

Behavioural Insights Project – progress to date

1. The Health and Wellbeing Board hosted a behavioural insights workshop in October 2014 where members of the Board and the strategic leads for the Health and Wellbeing Strategy heard from Warren Hatter, a specialist in behavioural insights who devised 'With the Grain', a tool which enables commissioners to use insights from behavioural sciences.
2. Following the October event the Council has commissioned Warren (a former Design Council associate who has worked with the Cabinet Offices' Behavioural Insights Team), to provide specialist consultancy support in relation to the development and testing of a behavioural insights approach to key priorities in the city.
3. In May 2015, three pilot projects began in the following areas:
 - Increasing take up of early education for disadvantaged two-year olds
 - Physical Inactivity
 - Reducing smoking in pregnancy.
4. The following paragraphs describe the progress made so far in each of the three pilots and focuses on the approach taken to developing the pilots, the individual behavioural issues being addressed and how these have been tackled, what has been achieved so far and any lessons learnt to date.

5. Increasing take up of early education for disadvantaged two-year olds

This pilot is sponsored by Sunderland City Council. The purpose of this national policy is, ultimately, to reduce the attainment gap by giving children from disadvantaged backgrounds a head start so that they do not fall behind their peers throughout their school career.

Families are eligible to take up the offer if they have a two year old and are in receipt of:

- Income Support
- Income-based Employment and Support Allowance
- Income-based Jobseeker's Allowance
- Guarantee element of State Pension Credit
- Support under part VI of the Immigration and Asylum Act 1999
- Child Tax Credit (including Working Tax Credit) and have an income below £16,190
- Disability Living Allowance for children.

Children are also eligible if they:

- Have a current statement of Special educational needs or an Education Health Care Plan
- Are in the care of the local authority
- Are adopted.

In January 2015, Census data showed that 59% of eligible two year olds in Sunderland were taking up the offer. This was in line with national average (58%) but significantly below the regional average (65%). Local data also showed that the west area of the city had consistently low take up compared to the rest of Sunderland. To that end, it was agreed that the behaviour change pilot would be based in the west of Sunderland.

The figures above are calculated based on the lists of families, which are sent to local authorities, identified by DfE/DWP as being eligible. In Sunderland this is typically in the region of 1,500 families at any one time.

The pilot commenced in April 2015 with an information gathering workshop which included Early Intervention Family Workers (EIFWs), Health Visitors, Customer Services representatives, Performance Officers and Communications Officers. Bringing together staff in this way had immediate benefits in simply forging relationships that did not previously exist, particularly between health visitors and EIFWs. It also brought about the strategic buy in from health visitors into the project.

In terms of outcomes, the workshop identified two distinct paths for improvement: one relating to system improvements, the other relating to behaviour change.

System improvements

The current process is that once the DWP lists are received, Children's Centres send letters to all parents informing them that their two year old may be eligible for a nursery place. It was agreed to replace this with a family-friendly voucher which showed children enjoying play activities. Whilst part of the systems improvements, the language and information on the voucher would also be designed to encourage behaviour change.

In addition, all applications that are received are processed through an Eligibility Checking Service (ECS) and details entered on a spreadsheet, which is a very lengthy process. The other drawback to the spreadsheet is that it is stand alone and therefore difficult to interrogate in conjunction with any other data the council uses. There is also a risk that the spreadsheet becomes corrupted and the data lost.

From March 2016, that process is changing and all details relating to children accessing a 2-year old place will be held on Capita, the management information system for education data. This will make it much easier to get real time data as to what the take up in the city is at any given time.

In addition, learning from the regional meetings regarding "Achieving 2-year olds (A2YO)" has revealed that other authorities are using a 'Golden Ticket'. This ticket entitles children to a nursery place without the need to use the time taking ECS. This approach had boosted numbers in one authority from 56% to 85% and in another from 65% to 85%. DfE has verbally approved this approach and Sunderland is adopting it from March 2016, using the voucher described above, as opposed to a 'Golden Ticket'.

