29 yrs =3 30-44 yrs = 3 45-64 yrs = 3 65+ yrs = 1	18-29 yrs = 3 30-44 yrs = 2 45-64 yrs = 3 65+ yrs = 2	18-29 yrs =3 30-44 yrs = 3 45-64 yrs = 3 65+ yrs = 1	18-29 yrs = 3 30-44 yrs = 2 45-64 yrs = 3 65+ yrs = 2	18-29 yrs =3 30-44 yrs = 3 45-64 yrs = 3 65+ yrs = 1	18-29 yrs = 3 30-44 yrs = 2 45-64 yrs = 3 65+ yrs = 2
Ethnicity	Non-white = 1 White = 9	Non-white = 1 White = 9	Non-white = 1 White = 9	Non-white = 1 White = 9	Non-white = 1 White = 9	Non-white = 1 White = 9	Non-white = 1 White = 9	Non-white = 1 White = 9	Non-white = 1 White = 9	Non-white = 1 White = 9

Appendix 5. Baseline data collection form.

BARCODE

RIGHT HERE RIGHT NOW

learning from **Glasgow**

Baseline Questionnaire

Office use only

Date: _____

Participant ID: _____

GSA Use Only

Pop-up number:

_____

NHS Health Scotland | Glasgow Centre for Population Health | INSTITUTE & DESIGN INNOVATION | University of Glasgow | MRC Medical Research Council | CHIEF SCIENTIST OFFICE

<Unique questionnaire ID>

1

Appendix 5. Baseline data collection form (continued).

1 **How old are you?**
(Please **write in**)

✎ [ ] [ ] years and [ ] [ ] months

2 **Are you...**
(Please tick **one box only**)

Male [ ] 1

Female [ ] 2

Other [ ] 3

Prefer not to say [ ] 98

3 **Which religion are you?**
(Please tick **one box only**)

None [ ] 1   Buddhist [ ] 6

Church of Scotland [ ] 2   Sikh [ ] 7

Roman Catholic [ ] 3   Jewish [ ] 8

Other Christian [ ] 4   Hindu [ ] 9

Muslim [ ] 5   Another religion
(Please **write in**) [ ] 10

✎ [   ]

Prefer not to say [ ] 98

<Unique questionnaire ID>

2

Appendix 5. Baseline data collection form (continued).

4 | What is your ethnic group?
(Please tick **one box only**)

White

- Scottish — 1
- English — 2
- Welsh — 3
- Northern Irish — 4
- British — 5
- Polish — 6
- Irish — 7
- Gypsy/Traveller — 8
- Other white ethnic group (please **write in**) — 9

Asian, Asian Scottish, Asian English, Asian Welsh or other Asian British

- Indian — 10
- Pakistani — 11
- Bangladeshi — 12
- Chinese — 13
- Any other Asian background (please **write in**) — 14

Mixed

- White and Black Caribbean — 15
- White and Black African — 16
- White and Asian — 17
- Any other mixed or multiple ethnic groups (please **write in**) — 18

Black, Black Scottish, Black English, Black Welsh or other Black British

- African — 19
- Caribbean — 20
- Black — 21
- Any other Black/African/Caribbean background (please **write in**) — 22

Other ethnic group

- Arab — 23
- Any other ethnic group (please **write in**) — 24

Prefer not to say — 98

Appendix 5. Baseline data collection form (continued).

---

5 **Which of the following qualifications do you have?**
(Please tick **all that apply**)

- O Grade, Standard Grade, O Level, Access 3 Cluster, Intermediate 1 or 2, GCSE, CSE, Senior Certificate or equivalent
- SCE Higher Grade, Higher, Advanced Higher, CSYS, A level, AS Level, Advanced Senior Certificate or equivalent
- GNVQ/GSVQ Foundation or Intermediate, NVQ/SVQ Level 1 or 2, SCOTVEC Module, City and Guilds Craft or equivalent
- GNVQ/GSVQ Advanced, NVQ/SVQ Level 3, ONC, OND, SCOTVEC National Diploma, City and Guilds Advanced Craft or equivalent
- HNC, HND, NVQ/SVQ level 4 or equivalent
- First Degree, Postgraduate qualifications, Masters, PhD, NVQ/SVQ Level 5 or equivalent
- Professional qualifications eg: teaching, accountancy
- Other school qualifications not already mentioned (including foreign qualifications)
- Other post-school but pre-Higher Education qualifications not already mentioned (including foreign qualifications)
- Other Higher Education qualifications not already mentioned (including foreign qualifications)
- No qualifications
- Other vocational/work related qualifications (please **write in**)

  _____

90 ☐ Prefer not to say

<Unique questionnaire ID>

4

Appendix 5. Baseline data collection form (continued).

6 **What is your current employment status?**
(Please tick **one box only**)

Employed full-time ☐ 1

Employed part-time ☐ 2

Unemployed and seeking work ☐ 3

Unable to work due to illness or disability ☐ 4

Retired ☐ 5

Looking after home/family ☐ 6

In full-time education or training ☐ 7

In part-time education or training ☐ 8

Prefer not to say ☐ 98

7 **Have you ever worked?**
(Please **tick one box only**)

No ☐ 1

Yes ☐ 2   If YES, please **write in** the year that you last worked.

[blank field]

Prefer not to say ☐ 98

<Unique questionnaire ID>

5

Appendix 5. Baseline data collection form (continued).

8 **Please tell us about your current accommodation.**
(Please tick **one box**)

1. I rent my home from a Housing Association
2. I rent my home from a Private Landlord
3. I own my own home (still paying mortgage)
4. I own my own home (have paid off mortgage)
5. I partly own my home (through a shared ownership scheme with a Housing Association)
6. I live at home with my parents (they are the tenant/homeowner)
7. I'm staying with other family or friends (they are the tenant/homeowner)
8. I'm currently in temporary or supported accommodation
9. I am homeless/have nowhere to live
98. Prefer not to say

9 **How many people aged under 16 live in your household?**
(Please **write in**)

10 **How many people aged 16 or over live in your household?**
(Please **write in**)

11 **How many people aged 18 or over live in your household?**
(Please **write in**)

<Unique questionnaire ID>

6

Appendix 5. Baseline data collection form (continued).

