

LGA Behavioural Insights Programme 2019-2020

Derbyshire Discretionary Fund

Budgeting Support Research Trial: Scoping Report

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Introduction

In February 2020 Derbyshire County Council (DCC) commissioned [The Behaviouralist](#) (TB) to deliver a project to improve the engagement with and uptake of budget management support for applicants to the Derbyshire Discretionary Fund (DDF). The goal is to identify and implement ways in which DDF staff can 'signpost' to or increase the take-up of support offered from partner organisations.

The project is funded by the Local Government Association (LGA) as part of the [Behavioural Insights Programme](#) 2019-20 cohort.

This slide deck summarises the work completed as part of the scoping phase of the project. We outline several initial intervention concepts which could be developed in the delivery phase of the project. We also start to evaluate the feasibility of delivering these ideas practically and understand if they could be trialled and evaluated robustly.

Introduction

This project has been initiated under the extra-ordinary circumstances of the onset of the Covid-19 pandemic. It is hard to predict the impact of this on this project. We know that it will be significant and have completed an initial risk assessment for the project. We will continue to review this document and to speak with project stakeholders to understand how this can be best delivered.

TB are committed to this project and believe we can deliver a valuable project with minimum disruption to the work of the DDF and if required can minimise the resource required from DCC staff to develop and deliver the project.

Project Aims

Primary outcomes

Through the intervention(s) we aim to change the following behaviour(s)

- Improve or introduce 'signposting' to partner organisations across the DDF Emergency Cash Payment process.
- Improve the take up of financial management and budgetary support by DDF applicants.

This will lead to:

- Improved applicant outcomes including better budget management and financial resilience.
- Less reliability on the fund and reduced repeat callers to the fund.

Secondary outcomes

- Increase DDF applicant take up of support services provided by partner organisations
- Increasing staff morale within the DDF service
- Building increased engagement and collaboration between DDF and partner organisations.

Scoping Phase

During the scoping phase the following was completed:

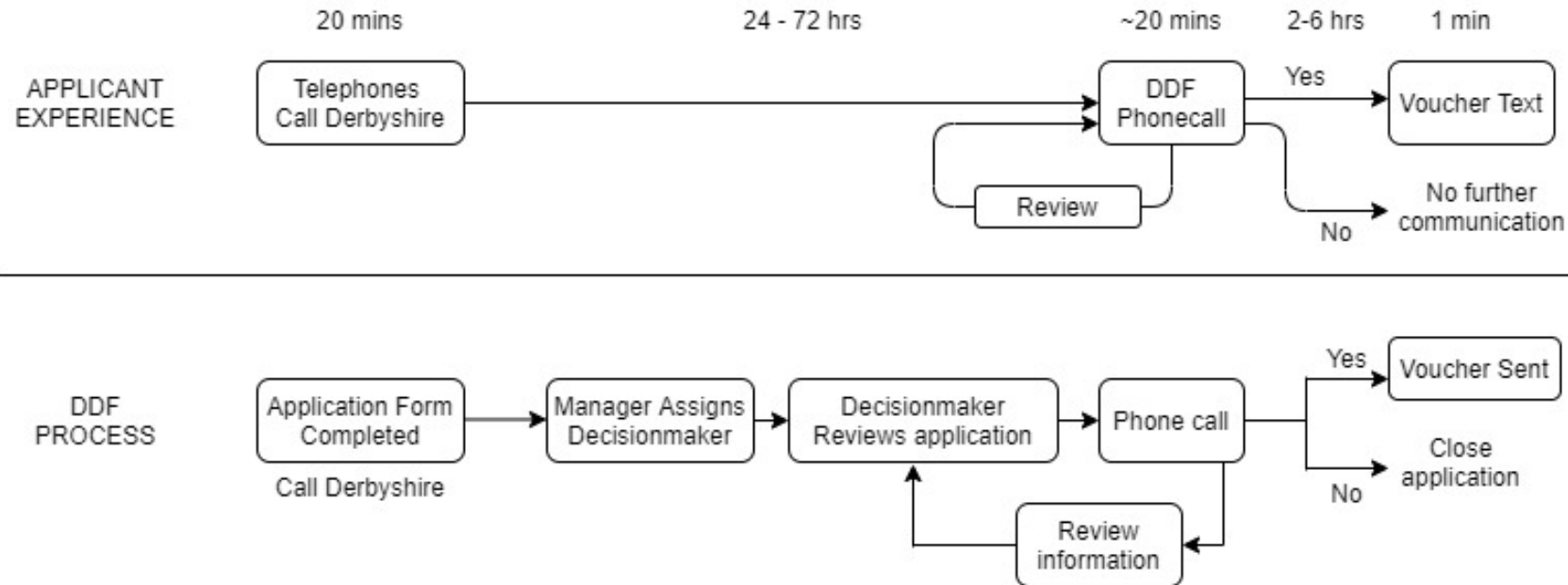
- Kick off meeting with DDF decision makers introducing the project and timeline
- Kick off meeting with DCC project stakeholders ensuring broader buy in and understanding of the project
- DDF decision maker interviews and observations: 5 interviews and reviewing the DDF decision process and listening to applicant calls
- Internal stakeholder interviews:
 - DDF managers
 - Behavioural Insights lead
 - Adult social care and health team
- External partner interviews with Citizens Advice Bureau – Derbyshire Districts and Release
- Reviewed existing materials and decision making guides
- Reviewed existing data capture and software packages