Behaviour Change

It was established very early in this pilot that the experiences of health visitors and EIFWs – those staff who work on the frontline – were very different. Health Visitors reported positive feedback from parents and felt that the majority of them were interested to hear about the offer and receptive to their children going in to nursery. This group was surprised at the low take-up figures. EIFWs on the other hand felt like cold-callers/sales-people. Despite sending letters to eligible parents informing them that they would visit to discuss their options, they were often faced with no-one being home, parents not knowing anything about the offer, or being uninterested in sending their children to nursery at such a young age.

Over the course of several sessions, frontline workers based in the West area of the city have explored ways that they could improve their approach and a number of materials were agreed:

- Vouchers to be sent to parents (as described above)
- Appointment cards for EIFWs to send, which were similar to the vouchers
- Visual Tool – this shows pictures and contact details of settings so that workers can help parents understand the location of settings and visualise the types of activities their children would get involved in
- Scripts – containing behavioural change language so workers can be better prepared to help reluctant parents see the benefits of early education places for their children.

All of these materials are in place and will be used from 1 March, after the DWP lists are received.

The types of behavioural techniques adopted include:

Norm Effects: social proof - informing prospective parents that over 1000 families are already taking this up

Norm Effects: Priming – providing pictures of children enjoying play and making friends

Reward Effects: Loss aversion - Don't miss out on your child's place

Reward Effects: Reward – pointing out the benefits to parents in terms of free time for themselves to pursue other interests

Ease Effects: Default - starting from the assumption that parents **will be** applying for a nursery place, rather than giving as an option

Ease Effects: Cognitive Load – providing contact details of nurseries, or event offering to make the call to the nursery for parents if preferable

Obligation Effects: Salience (emotional engagement) - providing positive details to parents about the benefits of an early education place for their child.

A short survey has also been designed for frontline workers to use, particularly where parents are reluctant to take up the offer, so that we can gather a better understanding of the reasons why.

Next steps

Over the course of the first two to three weeks in March, the revised approaches will be put in to practice. Towards the end of March 2016, Warren Hatter will visit Sunderland again and work with EIFWs to review their findings on how the behavioural techniques have been received by parents and whether they have had a positive impact. Any amendments to scripts and documents will be made.

Take up figures for the Spring Term will be available after the next census in May 2016.

6. Physical Inactivity (Being More Active)

This piece of work is focussed on encouraging people in the city to be more active, aligned to the priorities of the Active Sunderland Board. It was felt that the best way to baseline activity and measure impact would be through a pilot. The specific scope of the pilot is to increase levels of physical activity in children and young people in and around two schools in North Washington, thereby contributing to reductions in childhood obesity.

Using data from Public Health to identify current rates of childhood obesity at a local level and intelligence around existing community initiatives, it was agreed to focus efforts on Marlborough and Usworth Colliery Primary Schools. As well as having relatively high childhood obesity levels, these schools are also in an area served by the Washington Way, a recent initiative to improve walking routes and cycle paths. The pilot will particularly focus on increasing the number of children who walk to school.

The focus on being more active in Washington has been discussed at the Washington People Board to ensure local councillors had an opportunity early on to understand and be involved in this work. Officers have made initial contact with the schools that are keen to work together with us on this.

The next phases include recces to develop the sampling frame and separate visits to undertake the baselining activity. From this an action plan will be produced together with a report detailing steps involved in order to inform communications going forward. This first phase aims to complete by the end of March 2016.

7. Reducing smoking in pregnancy

This pilot is being sponsored by City Hospitals Sunderland and the Council and is focussed on increasing the number of mothers that quit smoking while they are pregnant.

Smoking in pregnancy poses significant health risks to both the mother and baby. For the mother, smoking in pregnancy carries with it all the health risks associated with smoking but with some additional pregnancy related health risks. The risk of miscarriage, stillbirth, premature birth, low birth weight, fetal growth restriction and neo natal death is increased in babies born to mothers who smoke, and they are twice as likely to die from Sudden Unexplained Death in

infancy (cot death). Children born to mothers who smoke are more likely to have behavioural problems, including attention and hyperactivity problems, learning difficulties and reduced educational performance, as well as respiratory problems.