12 **What is your household income?**

Please count the income of every person in your household, including:

- All earnings (include overtime, tips, bonuses, self-employment)
- All pensions
- All student grants and bursaries (but not loans)
- All benefits and tax credits (such as child benefit, income support or pension credit)
- All interest from savings or investments
- All rent from property (after expenses)
- Other income (such as maintenance or grants)

Do not subtract:

- Taxes, National Insurance contributions, health insurance payments or superannuation payments

Please **tick one box only**

Per week		Per year	
Less than £100	1	Less than £5,200	10
£100 – £199	2	£5,200 – £10,399	11
£200 – £299	3	£10,400 – £15,599	12
£300 – £399	4	£15,600 – £20,799	13
£400 – £499	5	£20,800 – £25,999	14
£500 – £699	6	£26,000 – £36,399	15
£700 – £999	7	£36,400 – £51,999	16
£1,000 – £1,499	8	£52,000 – £77,999	17
£1,500 or more	9	£78,000 or more	18
Prefer not to say	98		

<Unique questionnaire ID>

7

Appendix 5. Baseline data collection form (continued).

13 **Do you receive any of the following benefits:**
(Please tick **all that apply**)

Jobseekers Allowance	Council Tax Reduction
Income Support	Housing Benefit
Personal Independence Payment (PIP formerly DLA)	Attendance Allowance
Child Benefit	Carer's Allowance
Working Tax Credit	State Pension
Child Tax Credit	Universal Credit
Other (please **write in**)	Prefer not to say

14 **How do you access the internet?**
(Please tick **all that apply**)

- On my mobile phone
- On my tablet computer (such as iPad)
- On my home computer
- On a school or college computer
- On a work computer
- On a library computer
- On friend or family's computer
- Other (please **write in**)
- I don't access the internet

<Unique questionnaire ID>

8

Appendix 6. 'What happens next' leaflet.

Front

Useful Contacts

The **Right Here Right Now** team are not able to respond to your answers. If you have been affected by the subjects raised please contact:

Money or financial worries
Free advice helpline
0808 801 1011

Health and wellbeing
www.breathingspacescotland.co.uk
Helpline: 0800 383587

www.samaritans.org
Helpline: 08457 909090

www.nhs24.com
Helpline: 08454 242424

Alcohol related issues
www.alchoholics-anonymous.org.uk
Helpline: 0845 769 7555

Al-Anon Family Group UK
www.al-anonuk.org.uk
Helpline: 0141 339 8884

Domestic violence
www.scottishwomensaid.org.uk
Helpline: 0800 027 1234

www.mensadviceline.org.uk
Helpline: 0808 801 0327

Support for carers
Glasgow City Carers Partnership
Carers information and support
line: 0141 353 6504

Support for older people
Age Scotland: www.ageuk.org.uk/
scotland/contact-us/

Silver Line Scotland:
0800 4 70 80 90

Homelessness
Glasgow Homelessness Network:
0141 420 7272

Contact Details
If you need any help or if you would prefer to receive your questions by text message or email please use the details below. If possible please include your ID number with your message (which can be found on the front of this booklet).

Your participation is voluntary and you are free to withdraw at any time. Should you wish to withdraw you may be asked to give feedback on why you do not wish to continue but you are under no obligation to provide a reason for withdrawal.

FREEPHONE: 0800 389 2129 or rhrn@sphsu.mrc.ac.uk

RIGHT HERE RIGHT NOW — Dear Community Researcher

Thank you for agreeing to take part in the **Right Here Right Now** study
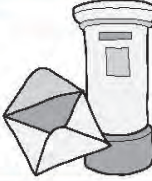
Learning from Glasgow

What Happens Next...

Appendix 6. 'What happens next' leaflet (continued).

Back

Appendix 7. Community Researcher telephone interviews – sampling framework and interviews.

A7.1. Sampling framework for CR interviews.

Sampling framework – CRs selected to be approached for interview (correct 29th September, 2015)			
CR weekly response rate	Quota	Random	Total
High (80 – 100%)	7	6	13
Mid (30 – 50%)	8	7	15
Low (0 – 20%)	10	6	16
Total	25	19	44
Preferred contact method			
Email	12	8	20
SMS	11	9	20
Post	2	2	4
Total	25	19	44

A7.2. Outcomes of telephone interviews with CRs.

Outcomes of telephone interviews with CRs			
CR weekly response rate	Quota	Random	Total
High (80 – 100%)	4	3	7
Mid (30 – 50%)	2	3	5
Low (0 – 20%)	1	1	2
Total	7	7	14
Preferred contact method			
Email	5	3	8
SMS	2	3	5
Post	0	1	1
Total	7	7	14

Appendix 8. Right Here Right Now (RHRN): Telephone interview proforma – Community Researchers.

Opening explanation: Include confirmation of consent to record the interview; use of data; management of data.

Community Researchers experience of the RHRN process

1) How did you come to take part in the RHRN study? (What did you think about recruitment?) (pop-up / letter then fieldworker visit // recruitment pack)

2) Please tell me about why you chose to respond by (post, sms text, email). Have you changed response method, if so why?

3) What has it been like receiving and answering RHRN questions?

4) What do you think of the four-part RHRN question format?

5) What do you think about receiving questions every week? (Is this frequency acceptable?)

6) Have you read any of the results summaries, if so what do you think of these? (Prompt, does it influence your participation?)

7) As well as the RHRN questions, some Community Researchers have been contacted by phone about their ongoing involvement with the study, and others have been invited to retention events. Do these kinds of activities influence your participation?

8) What do you think of the design of RHRN materials? (Recruitment pop-up/ recruitment pack// online questions and summaries / postal questions and summaries).

Being a Community Researcher

9) Has anything influenced whether or not you respond to individual questions?

10) How relevant to you are the RHRN questions?

11) RHRN has used the term Community Researcher for people who take part in the study. Based on your experience, what has it felt like to be a 'Community Researcher'? (Feel engaged with RHRN? / Different from other 'surveys')

12) RHRN is a pilot that is exploring how to capture the public's views and feed those into the policy process. What do you think of this? (Encouraged involvement or engagement with the policy process?)

The future of RHRN

13) If RHRN were extended in future, how could it be made more engaging for people taking part? How could RHRN be made more convenient to take part in?

14) How do you think it would feel to take part in a larger version of RHRN, over a longer time period?

15) Any other comments?   Thank you for participating in this interview and taking part in Thank you for participating in this interview, and for taking part in RHRN.

Appendix 9. Programme for the stakeholder evaluation workshop.

Part 1: Experiences of the pilot

Through facilitated discussion participants considered the three themes outlined below. Participants were encouraged to reflect on their experience of RHRN, depending on how they had engaged with the pilot (e.g. suggested questions, read summaries, attended previous workshop).

Theme 1: Participation, involvement and satisfaction with RHRN

Facilitators promoted for views on:
- Frequency and format of the questions
- Experience of suggesting questions to RHRN
- Feedback that they received (summaries, emails from the RHRN team)
- Being involved in a research study
- How any of these aspects could be improved.