Scoping Summary

Through the scoping research we have:

- 1) Mapped the DDF process to understand where the opportunities (touchpoints) to signpost could be most effective and which communication channels could be utilised in the project.
- 2) Developed a range of initial concepts which can be explored and developed further in the delivery phase of the project.
- 3) Reviewed the data currently available and discussed the possibility of obtaining or capturing additional data to evaluate the project through partners or the DDF.
- 4) Established if we are able us to conduct a Randomised Controlled Trial based on the existing data.
- 5) Identified barriers which could limit the feasibility of the trial – and how these could be addressed moving forward.
- 6) Considered the impact of Covid-19 on the project and how that can be mitigated – and how any burden on DDF staff can be reduced to a minimum with a viable project.
- 7) Concluded that there are a range of interventions which are viable and feasible so would recommend the project continues.

Emergency Cash Payments Process



This diagram provides a process map of the DDF Emergency Cash Payment service from the applicant experience and DDF Process. This will be expanded during the delivery phase of the research.

Initial concepts

The table summarises a number of potential interventions identified to date. We will continue to generate additional concepts and develop these concepts in the next phase of the project. We have expanded on three of the opportunities in the following slides.

Concept	Touchpoint	Outcome Metric(s)	RCT Feasible	Practically Feasible
Nudging at the start of the application	Call Derbyshire Pre-application	Repeat call(s) to DDF Take up of partner services	TBC – Randomisation during the initial phone message	Yes – low staff resource
Follow up signposting by DDF staff	Follow up text, email, letter or call to applicants after the application.	Repeat calls to DDF Take up of partner services	Yes – Randomisation at an applicant level.	Yes – staff resource could range from light touch (text message) to more involved (call back).
Signposting across the DDF process	Reviewing the case, Application, Decision call, Voucher text.	Repeat calls to DDF Text link followed and other metrics	TBC - Randomised at staff or caller level	Yes – additional resource develop materials and bed down new processes.
Incentivising applicants to contact partner agencies	Call and voucher payment	Take up of partner services. Click through on voucher text.	Yes – Randomised at caller level	To be discussed further.

Concept #1: Follow up signposting

Concept:

During the application process and phone call, applicants are often not receptive to messages not linked to the outcome of the DDF decision. Ensuring the timing of the communication is delivered at a point when applicants are receptive and at a point where they can take some action is at the core of this concept.

DDF staff will follow up with applicants who would benefit from budgeting support following their application. This follow up will be provided when applicants will feel they can act on their decision – for example two days before they receive their benefits or salary payments.

Detail:

DDF decision makers will flag (on Mosaic) applicants who could benefit from budgetary support and note the date when salary or benefits are due to be paid to the applicant. Two days prior to payment a DDF decision maker or partner organisation will contact the applicant with information about budgetary support available.