Data for 2015 shows that the Smoking Status at Time of Delivery (SATOD) is 19.4% in Sunderland compared to 18% in the North East and 11.4% in England. The table below provides more detail and shows the numbers of women SATOD between 2008/09 to 2013/14 across Council Areas (we are awaiting 2014/15 data).

Area	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14
Coalfields	91	118	105	89	88	96
East	94	109	104	107	78	132
North	116	126	123	127	116	139
West	156	185	171	163	139	168
Washington	108	118	110	122	92	111
Grand Total	565	656	613	608	513	646

The table below shows the number of pregnant women that engaged with Stop Smoking Services (SSS) during 2014/15. Although we don't yet have SATOD data for 2014/15 (above) it's clear that there's a very large gap between the numbers of women that are SATOD and those that have engaged with SSS. To meet the aim of this pilot there will be a focus on increasing the number of women that engage with SSS and increasing the overall quit rate.

Stop Smoking Service Providers	Lost to follow-up	Not quit	Quit CO verified	Quit self-reported	Referred to GP	Grand Total	% of total	quit rate
Community	1	0	2	0	0	3	2	67
GP practice	6	4	8	0	0	18	13	44
Pharmacy	26	20	15	1	3	65	45	25
Breastfeeding support workers	16	19	22	1	0	58	40	40
Grand Total	49	43	47	2	3	144	100	34

This particular pilot is still in the relatively early stages of development. Partners are involved from FRESH and STFT, working alongside Council officers from Children's Services, Public Health and Strategy & Performance, as well as staff from the Council commissioned Live Life Well service.

The pilot began with establishing commitment from these key services. Managers attended two workshops that showed how behavioural insights can help reduce the number of mothers that smoke and clarified a number of assumptions around pathways, ways of working, hand-offs and general working relationships between services. This helped to strengthen working relationships (thereby improving system and institutional behaviours) and achieve an agreed understanding of the experience of pregnant women when they came into contact with services.

These workshops triggered a further meeting of the group independent of the pilot itself. This meeting helped to improve general communications between those present and helped identify departures from the previously agreed smoking in pregnancy pathway. This is important since the pathway identifies organisational roles and opportunities for interventions

These workshops helped create belief in the potential that the pilot promised and generate a positive working environment. Consequently frontline staff were released to attend a workshop that focussed on understanding the interactions and relationships that staff have with pregnant women. In attendance were Health Care Assistants, Live Life Well staff, Health Visitors, Children's Centre staff and the Public Health midwife. The understanding gained at this meeting has been critically important because it established the specific content of the conversations with pregnant women and the opportunities that these give to introduce behavioural techniques.

The information gathered across these three workshops was used by Warren and an officer from Strategy and Performance to prepare draft scripts for midwives and health visitors to use in their meetings with pregnant women (by taking this approach the Council is building its own capacity to tackle entrenched cultural issues that have a negative impact on the health, wellbeing and life chances of local people, as well as absorbing Council and partner's resources). However this process also generated further queries that revealed new information about the smoking in pregnancy pathway and the interactions with pregnant women.

Currently arrangements are being made to prototype the draft scripts while consideration is being as to whether the new information provides further opportunities. Arrangements are also in place to engage with GP receptionists who are in contact with pregnant women at the earliest point of the smoking in pregnancy pathway, thereby allowing an earlier intervention point and reducing the likelihood of the women getting used to smoking during pregnancy. Officers are also in contact with the Local Pharmaceutical Committee (LPC) who will play an important role as a key provider of SSS.

Over the course of the next two months:

- The draft scripts for HCAs and midwives will be refined and finalised
- The pathway refined for the likely involvement of GP receptionists
- Further scripting developed for the likely involvement of pharmacists
- Identification of success measures.

It is anticipated that the pilot will begin in late Spring or early Summer 2016.