



A Local Information System for Scotland (ALISS)

User research insights report

August 2021

For more information:

Contact:

Chris Mackie, Programme Manager

Chris.Mackie@alliance-scotland.org.uk

Katherine Long, User Researcher

Katherine.Long@alliance-scotland.org.uk

Visit:

 **www.aliss.org**

 **www.alliance-scotland.org.uk**



Summary

ALISS – A Local Information System for Scotland – is a national digital platform enabling people and professionals to find and share information on resources, services, groups and activities that support the wider determinants of health and wellbeing. It is funded by the Scottish Government, managed by the Health and Social Care Alliance Scotland (the ALLIANCE) and coproduced with people and professionals in Scotland’s communities.

User research was conducted between May and July 2021 to gather information on user awareness, access, and navigation of the ALISS platform. Data was collected using aggregator techniques from the ALISS system’s back end and analytics, collecting survey data through the ALLIANCE’s Membership Survey, and two site survey questionnaires. Site use and sources, membership, and awareness of ALISS were assessed through analytics and survey data. Feedback on the platform, suggestions for development and expansion of listings were evaluated through the survey questionnaire.

The results displayed that the frequent trend for users is to access the site through organic searching, via Chrome during weekdays. Data also suggested that the majority of site visits are new users, accessed by desktop and mobile almost identically in numbers.

70% of ALLIANCE survey respondents had some or good understanding of ALISS, with feedback for development including visualising results via a map and accurate, up-to-date display of results.

Recommendations include the increase of communication to members to update listings, and non-members to consider registration. Communication with local and national platforms similar to ALISS for knowledge exchange, and monitoring of social media analytics to improve weekend site visits are also recommended. Further user research will identify improvements to be made to the site with regards to bounce rate and increasing the numbers of returning users.



Introduction

ALISS – A Local Information System for Scotland – is a national digital platform enabling people and professionals to find and share information on resources, services, groups and activities that support the wider determinants of health and wellbeing.

This includes but is not limited to those that:

- help self manage long term conditions e.g. diabetes support group
- support social connection e.g. local choirs, book groups, befriending
- support physical activity e.g. badminton clubs, community gardens.
- link to a range of practical support e.g. money advice, advocacy services

It is funded by the Scottish Government, managed by the Health and Social Care Alliance Scotland (the ALLIANCE) and coproduced with people and professionals in Scotland's communities.

An established programme within the ALLIANCE for over ten years, ALISS have recently finalised a new strategy which lays the groundwork for developing a user friendly, accessible, and informative platform. The aim is to provide a platform which allows individuals to engage and connect with their communities, communities with services, and services with those in need of them. A large part of achieving this aim will be directed by user research, which will draw from knowledge exchanges with those using the site – service staff, carers, citizens, the community. We believe doing this will both embed user research in digitally enabled services, but also embed the voices of those who use them in the design of it.

This report covers user research conducted between May and July 2021, that details the awareness, access, and navigation of the ALISS platform. Furthermore, the report will address potential developments and changes to the system for increased user satisfaction and engagement.



Methods

To collect the data, we asked the following questions.

- 1. What awareness do stakeholders have of ALISS?**
- 2. What type of support are users searching for on ALISS?**
- 3. Are there other tools that are used in conjunction with ALISS?**

To generate recommendations based on user input, the research used the following questions.

- 1. What can be bettered to improve the visibility and usability of ALISS in the digital third sector?**
- 2. What changes can be made to improve the features and function of ALISS?**
- 3. What collaboration with third sector partners would benefit the user of ALISS?**

Data was collected through mixed methods. This involved gathering basic data using aggregator techniques from the ALISS system's back end and analytics, collecting survey data through the ALLIANCE's membership survey, and two site survey questionnaires.