Theme 2: Quality of the evidence

Facilitators promoted for views on:
- What participants thought of the nature and quality of the data collected.
- Whether being involved in RHRN had influenced how participants think of the data generated through this process.
- Presentation of the data (online summaries).
- Clarity of the findings and summaries.
- How any of these aspects could be improved.

Theme 3: Utility of the evidence

Facilitators promoted for views on:
- Relevance of the data collected.
- How well the weekly nature of RHRN fits with decision making processes.
- Value of the evidence generated through RHRN
- What the data generated by RHRN offers that is not available from other data sources.
- Whether being involved in RHRN had influenced participants' working practice in any way.
- How findings from RHRN had or could be used.

Part 2: Envisioning what a scaled-up RHRN should provide

Part 2 was about using what we had learned from the RHRN pilot to envisage what a scaled-up version of RHRN could provide for different key groups. Part 2 thus reflected on the discussion in Part 1, but also involved stakeholders in considering their own experience and perspectives, as well as the priorities of those in other roles.

Each table was assigned a different stakeholder perspective, namely: Community Researcher/ Citizen, Data analyst, or Data user (someone who uses data to assign resources, shape policy or inform practice). Participants were then asked to consider: What might each role want from being involved in a scaled-up version of RHRN?

Appendix 9. Programme for the stakeholder evaluation workshop (continued).

Participants then reflected on what had been learned from the RHRN pilot and discuss the key questions below:
- What elements of the RHRN pilot should we take care to retain?
- What should a scaled up version of RHRN provide?
- How might a system, with those features identified by the group, be used, now and in the future?

As well as flipcharts with the key questions, each table was provided with a set of features cards.

Part 3: Round up and reflection on RHRN as a means to consult with and involve citizens

Appendix 10. Evaluation research questions mapped to evaluation methods and data sources.

Pilot phase aim I evaluation questions mapped to data variables and sources.

Key research question 1: How efficient and effective were the approaches to recruiting and retaining study participants?		
Evaluation question	**Variable**	**Source**
How effective were the RHRN recruitment processes?	Number of participants who did not wish to be contacted after initial letter.	Opt-out forms
	Response rate for each method Reasons for non-participation	Random sample and quota sample response rate forms
	Participant acceptability /initial engagement	Procedural issues or problematic baseline questions recorded in fieldworker diaries.
		RHRN question set (All CRs); telephone interviews with CRs (selected); retention event for quota sample re. motivation for engagement
How efficient were the RHRN recruitment processes?	Resources required for initial data collection	Length of time taken to complete consent forms, contact details forms and baseline questionnaire fieldworker diaries
How effectively were participants retained on the RHRN pilot study?	Number of Community researchers who stop responding	Response Rate CSVs from RHRN system
	Response after retention phone calls	Response CSVs from RHRN system, and Retention Form.
How efficient were the RHRN retention strategies?	Resources required to make retention phone calls	Retention Form log of calls made; RHRN fieldwork diary of time taken for retention calls
	Resources required for GSA retention events	Number of events; number of hours to co-ordinate; additional cost of hosting events.

Appendix 10. Evaluation research questions mapped to evaluation methods and data sources (continued).

Evaluation question	Variable	Source
How do the two cohorts differ in terms of response bias, attrition, quality of data and cost, and in terms of acceptability to the Community Researchers?	Cohort characteristics	Baseline demographic data form
	Response bias	Response CSVs; Individual data CSVs from RHRN system
	Attrition, quality of data, cost and acceptability to the Community Researchers.	All above sources of data

Pilot phase aim 2 evaluation questions mapped to data variables and sources.

Key research question 2: What tools can be used to communicate with study participants and generate high quality data?		
Evaluation question	**Variable**	**Source**
How effective were the RHRN tools used to collect data from participants?	Views from 2014 Community workshop participants	Initial scoping and development workshops.
	Uptake of response methods	RHRN system data
	Comparison of response methods	RHRN system data
	Community Researcher acceptability of ongoing participation in RHRN	RHRN evaluation questions (All CRs); Telephone interviews with sample of CRs; Retention event feedback

Appendix 10. Evaluation research questions mapped to evaluation methods and data sources (continued).

Evaluation question	Variable	Source
How efficient were the RHRN tools for data collection?	Resources required to collect data each week (question selection process)	RHRN team reflections; Description of complexity of question development & approval process
	Resources required to collect data each week (question send process)	RHRN team reflections; Description of resources needed to issue questions
	Resources required to process data	RHRN team reflections; Description of process for entry of postal questions; download of question responses, analysis and summary preparation.
	RHRN system performance	Reports generated from IT issue log of problems/bugs (and fixes) and usability issues
How relevant was the data obtained?	Relevance of data generated in 'research' terms	RHRN team reflections; Assessment of questions; extent to which data generated adequately answers RQs.
	Relevance of data generated to CRs	RHRN evaluation questions issued to CRs; Telephone interviews with CRs
Of what quality was the data obtained?	Quality of data being returned	RHRN system data: missing data by initial questions and across Q2/3/4; Length of response by method (post, text, online); Usability of data from each response method

Appendix 10. Evaluation research questions mapped to evaluation methods and data sources (continued).

Pilot phase aim 3 evaluation questions mapped to data variables and sources.

Key research question 3: How can RHRN project data be synthesised to inform real-time decision-making?		
Evaluation question	**Variable**	**Source**
How effective was the approach to real-time data analysis and synthesis?	Approach to data analysis	Summary findings reports; RHRN team reflections.
	Realisation of 'real-time' aim	Turnaround time from generation of question to dissemination of results
	Acceptability of results presentation	Stakeholder workshop feedback; Telephone interviews with CRs
	RHRN system performance	RHRN team reflections.
How efficient was the approach to real-time data analysis and synthesis?	Resources required for data analysis	RHRN team reflections: Time taken to provide initial descriptive analysis of weekly data, produce summaries

Pilot phase aim 4 evaluation questions mapped to data variables and sources.

Key research question 4: How can RHRN be used best to meet the needs of decision-makers?		
Evaluation question	**Variable**	**Source**
How effective was the engagement of stakeholders in the RHRN process?	Engagement of decision-makers	Weekly question invitation emails to stakeholders; stakeholder evaluation workshop
	Capacity of stakeholders to deal with real-time evidence	Weekly question invitation emails to stakeholders; stakeholder evaluation workshop
	Engagement of CRs	Number of instances of participant suggested questions RHRN questions question
What value does 'real-time' data offer decision-makers?	Perceptions of decision-makers	Weekly question invitation emails to stakeholders; stakeholder evaluation workshop

Appendix II. Reasons for declining to take part in RHRN – Random sample.