Behavioural Insight techniques will also be used to encourage or ‘nudge’ the take up of the support. For example Implementation Intentions are one example of a how using a simple technique can increase the likelihood of completing an action*.

[*https://psycnet.apa.org/buy/2000-03769-009](https://psycnet.apa.org/buy/2000-03769-009)

Concept #1: Follow up signposting

Detail (Cont):

Implementation Intentions involve individuals specifically planning when and how they will complete an action. For example at what time in the day they will make an appointment, how they will travel to that appointment (bus or a lift to the appointment), what they will do if there is a problem (e.g. what they do if they don't have money for the bus fare).

Messages could be altered depending on: the outcome of the DDF decision; the reasons for applying to the fund; demographics or other relevant factors. We also think the timing of messages could also be randomised to understand the optimum time to communicate. The opportunities to trial these variables will depend on the size of the sample and length of the trial. The format of the follow up could be a text, email, call or as a follow up call - this will be explored or discussed further.

RCT feasibility

Randomisation can be conducted at an applicant level. After flagging applicants for follow up through Mosaic applicants could be randomly assigned into different trial conditions. Different applicant segments could be prioritised depending on sample size and further discussions.

Possible outcome metrics: Repeat call reduction over 6 months, partner services take up figures, link click through rates for texts or emails.

Concept #2: Nudging across the process

Concept:

A range of 'nudges' or behavioural principles could be applied across the applicant process. These interventions could include:

- Providing information to applicants during the waiting period on the telephone or via text message.
- Increasing the saliency and availability of relevant information on signposting for DDF decision makers during key moments of the telephone call.
- Providing signposting as part of the voucher payment system.

RCT feasibility

These interventions could be developed and trialled individually. An alternative is that multiple concepts are implemented in an 'intervention' condition and trialled against the 'control', business as usual process.

Randomisation would need to be discussed further. Randomising the receipt of texts could be achieved easily.

Concept #3: Incentivising applicants

Concept

Can applicants be incentivised to take up financial or budgetary advice?

Changing the payment terms of the fund to provide additional funds or incentives for applicants who take up or engage with a partner agency.

This could employ loss aversion or other heuristics to encourage engagement with partner organisations.

Detail

For a specific group of applicants (to be determined) an additional incentive could be provided linked with a specific behaviour. For example, an incentive could be provided if applicants commit to attend a meeting, make a phone call, follow a link and completing a survey or a commitment to a behaviour change process.

RCT feasibility

Yes - Applicants could be randomised into different treatment groups.

Final concept

We will continue to develop ideas for the final concept in collaboration with partners and DDF stakeholders in the delivery phase. From experience we believe this intervention will be most successful when it delivers a:

Win for the applicant – aligning with their own needs and motivations – and is delivered at a timely point.

Win for DDF staff – providing a positive feedback loop, showing their actions resulted in a positive outcome.

Win for the partner agencies – ensuring that their interests and needs are considered in the partnership as well.

We believe this is achievable in this project context.

Statistical power and the ability to run RCTs

There are a range of metrics which could be used to track a change in applicant behaviour. Some are currently available through DCC and the DDF fund. Others could be made available or explored further with partner agencies as the project progresses. We explore the feasibility of running a Randomised Controlled Trial based for the following:

Reducing Repeat applications – TB can use repeat calls over the trial period as a metric to measure the impact of improved signposting. The principle would be that a reduction in repeat calls would indicate potentially better budgeting by the applicants leading to less reliance on the DDF.

For example, if there are 27,000 calls a year, 60 per cent of which are repeat calls, and if our main outcome is the share of calls that are repeat calls, then:

To detect a reduction of 5 percentage points over the year, with 80 per cent statistical power and at a 95 per cent confidence level, we would need a sample size of 1534 calls per treatment group.

Over 10 months (Nov 2018-Sept 2019) – 9601 callers called DDF, 4261 (44%) called only once.

To detect a reduction in repeat callers of 5 per cent over 10 months, with 80 per cent statistical power and at a 95 per cent confidence level, we would need a sample size of 1230 per treatment group. This would suggest we could either run the trial over a shorter period or have multiple treatment groups enabling us to trial multiple treatments during the trial.