Using basic analytics gave an up-to-date scope of the ALISS site and trends in use to base survey questions around. To better understand the visibility of the system, questions around awareness were delivered through voluntary convenience sampling in the ALLIANCE's membership survey. Bias can be reduced when conducting further research around visibility and awareness of the system by using systematic sampling, or cluster sampling to get a better understanding of visibility in certain sub-groups of the population. To quickly reach ALISS users already accessing the site, and to gain categorical data, hosting a pop-up survey was best suited as a technique.

Prior to starting data collection, ethics of digital inclusion were considered using the ALLIANCE's digital inclusion tool. As the use of the system was a requirement to partaking in the research, gathering data via the site was deemed the most inclusive way to reach pre-existing ALISS users. For research regarding accessibility in the future, a wider recruitment which also accounts for potential users would be suitable.



Results

User analytics

Site use

Analytics were taken from February to July 2021.

Over the six-month period, ALISS saw a total of 32,000 users, averaging approximately 5,300 a month.

On weekdays, ALISS is visited by 200-300 users daily. This drops to around 100 on the weekends. This could be due to users navigating the site for work purposes (adding a service, referring a person through HCP).

Sources

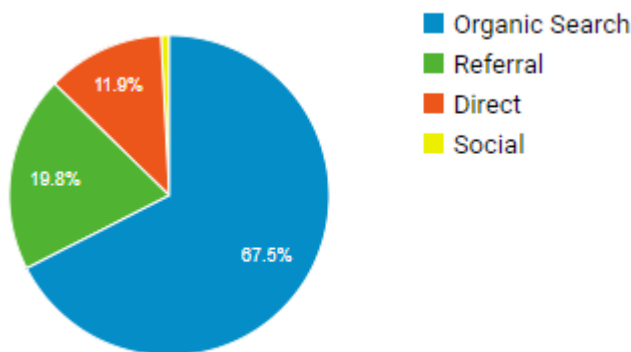


Chart taken from Google Analytics, August 2021.

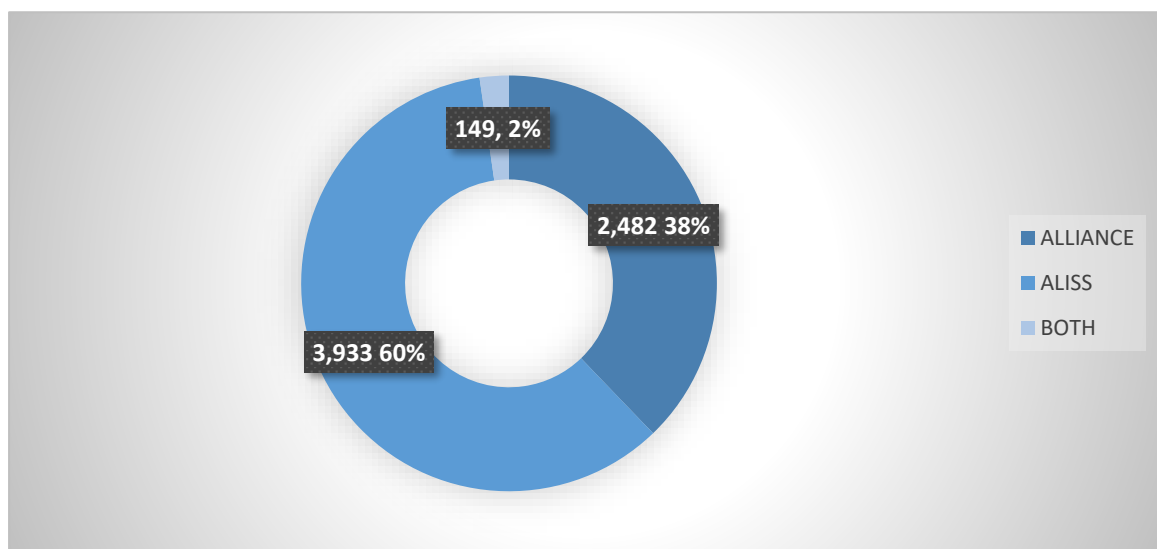
- Chrome is the most frequently used browser when visiting the ALISS site, followed by Safari.
- Visits to the site via desktop and mobile are almost identical in number.
- The average bounce rate (users closing their landing page without clicking further) is 69 %. Typically, a bounce rate of 26 to 40 % is considered good and is to be aimed for. 41 to 55 % is the average, while 56 to 70 % is higher than average and should be avoided. 70 % and over is considered a cause for concern. Some bounce rates can be considered reasonable, dependent on the landing page, for example if a blog post or link was shared that a user