Refusals	
Implicit refusal – Fieldworker unable to make contact after 5 attempts	87
Implicit refusal – 3 visits (warm contact householder)	16
Explicit refusal – Community Researcher not identified	46
Explicit refusal – no reason given	28
Explicit refusal – too big a commitment	23
Explicit refusal – not relevant or important to me	5
Explicit refusal – research fatigue	2
Explicit refusal – other reason given	32
Other reasons given	
Illness (including caring responsibilities)	15
Temporarily at address/intermittent residence	5
Moving house	2
Other (not meaningful)	2
Temporarily too busy (e.g. exams, work)	2
Bereavement	1
Blind	1
Concerns about anonymity/use of data	1
Concerns about internet security	1
Critical of project (waste of time and money)	1
Too old, nothing interesting to say	1

Appendix 12. Reasons for declining to take part – quota sample.

Refusals	
Explicit refusal – no reason given	90
Explicit refusal – too big a commitment	57
Explicit refusal – not relevant or important to me	14
Explicit refusal – research fatigue	3
Explicit refusal – other reason given	119
Other reasons given	
Too busy to complete recruitment process	89
Needed more time to consider taking part	4
Concerns about ability to take part (e.g. English as second language, dyslexic)	2
Temporarily at address/intermittent residence	2
Critical of project (waste of time and money)	2
Dislikes questionnaires	1
Views "too radical"	1
Illness (including caring responsibilities)	1
Concerns about anonymity/use of data	1
Other (not meaningful)	4
Missing data	12

Appendix 13. Socio-demographic characteristics of CRs.

	Random sample	Quota Sample
Gender		
Male	33 (58)	56 (46)
Female	24 (42)	67 (54)
Missing	0	0
Age		
18-29	16 (28)	39 (32)
30-44	17 (30)	31 (25)
45-64	18 (32)	35 (28)
65+	6 (11)	18 (15)
Missing	0	0
Ethnicity		
White	55 (96)	110 (89)
Non-white ethnic minority	2 (34)	13 (11)
Missing	0	0
Highest qualification		
Level 4 or above (Degree or equivalent)	19 (33)	49 (40)
Level 3 (e.g. HND)	10 (18)	26 (21)
Level 2 (e.g. Higher)	9 (16)	17 (14)
Level 1 (e.g. Standard Grade)	7 (12)	14 (11)
Other vocational/ work related qualifications	6 (11)	4 (3)
No qualifications	6 (11)	10 (8)
Missing	0	3 (2)
Employment		
Full time/ part time employed	30 (53)	62 (50)
Unemployed	8 (14)	10 (8)
Sick/ disabled	7 (12)	2 (2)
Retired	7 (12)	25 (20)
Looking after home/ family	0	2 (2)
In education	5 (9)	21 (17)
Missing	0	1 (1)
Income		

Appendix 13. Socio-demographic characteristics of CRs (continued).

Income		
< £100 per week or <£5,200 per year	5 (9)	5 (4)
£200-£299 per week or £10,400-£15,599 per year	10 (18)	8 (7)
£300-£399 per week or £15,600-£20,799 per year	4 (7)	7 (6)
£400-£499 per week or £20,800-£25,999 per year	3 (5)	16 (13)
£500-£699 per week or £26,000-£36,399 per year	9 (16)	9 (7)
£700-£999 per week or £36,000-£51,999 per year	3 (6)	16 (13)
£1,000-£1,499 per week or £52,000-£77,000 per year	5 (9)	9 (7)
£1,500 or more per week or £78,000 or more per year	2 (4)	4 (3)
Missing	10 (18)	37 (30)
Benefits		
Jobseekers Allowance	4 (7)	9 (7)
Employment Support Allowance	2 (4)	0 (0)
Income Support	3 (5)	2 (2)
Personal Independence Payment or Disability Living Allowance	6 (11)	2 (2)
Child Benefit	9 (16)	22 (18)
Working Tax Credit	3 (5)	4 (3)
Child Tax Credit	5 (9)	16 (13)
Council tax reduction	10 (18)	48 (39)
Housing Benefit	9 (16)	19 (15)
Attendance Allowance	1 (2)	0 (0)
Carers' Allowance	1 (2)	0 (0)
State Pension	7 (12)	19 (15)
Universal Credit	0 (0)	1 (1)
None or no option selected	23 (40)	37 (30)
Missing	2 (4)	1 (1)
Housing tenure		

Appendix 13. Socio-demographic characteristics of CRs (continued).

Housing tenure		
I own my own home (still paying mortgage)	14 (25)	27 (22)
I own my own home (have paid off mortgage)	6 (11)	30 (24)
I partly own my own home (shared ownership)	0	0
I rent my home from a housing association	20 (35)	30 (24)
I rent my home from a private landlord	16 (28)	17 (14)
I live at home with my parents (they are the tenant/homeowner)	1 (2)	11 (9)
I'm staying with family or friends (they are the tenant/homeowner)	0	6 (5)
I'm currently living in supported accommodation	0	1 (1)
I am homeless/have nowhere to live	0	0
Missing	0	1 (1)
GIMD Decile		
1 – most deprived	13 (23)	26 (21)
2	11 (19)	28 (23)
3	6 (11)	20 (16)
4	13 (23)	18 (15)
5 – least deprived	13 (23)	22 (18)
Missing	1 (2)	9 (7)
Children at home		
Yes	44 (77)	87 (71)
No	12 (21)	35 (28)
Missing	1 (2)	1 (1)
Internet use		
Internet user	54 (95)	116 (94)
Does not use the internet	3 (5)	7 (6)
Missing	0	0

Appendix 14. Multiple regression analysis of socio-demographic variables and question delivery method on proportion of questions answered by Community Researchers.

Step and variable	ΔR²	B	SE B	β
Step 1	.42**			
Constant				
Number of weeks in study		**.03****	**.00**	**.65**
Step 2	.17**			
Constant				
Number of weeks in study		**.03****	**.00**	**.65**
Random sample (reference)				
Quota sample		-.05	.04	-.07
Email question delivery (reference)				
SMS question delivery		.05	.04	.08
Post question delivery		.00	.07	.00
Age		**.01****	**.00**	**.38**
Male (reference)				
Female		.03	.04	.05
White ethnicity (reference)				
Non-White ethnic minority		-.05	.07	-.04
GIMD 5 (reference)				
GIMD 1		-.03	.06	-.04
GIMD 2		.06	.06	.07
GIMD 3		.05	.07	.05
GIMD 4		.07	.06	.08
Degree level qualification (reference)				
No Qualifications		**-.20***	**.08**	**-.16**
Other work qualifications		-.06	.09	-.04
Level 1		-.02	.07	-.02
Level 2		-.08	.06	-.08
Level 3		-.06	.05	-.07

Note: N = 166 due to missing data. Significant coefficients are in bold. *$p < .05$, **$p < .001$

Appendix 15. Questions issued throughout the RHRN pilot study.