Statistical power and the ability to run RCTs

Tracking contact with partner agencies – This will need to be discussed further. Initial conversations with partners suggest tracking individuals signposted from DDF to partner agencies could be a challenge. However, if permission to share data between services was obtained during calls this could enable the project to track signposting. This has been used in other projects by partner agencies when providing support services.

Partners have also indicated an interest in the project and a willingness to discuss potential data sharing approaches. Aggregated data could be shared.

Tracking engagement with signposting materials – Click through rates from texts / emails can be tracked relatively simply and provide a clear and simple metric to track.

Given the existing data we are confident we could deliver a robust evaluation of an intervention using repeat calls – we are hopeful that partners can share data enabling us to perform additional analysis on the data as well.

Scoping results

TB recommend that the trial goes ahead.

There are multiple feasible interventions which could be developed and trialled robustly across the DFF process.

There is existing data which would enable us to conduct a Randomised Controlled Trial (repeat phone calls).

Further data availability will be discussed with the DDF team and partners during the delivery phase of the project. This presents additional opportunities to conduct and measure the impact of the intervention.

Partners have indicated they are ‘in principle’ engaged in the project and are aligned with the projects goals – through gaining permission(s) from applicants, data sharing could be achieved.

COVID-19 Impact

TB and DDC are willing to discuss the feasibility and timing of delivering a project in the current situation.

A range of interventions have been identified that represent a low or close to zero draw on staff resource through to a high staff resource. The merits and feasibility of each of these interventions will be discussed during the project delivery phase.

Both TB and DDC and DDF can be flexible and practical about how we approach the trial and will be adapting to changes in working and changes in broader circumstance.

In the situation in which DDF are responding or administering funding for Covid-19 TB could be open to adjusting the scope of the trial to include signposting for Covid-19 support.

Next Steps

Discuss the impact of Covid-19 on the scope, feasibility and general project approach.

Update the project plan prior to the project delivery kick off meeting.

We anticipate a delay in starting the delivery phase of the project for at least two months.

Initiate the Discovery Phase of the project.

Provisional Timeline

Phase	Notes	2020		2021															
		Feb	Mar	April	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul
Project Management																			
<i>Kick off Meeting (Inception meeting)</i>	MILESTONE 1: Project Initiation	█																	
<i>Corona Virus Risk Meeting</i>	Discuss potential project impact	█																	
<i>Corona Virus Updates</i>	Fornightly calls with core team	█																	
Ongoing project Management	Monthly updates	█	█																
Project Scoping																			
Kick off	Kick off and data sharing		█																
Scoping Phase	Research - Qual, Quant, Desk			█															
Scoping Report	Report Writing				█														
Submit Project Scoping Document	MILESTONE 2: Scoping report		█																
Project Delivery																			
<i>Project Delivery Kick off Meeting</i>	Revisit project plan																		
<i>Behavioural Research</i>	Deep dive to understand behaviour(s)																		
<i>Data Workshop</i>	Data availability and sharing																		
<i>Intervention Ideation</i>																			
<i>Intervention Development</i>																			
Intervention Production																			
<i>Designing the RCT & evaluation</i>																			
<i>Field Trial</i>	MILESTONE 3 - Launch field trial																		
Analysis of findings	Analysis																		
Report Writing																			
Project Report Delivered	MILESTONE 4 - Final report delivered																		



Corona Virus - Disruption (Project Delay)

The timeline will be adjusted to take into account delays and disruptions due to Covid-19. TB anticipate a minimum 2 month delay to the start of the project due to work on Covid-19 and have built in 3 month floats on delivery of each stage of the project.

Risk Register

We have provided an updated risk register outlining how we will address Covid-19 and the impact on day-to-day work and the delivery of the project.

We have adjusted elements of the project plan to include:

- 1) All face-to-face meetings have been changed to virtual meetings and conference calls. TB has in place conference facilities to ensure that this is feasible and has relatively little impact.
- 2) The 'workshops' we had developed will be delivered in a different format – we are exploring how this can be delivered and are conscious this won't impact the project too greatly.
- 3) Delaying project timelines – during this time of disruption we anticipate everything to take longer than anticipated. We have extended and delayed our Gantt chart to anticipate these delays.