visits and then leaves if the information is sufficient. Home pages, or sites that encourage user browsing are more likely to be aiming for low bounce rates.

Membership

Data was extracted from the ALLIANCE Customer Relationship Management (CRM) system and ALISS back-end platform, to cross reference the number of members who are registered to one or both services. While there are currently 3,003 registered ALLIANCE members, 2,482* memberships were able to be analysed. This is because the cross-referencing process required an email address to extract duplicates, which 521 ALLIANCE memberships did not detail. The ALISS service currently holds 3,933 registered users*, of which 161 held editor status (editing or updating services added to ALISS). This data suggests there are around 3,760 users who are registered with ALISS to find local information for support.

Out of these totals, 149 email addresses associated with user and member profiles were found on both ALLIANCE and ALISS portals.






*Numbers were taken at time of data analysis, July 2021.

Membership survey

The members survey was distributed to all members of the ALLIANCE via email in May 2021. Two questions were asked regarding the ALISS system.

Question 3.1 asked members about **their understanding of ALISS as a programme of the ALLIANCE.**

86 responses were recorded.

3.1. ALISS			Response Percent	Response Total
1	No Understanding		30.2%	26
2	Some Understanding		41.9%	38
3	Good Understanding		27.9%	24

Approximately 70 % of respondents had some or good understanding of ALISS as a programme of the ALLIANCE.

Question 17 further asked:

Please share your experience of using ALISS as a tool. Please include experience of functionality, and why you use it.

Most positive responses:

“I believe ALISS has HUGE potential going forward and would benefit from design-based approaches to prototype how this service could work in future. I would be very excited to get involved with ALISS moving forward and would welcome opportunities to explore future possibilities of the service and system.”

“I am aware of the ALISS programme and have found it useful in finding further information on several topics and the organisations that deal with those. It's easy to use, and the content is easy to access.”

“It's very useful as an individual citizen, and as an organisation for finding useful topic/geographical links.”

Response with feedback for development:

“I have attempted to use the ALISS tool and have found it rather difficult. I have also attempted to change the record for my organisation but have been unable to do so. I am sure it is a good system and I feel it should be more widely adopted in the third sector and in healthcare settings.”

“...However the tool does not drill down to Locality level in terms of Health and Social Care Integration. Locally the voluntary sector have developed a "locator tool" but again this is difficult to interrogate to meet my individual needs.”

“We haven't made much use of ALISS. Where it has proved useful is when we are working with an individual case and trying to find local services to them to signpost them on to for issues where we don't have sufficient expertise or where they need a more intense level of support that we can offer. Even though we are a member of the ALLIANCE we don't seem to have been put on the ALISS database.”

Some responses also mentioned:

Double entries

Out-of-date services

Site surveys

Site survey 1

Site survey 'Help us understand what you are looking for' ran between May and June 2021. The survey asked two questions and gathered 105 responses.

Question 1

# ^	ANSWER	COUNT	%
A	Support from a practitioner (doctor, GP, social work)	7	10.8%
B	Support in an informal setting (community led activities, peer support)	13	20%
C	Support from a charity organisation (Cancer UK, AGE Scotland, local charity groups)	8	12.3%
D	Any of the above	19	29.2%
E	Other	18	27.7%

65 total respondents.

What type of support are you looking for?