WEEK 1: 5th May: HEATING				
How easy is it to keep your house warm?	1. It's easy	What helps make it easy for you to keep your house warm?	Does being able to keep your house warm have any other effects on you? Please give details.	Do you have any ideas to share about keeping your house warm? Please give details.
	2. I sometimes struggle	Why is it sometimes a struggle to keep your house warm?	How does struggling to keep your house warm affect you? Please give details	Do you have any ideas to share about keeping your house warm? Please give details.
	3. It's always hard	Why do you find it hard to keep your house warm?	How is not being able to keep your house warm affecting you? Please give details.	Do you have any ideas to share about keeping your house warm? Please give details.
WEEK 2: 12th May: PEOPLE				
In the last 5 years, what has been the biggest change in the population of your local area?	1. The number of people	Please describe this change.	What impact has this change had on your area?	What do you think the population of your area will be like in 5 years time?
	2. The ages of people	Please describe this change.	What impact has this change had on your area?	What do you think the population of your area will be like in 5 years time?
	3. The ethnic backgrounds of people	Please describe this change.	What impact has this change had on your area?	What do you think the population of your area will be like in 5 years time?
	4. Other or multiple changes	Please describe this change.	What impact has this change had on your area?	What do you think the population of your area will be like in 5 years time?

Appendix 15. Questions issued throughout the RHRN pilot study (continued).

	5. No change	Would you like to see any population change in your area? Please give details.	What impact would this change have on your area?	What do you think the population of your area will be like in 5 years time?
	6. Don't know	Would you like to see any population change in your area? Please give details.	What impact would this change have on your area?	What do you think the population of your area will be like in 5 years time?
WEEK 3: 17th May: COMMUNITY				
Which of the following do you think is the best thing about your community?	1.Outdoor spaces	Please describe this in more detail	Why is this important to you?	What changes, if any, would you like to see in your community?
	2.Community facilities	Please describe this in more detail	Why is this important to you?	What changes, if any, would you like to see in your community?
	3.People and groups	Please describe this in more detail	Why is this important to you?	What changes, if any, would you like to see in your community?
	4.Local services	Please describe this in more detail	Why is this important to you?	What changes, if any, would you like to see in your community?
	5.Other or a combination	Please describe these other things	Why is this important to you?	What changes, if any, would you like to see in your community?

Appendix 15. Questions issued throughout the RHRN pilot study (continued).

WEEK 4: 26th May: WALKING				
This is National Walking month. How often do you walk to the places you need to go to?	1.Always	Why do you always or sometimes walk?	How easy do you find it to walk around Glasgow? Please give details	What's your favourite part of Glasgow to explore on foot?
	2.Sometimes	Why do you always or sometimes walk?	How easy do you find it to walk around Glasgow? Please give details	What's your favourite part of Glasgow to explore on foot?
	3.Rarely	Why do you rarely walk?	How easy do you find it to walk around Glasgow? Please give details	What's your favourite part of Glasgow to explore on foot?
	4. Never	Why do you never walk?	What, if anything, would help you to get around Glasgow? Please give details	What's your favourite part of Glasgow to explore?
WEEK 5: 2nd June: STRESS				
In the last few weeks, how often have you experienced stress?	1. All or most of the time	What caused you most stress?	How did this stress affect you?	Please tell us about how you coped with a recent challenge?
	2. Some of the time	What caused you most stress?	How did this stress affect you?	Please tell us about how you coped with a recent challenge?
	3.Rarely	What helped you to be mostly free of stress?	Why do you think others experience stress?	Please tell us about how you coped with a recent challenge?
	4. Never	What helped you to be free of stress?	Why do you think others experience stress?	Please tell us about how you coped with a recent challenge?

Appendix 15. Questions issued throughout the RHRN pilot study (continued).

WEEK 6: 9th June: FAMILY				
Is family important to you?	1. Yes, very important	In what way is family very important to you?	Do you do things for your family? Please give details	Do you have a memory to share about your family? Please give details
	2. Yes, somewhat important	In what way is family somewhat important to you?	Do you do things for your family? Please give details	Do you have a memory to share about your family? Please give details
	3. No, not important	Who, other than your family, is important to you? Please give details	Do you do things for the people who are important to you? Please give details	Do you have a memory to share about the people who are important to you? Please give details
WEEK 7: 16th June: BLOOD DONATION				
Sunday was World Blood Donation day. Have you ever given blood?	1. Yes, many times	What motivated you to give blood?	What, if anything, would encourage other people to give blood?	Tell us about an experience you (or family or friends) have had of giving or receiving blood
	2. Yes, a few times	What motivated you to give blood?	What, if anything, would encourage other people to give blood?	Tell us about an experience you (or family or friends) have had of giving or receiving blood
	3. Yes, once	What motivated you to give blood?	What, if anything, would encourage or help you to give blood in the future?	Tell us about an experience you (or family or friends) have had of giving or receiving blood
	4. No, never	Why have you never given blood?	What, if anything, would encourage or help you to give blood in the future?	Tell us about an experience you (or family or friends) have had of giving or receiving blood

Appendix 15. Questions issued throughout the RHRN pilot study (continued).

WEEK 8: 23rd June: SMOKING IN CARS				
Do you think smoking should be allowed in cars carrying children?	1.Yes	Please tell us why it should be allowed	What impact do you think a ban on smoking in cars carrying children would have?	What do you think might be the best way to reduce smoking?
	2.No	Please tell us why it should not be allowed	What impact do you think a ban on smoking in cars carrying children would have?	What do you think might be the best way to reduce smoking?
	3.Don't know	Please tell us why you are undecided?	What impact do you think a ban on smoking in cars carrying children would have?	What do you think might be the best way to reduce smoking?
WEEK 9: 30th June: AGEING				
Is Glasgow a good place to grow old?	1.Yes	In what ways do you think Glasgow is a good place to grow old?	Do you have any ideas for improving Glasgow for older people?	In 25 years, about one-fifth of people in Glasgow will be over 65. What impact do you think this will have?
	2.In some ways	In what ways do you think Glasgow is a good place to grow old?	Do you have any ideas for improving Glasgow for older people?	In 25 years, about one-fifth of people in Glasgow will be over 65. What impact do you think this will have?
	3.No	Why do you think Glasgow is not a good place to grow old?	Do you have any ideas for improving Glasgow for older people?	In 25 years, about one-fifth of people in Glasgow will be over 65. What impact do you think this will have?

	4.Not sure	Why are you not sure if Glasgow is a good place to grow old?	Do you have any ideas for improving Glasgow for older people?	In 25 years, about one-fifth of people in Glasgow will be over 65. What impact do you think this will have?
WEEK 10: 7th July: VOLUNTEERING				
Over the last year, have you volunteered or given your time (unpaid) to help any clubs, charities, campaigns or organisations?	1.Yes, at least once a week	Please describe what you do as a volunteer or helper	What effect, if any, does volunteering have on you?	Some people say volunteering is exploitation. What do you think?
	2.Yes, at least once a month	Please describe what you do as a volunteer or helper	What effect, if any, does volunteering have on you?	Some people say volunteering is exploitation. What do you think?
	3.Yes, a few times	Please describe what you do as a volunteer or helper	What effect, if any, does volunteering have on you?	Some people say volunteering is exploitation. What do you think?
	4.No	Does anything prevent you from volunteering? Please give details	Would you like to volunteer in the future?	Some people say volunteering is exploitation. What do you think?

Appendix 15. Questions issued throughout the RHRN pilot study (continued).

WEEK 11: 14th July: BUDGET 2015				
The UK Government announced plans to limit tax credits, paid to families with children and people on low income. Do you agree with this?	1.Yes, fully agree	Please tell us why you agree	What impact do you think this might have?	If you could give advice to the UK Government about helping people on low incomes, what would it be?
	2.Yes, partially agree	Please tell us why you agree	What impact do you think this might have?	If you could give advice to the UK Government about helping people on low incomes, what would it be?
	3.No, don't agree	Please tell us why you don't agree	What impact do you think this might have?	If you could give advice to the UK Government about helping people on low incomes, what would it be?
	4.Not sure	Please tell us why you're not sure	What impact do you think this might have?	If you could give advice to the UK Government about helping people on low incomes, what would it be?

Appendix 15. Questions issued throughout the RHRN pilot study (continued).

WEEK 12: 21st July: QUALITY OF WORK				
Do you think the quality of jobs has become better or worse in the last 5 years?	1.Better	Please tell us why	In your view, what makes a good job?	Our health is affected by our quality of work. How do you think health and wellbeing could be improved through work?
	2.Worse	Please tell us why	In your view, what makes a good job?	Our health is affected by our quality of work. How do you think health and wellbeing could be improved through work?
	3.No change	What do you think of the quality of jobs at the moment?	In your view, what makes a good job?	Our health is affected by our quality of work. How do you think health and wellbeing could be improved through work?
	4.Not sure	Please tell us why you're not sure	In your view, what makes a good job?	Our health is affected by our quality of work. How do you think health and wellbeing could be improved through work?

WEEK 13: 28th July: COMMONWEALTH GAMES				
It's one year on from the Glasgow Commonwealth Games. Did the Games have any lasting effects on you?	1.Yes, positive effects	Please give details of these effects	What do you think the wider impact of the Games has been on Glasgow?	Please share any memories you have of the Games
	2.Yes, negative effects	Please give details of these effects	What do you think the wider impact of the Games has been on Glasgow?	Please share any memories you have of the Games
	3.Yes, mixed effects	Please give details of these effects	What do you think the wider impact of the Games has been on Glasgow?	Please share any memories you have of the Games
	4.No effects	Would you have expected any effects? Please give details	What do you think the wider impact of the Games has been on Glasgow?	Please share any memories you have of the Games

Appendix 15. Questions issued throughout the RHRN pilot study (continued).

WEEK 14: 4th August: DISCRIMINATION				
Have you, or someone you know, experienced discrimination or prejudice while living in Glasgow?	1.Yes	Please tell us about this experience	What impact has this had on you?	What more could be done to tackle discrimination and prejudice in Glasgow?
	2.No	Have you seen others experiencing discrimination in Glasgow? Please give details	Do you think discrimination and prejudice are problems for Glasgow? Please give details	What more could be done to tackle discrimination and prejudice in Glasgow?
WEEK 15: 11th August: RHRN QUESTIONS / YOUR VIEWS				
So far, we've asked questions on topics such as jobs and wellbeing. How important to you are the issues we've been asking about?	1.Very	Why are these things important to you?	What are the big issues you think we should ask about?	Some of our questions are suggested by local and national decision-makers - others are about current events. How do you think we should decide where questions come from?
	2.Quite	Why are these things important to you?	What are the big issues you think we should ask about?	Some of our questions are suggested by local and national decision-makers - others are about current events. How do you think we should decide where questions come from?

Appendix 15. Questions issued throughout the RHRN pilot study (continued).

	3.Not very	Why are these things not important to you?	What are the big issues you think we should ask about?	Some of our questions are suggested by local and national decision-makers - others are about current events. How do you think we should decide where questions come from?
	4.Not at all	Why are these things not important to you?	What are the big issues you think we should ask about?	Some of our questions are suggested by local and national decision-makers - others are about current events. How do you think we should decide where questions come from?
WEEK 16: 18th August: E-CIGARETTES				
How often do you see people using e-cigarettes?	1.Daily	Where do you see people using e-cigarettes?	Why do you think people use e-cigarettes?	What are your views on restricting the use of e-cigarettes in indoor public spaces?
	2.One or two times a week	Where do you see people using e-cigarettes?	Why do you think people use e-cigarettes?	What are your views on restricting the use of e-cigarettes in indoor public spaces?
	3.Monthly	Where do you see people using e-cigarettes?	Why do you think people use e-cigarettes?	What are your views on restricting the use of e-cigarettes in indoor public spaces?
	4.Rarely or never	Where do you think people use e-cigarettes?	Why do you think people use e-cigarettes?	What are your views on restricting the use of e-cigarettes in indoor public spaces?

Appendix 15. Questions issued throughout the RHRN pilot study (continued).

WEEK 17: 25th August: MONEY WORRIES				
How often have you been worried about money during the last few months?	1.Frequently	Why have you been worried about money?	How is this worry about money affecting you?	If your income increased by 50%, what difference would this make to you?
	2.Sometimes	Why have you been worried about money?	How is this worry about money affecting you?	If your income increased by 50%, what difference would this make to you?
	3.Never	Please explain why you haven't had money worries	Have you ever had money worries in the past? Please give details	If your income decreased by 50%, what difference would this make to you?
WEEK 18: 1st September: MUSEUMS AND ART GALLERIES				
Do you visit any of Glasgow's museums and art galleries?	1.Yes, regularly	What prompts you to visit museums and art galleries?	What could be better about Glasgow's museums and art galleries?	If you could run your own museum or art gallery in Glasgow, what would it be like?
	2.Yes, sometimes	What prompts you to visit museums and art galleries?	What could be better about Glasgow's museums and art galleries?	If you could run your own museum or art gallery in Glasgow, what would it be like?
	3.Rarely	Why do you rarely visit museums and art galleries?	What could be better about Glasgow's museums and art galleries?	If you could run your own museum or art gallery in Glasgow, what would it be like?
	4.No, never	Why do you never visit museums and art galleries?	What could be better about Glasgow's museums and art galleries?	If you could run your own museum or art gallery in Glasgow, what would it be like?