In 'Other', the top mentioned support noted was

legal and financial support.

Question 2

Is there anything else you would like to see on ALISS?

The responses to this question largely specified support that ALISS already registers, suggesting the links to it are not as intuitive as they could be, or it is difficult to find. This could be fixed through altering the search facility to include support types or refine and improve the 'Filter' function.

Answers mentioned:

Clubs and societies

Mental health support for carers

Community networks

Site survey 2

Site survey 'How do you find support?' ran for six weeks between June and July 2021 and gathered a total of 100 responses.

Question 1

Do you use any other sites to find support or register your service?

96% of respondents do not use any other site to find support or register their service for others to find support. Two of the responses were tests from the ALISS team, which indicates that the rate is more accurately 98%. Of the two responses that used other sites to find support, were the following comments:

"I use many sites to find support"

"I use Scottish Families Affected by Drug and Alcohol (SFAD)."

This would suggest that returning ALISS users are dedicated to the site to find support, but as the majority of site visits are from new users, it is likely that this majority of ALISS visitors are looking for support for the first time. This shows a large opportunity to develop a dedicated user base that can use ALISS as a digital support network.

Question 2

We currently use your postcode to help you find nearby services. Are there other options you would like to see to improve search ease?

This question returned limited responses, but the frequently occurring answer was **the use of a map that visualises support locations** in proximity to the postcode entered.



Review

What can be bettered to improve the visibility and accessibility of ALISS in the digital third sector?

The improved visibility of ALISS can start close to home, by sharing sign-up links within the ALLIANCE member list. There are over 2,000 ALLIANCE members who are not registered to ALISS, and the members' survey showed room for improved awareness of the site (nearly one third of respondents had no understanding of ALISS). Feedback also displayed there was an interest for the ALLIANCE to offer registration information to ALISS for ALLIANCE members upon sign-up.

Secondly, increased and developed content that can be sourced through keyword searching is of high value for ALISS. With 67% of visits coming from organic searches, and Google Chrome being the most frequently used browser, improved keyword use in site content will improve ALISS visibility in searches for local support.

A final opportunity to improve the visibility of ALISS based on visit statistical data, would be to increase social media presence on weekends to attract visitors outside of weekly referrals from health care professionals. It would be of value to monitor how this affects changes to weekend site visits in six months' time.

Further user research to gather opinion on mobile site navigation could allow ALISS to develop mobile specific usability specifications.

With regards to the bounce rate, ALISS is a site that requires a low home page bounce rate to be considered successful. This is because the services listed beyond the home page are the main features of our platform, and it is here that our main targets of helping others reach support are met. Therefore further work must be done to reduce the home page bounce rate and increase the level of returning users. Follow up work regarding this point will be listed in the recommendations.

What changes can be made to improve the features and function of ALISS?

The members survey showed support for the information and topics provided on ALISS with regards to diversity and variety. However, streamlining the services to rule out double entries and out-of-date services is essential to the information remaining relevant and useful. Ways this can be done are to encourage more regular review and maintenance of services and developing results filters that make note of 'recently added' or 'recently updated' services.

The site surveys gathered feedback that suggests users are usually searching for a multitude of services when they visit the site, rather than a specific type of support. This means that 'browsing' rather than specific searching is a common way of navigating the ALISS site. The postcode led search function may be a reason for this, as currently it is not possible to enter a category only and search for support. Support in an informal setting (community led activities and peer support) was the most popular category chosen when specifying a type of support users were looking for, while support from health care professionals and larger charity groups were among the least frequently searched for. This could be due to other sites such as Google or NHS 24 being more recognised for this function.

As mentioned in results, the services that respondents listed they would like to see on ALISS were largely already available. The limitations on refining the results page are likely to mean users might not be able to find or engage with services of a particular support type, as nearly all users have a drop-off below three pages. This means only two pages of results are generally looked at, meaning many services still

local to a user are being missed. This is a particular issue in respect of services that have a service area rather than a fixed location, as current search results show all relevant fixed location services first. This means that any services that are area based are lower down or on later pages, despite potentially being more relevant to the search enquiry. Developing a robust filter function would allow users to rule out types of services that they are not looking for without having to choose a particular category to browse.