Appendix 15. Questions issued throughout the RHRN pilot study (continued).

WEEK 19: 8th September: REFUGEE CRISIS				
The refugee crisis has been in the news this week. Should we welcome more refugees?	1.Yes	Why do you think we should welcome more refugees?	What would be the effect of more refuges on Glasgow?	How does the refugee crisis make you feel?
	2.No	Why do you think we should not welcome more refugees?	What would be the effect of more refuges on Glasgow?	How does the refugee crisis make you feel?
	3.Unsure	Why are you unsure?	What would be the effect of more refuges on Glasgow?	How does the refugee crisis make you feel?
WEEK 20: 15th September: EVALUATION QUESTION 1 – YOUR FEEDBACK				
We've been asking you questions every week. Do weekly questions suit you?	1.Yes	Please tell us why	Thinking about all the aspects of the project, from first joining to now, please tell us what you like about the project	What do you think we could do to improve the project for our Community Researchers?
	2.No, too frequent	Please tell us why	Thinking about all the aspects of the project, from first joining to now, please tell us what you like about the project	What do you think we could do to improve the project for our Community Researchers?
	3.No, not frequent enough	Please tell us why	Thinking about all the aspects of the project, from first joining to now, please tell us what you like about the project	What do you think we could do to improve the project for our Community Researchers?

Appendix 15. Questions issued throughout the RHRN pilot study (continued).

WEEK 21: 22nd September: (EUROPEAN MOBILITY WEEK) TRAVEL				
In the last week, what has been your main way of getting around Glasgow? Please select one option	1.Bicycle 2.Bus 3.Car or van 4.Motorcycle 5.On foot 6.Taxi 7.Train or underground	Why was this your main way of getting around?	Please tell us about a recent good or bad experience of travelling around Glasgow?	What one thing would improve travel around the city?
	8.Other	You've picked 'other': What is this and why was it your main way of getting around?	Please tell us about a recent good or bad experience of travelling around Glasgow?	What one thing would improve travel around the city?
	9.Not applicable	You've selected 'not applicable'. Can you tell us why?	Please tell us about a recent good or bad experience of travelling around Glasgow?	What one thing would improve travel around the city?
WEEK 22: 29th September: CHILDREN				
UNICEF says children should feel safe, nurtured, prioritised and treated with dignity. How well does this describe life for children in Glasgow?	1.Very well	Why do you say this?	What else could be done?	How does the experience of children growing up in Glasgow today compare with your childhood experience?
	2.Quite well	Why do you say this?	What else could be done?	How does the experience of children growing up in Glasgow today compare with your childhood experience?

Appendix 15. Questions issued throughout the RHRN pilot study (continued).

	3.Not very well	Why do you say this?	What else could be done?	How does the experience of children growing up in Glasgow today compare with your childhood experience?
	4.Not sure	Why do you say this?	What do you say this?	How does the experience of children growing up in Glasgow today compare with your childhood experience?
WEEK 23: 6th October: EXPERIENCE OF SERVICES				
In the last year, have public services that you rely on changed? (e.g. health, transport, education, social care)?	1.Yes, improved	Please describe how they have improved	What impact has this had on you?	If you could increase the budget for any public services, what would they be and why?
	2.Yes, worsened	Please describe how they have worsened	What impact has this had on you?	If you could increase the budget for any public services, what would they be and why?
	3.No change	Please describe the services you rely on	Would you like to see any change in these services? Please give details	If you could increase the budget for any public services, what would they be and why?
	4.Not sure	Please describe the services you rely on	Would you like to see any change in these services? Please give details	If you could increase the budget for any public services, what would they be and why?

Appendix 15. Questions issued throughout the RHRN pilot study (continued).

WEEK 24: 13th October: SMOKING BAN				
It is nearly ten years since the smoking ban in indoor public places in Scotland was put in place. How successful do you think it has been?	1.Very successful	Why do you think it has been successful?	Can you tell us about any impact the smoking ban has had on you or your family?	Are there any other places smoking should be banned?
	2.Quite successful	Why do you think it has been successful?	Can you tell us about any impact the smoking ban has had on you or your family?	Are there any other places smoking should be banned?
	3.Not successful	Why do you think it has not been successful?	Can you tell us about any impact the smoking ban has had on you or your family?	Are there any other places smoking should be banned?
	4.Unsure	What makes you unsure?	Can you tell us about any impact the smoking ban has had on you or your family?	Are there any other places smoking should be banned?
WEEK 25: 20th October: CREDIT AND FINANCE				
If you had an unexpected bill or cost, what is the lowest amount that would be DIFFICULT to pay?	1.£20	How would you find the money for such a bill or cost?	What impact would such a bill or cost have on you?	In the past few years, has there been any change in how you access money to pay an unexpected bill or cost? Please give details
	2.£100	How would you find the money for such a bill or cost?	What impact would such a bill or cost have on you?	In the past few years, has there been any change in how you access money to pay an unexpected bill or cost? Please give details

Appendix 15. Questions issued throughout the RHRN pilot study (continued).

	3.£500	How would you find the money for such a bill or cost?	What impact would such a bill or cost have on you?	In the past few years, has there been any change in how you access money to pay an unexpected bill or cost? Please give details
	4.£1000	How would you find the money for such a bill or cost?	What impact would such a bill or cost have on you?	In the past few years, has there been any change in how you access money to pay an unexpected bill or cost? Please give details
	5.£2000	How would you find the money for such a bill or cost?	What impact would such a bill or cost have on you?	In the past few years, has there been any change in how you access money to pay an unexpected bill or cost? Please give details
	6.More than £2000	How would you find the money for such a bill or cost?	What impact would such a bill or cost have on you?	In the past few years, has there been any change in how you access money to pay an unexpected bill or cost? Please give details

Appendix 15. Questions issued throughout the RHRN pilot study (continued).

WEEK 26: 27th October: (FINAL QUESTION) LIVING IN GLASGOW				
How long have you lived in Glasgow?	1.Less than a year	What are your impressions of living in Glasgow so far?	What, if anything, would you like to change about Glasgow?	What items would you put in a time capsule to sum up what life is like in Glasgow today, and why would you choose these?
	2.1-5 years	What does living in Glasgow mean to you?	What, if anything, would you like to change about Glasgow?	What items would you put in a time capsule to sum up what life is like in Glasgow today, and why would you choose these?
	3.Over 5 years	What does living in Glasgow mean to you?	What, if anything, would you like to change about Glasgow?	What items would you put in a time capsule to sum up what life is like in Glasgow today, and why would you choose these?
	4.All my life	What does living in Glasgow mean to you?	What, if anything, would you like to change about Glasgow?	What items would you put in a time capsule to sum up what life is like in Glasgow today, and why would you choose these?

Appendix 16. Summaries of the refugee crisis and quality of work weekly questions.

RIGHT HERE RIGHT NOW

Learning from **Glasgow**

Theme: Refugee Crisis
Summary of Findings
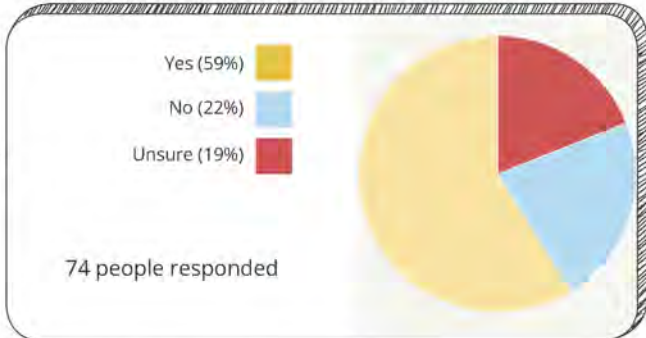
Dear Community Researcher,

On 8th September 2015 for question one we asked:

The refugee crisis has been in the news this week. Should we welcome more refugees?

Yes (59%)
No (22%)
Unsure (19%)

74 people responded

This week we were interested in Community Researchers' views on the ongoing refugee crisis.

The majority of respondents felt that Britain should welcome more refugees, and emphasised the conditions that people are fleeing from.

"The majority of these people are fleeing terrible regimes and war torn countries and deserve a better life."

Some Community Researchers also expressed a feeling of responsibility toward accepting more refugees. For example some responses stressed a sense of common humanity or a moral obligation to help those in need, whilst others argued that British foreign policies may have contributed to the current crisis.

"We are one world and must share our resources. We have contributed quite significantly to the situation in terms of fuelling war and exploitation in these regions and must take responsibility for what we have done."

"We have space, they have need. Also our political involvement worldwide creates refugee situations."

Others disagreed and felt that we should not welcome more refugees. Some Community Researchers argued that Britain lacks the necessary funds to support additional refugees for example, whilst others felt that resources should be prioritised toward helping those currently living in the UK.

Appendix 16. Summaries of the refugee crisis and quality of work weekly questions (continued).

"I think we are struggling to support the people who live in this country at the moment. Cuts are being made daily to essential services so how on earth will we be able to take on board thousands of refugees."

Community Researchers also described how welcoming more refugees into Glasgow would put significant pressure on local resources, such as housing, education and health services. As such, some Community Researchers suggested that there would have to be a period of planning to ensure that there would be sufficient support for refugees coming to live in Glasgow.

"The effect would be financial, housing crisis, social services and their workers struggling to manage the impact of all of this."

On the other hand, some Community Researchers felt that a greater number of refugees living in Glasgow could have social benefits, such as creating more diverse communities.

"In the long term, we know from experience that the city has benefited from immigration in the past making it a culturally diverse and eclectic as well as tolerant society that has added to the quality of life and our identity."

Finally, we also asked how the refugee crisis has made you feel. Many Community Researchers described feelings of distress and sadness for refugees, whilst others told us that they feel angry over the response to the crisis.

"We should be more concerned about our own country. Help our people who are in dire need!!!"

"A small proportion would make little difference. We would, however, need to make sure a proper infrastructure and real support were in place."

Thank you to all who completed this week's question.

Disclaimer: Please note that **Right Here Right Now** is a pilot study. Data are derived from a small number of individuals living in Glasgow, and are not representative of the views or attitudes of all Glasgow residents.

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Appendix 16. Summaries of the refugee crisis and quality of work weekly questions (continued).

RIGHT HERE RIGHT NOW

Learning from **Glasgow**

Theme: Quality of Work
Summary of Findings

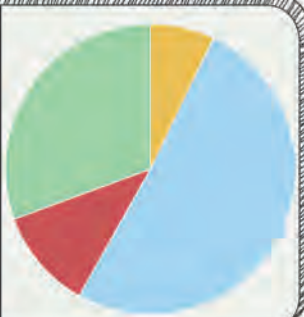**Dear Community Researcher,**

On 21st July 2015 for question one we asked:

Do you think the quality of jobs has become better or worse in the last 5 years?

Better (7%)
Worse (50%)
No change (11%)
Not sure (30%)

90 people responded

This week, we asked whether the quality of jobs has changed over the past five years.

Many of you felt that the quality of jobs has declined in recent years, due to factors such as a fall in the overall number of jobs available and an increase in low-skilled work.

"Many of my friends and colleagues, fellow art graduates and now practicing artists, can no longer get jobs that enable them to pursue their careers. They end up in minimum wage service jobs."

Community Researchers also described how low pay, fewer job benefits, zero-hour contracts and a lack of training opportunities had also contributed to a decline in the quality of jobs available.

"I have been looking for jobs and I can't find anything. It's very frustrating"

On the other hand, one Community Researcher described how there has recently been an increase in the number of jobs available in their area:

"I think there has been more jobs in this area as there are more developments at the Glasgow fort with an increase of shops, therefore creating more jobs."

Appendix 16. Summaries of the refugee crisis and quality of work weekly questions (continued).

You also told us about what makes for a good job. Among the most common responses that we received were that good jobs are well paid, satisfying and enjoyable. Other features of good jobs included being valued at work, having a sense of job security and having opportunities to develop your skills. Many of you also highlighted the importance of positive workplace conditions. This included having good bosses and management, as well as a friendly working environment.

> "Somewhere people recognise your abilities and encourage advancement, respect your views pay a decent salary and acknowledge your input."

> "Hours to suit people's lifestyle and a decent hourly wage with yearly wage increases to tie in line with the cost of everyday living i.e. food, electricity, gas etc."

Finally, we also asked Community Researchers how they thought that health and wellbeing could be improved through work. Many of the suggestions that we received involved reducing workplace stress and promoting a healthier work-life balance. Some Community Researchers suggested that this could be achieved by ensuring that workloads are manageable, whilst others stressed the importance of reasonable working hours.

> "There needs to be a work/ life balance. This would include systems developed by employer to ensure work tasks are achievable..."

Other proposals included paying employees a sufficient wage, and employers actively promoting health and wellbeing within the workplace. As one Community Researcher suggested,

> "I think workplaces could help by subsidising healthy living incentives such as healthy lunches, or initiatives that encourage employs to take part in exercise, such as running club or football team."

Thank you to all who completed this week's question.

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