Finally, the use of a virtual map has been suggested as an alternative function to viewing a list of results. This is a suggestion that has been put forward in previous research with ALISS and users have frequently responded that this would be an intuitive function for results navigation.

What collaboration with third sector partners services would benefit the user of ALISS?

Nearly all respondents exclusively use ALISS to find support or register their service. Scottish Families Affected by Alcohol and Drugs (SFAD) also has a site tool for finding support, and further collaboration could involve working together to discuss the uses, benefits and spaces for improvement when designing a platform for people looking for support. There could also be potential to gather the voices of those using the other platform to discuss what makes it work for them, as a way to hear from people who are currently not using ALISS but are looking for support.

It is already known that local council areas have similar platforms to ALISS that are used by health care professionals to make referrals, and feedback from this has been that using multiple sites is not necessary and that ALISS does not list all local information. Therefore, it is likely that there are people finding support through other sites that do not use ALISS. Being more informed about these platforms will aid future collaboration with third sector partners and charities, and further research online is recommended to work closer with local community services that may list support. Communicating with them to explore the different functions that ALISS can offer alongside, can assist in increasing support offered to people. It can also improve collaboration between services that often do not communicate due to their similarities being considered competitive.



Recommendations

Based on the review of results, the following recommendations are proposed:

- Generate and share email prompting ALISS sign-up within the ALLIANCE member list. To comply with GDPR the email will be sent through the ALLIANCE communications team.
- Further investigate and report back on keyword use in site content and reducing bounce rates on ALISS home page.
- Include ALISS Twitter posts on non-working days to monitor how an increased social media presence on weekends may attract visitors outside of weekly referrals from health care professionals.
- Generate implementation strategy to encourage ALISS members to regularly update services.
- Further development of filters that will improve results listings and service access.
- Reach out to local and national services that provide similar platforms to ALISS, to discuss collaborative knowledge exchange and connect with communities.





About the ALLIANCE

The Health and Social Care Alliance Scotland (the ALLIANCE) is the national third sector intermediary for a range of health and social care organisations. We have a growing membership of over 3,000 national and local third sector organisations, associates in the statutory and private sectors, disabled people, people living with long term conditions and unpaid carers. Many NHS Boards, Health and Social Care Partnerships, Medical Practices, Third Sector Interfaces, Libraries and Access Panels are also members.

The ALLIANCE is a strategic partner of the Scottish Government and has close working relationships, several of which are underpinned by Memorandum of Understanding, with many national NHS Boards, academic institutions and key organisations spanning health, social care, housing and digital technology.

Our vision is for a Scotland where people of all ages who are disabled or living with long term conditions, and unpaid carers, have a strong voice and enjoy their right to live well, as equal and active citizens, free from discrimination, with support and services that put them at the centre.

The ALLIANCE has three core aims; we seek to:

- Ensure people are at the centre, that their voices, expertise and rights drive policy and sit at the heart of design, delivery and improvement of support and services.
- Support transformational change, towards approaches that work with individual and community assets, helping people to stay well, supporting human rights, self management, co-production and independent living.
- Champion and support the third sector as a vital strategic and delivery partner and foster better cross-sector understanding and partnership.

The ALLIANCE

Phone: 0141 404 0231

Email: info@alliancescotland.org.uk

Twitter: @ALLIANCEscot

Website: www.alliancescotland.org.uk

Address: Venlaw Building, 349 Bath Street, Glasgow, G2 4AA

Health and Social Care Alliance Scotland is a company registered by guarantee.

The ALLIANCE is supported by a grant from the Scottish Government.

Registered in Scotland No.307731. Charity number SC037475