

Applying behavioural science to increase the take up of financial and budgeting support offered to residents in economic hardship.

Changing the Derbyshire Discretionary Fund referral process and delivering two field trials testing SMS referral reminders.

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It has been a pleasure working on this project and we look forward to the next steps.

The Behaviouralist Team

Executive summary

This project was delivered in partnership between [The Behaviouralist](#) (TB) and the [Derbyshire Discretionary Fund](#) (DDF). The project was commissioned as part of the Local Government Association's [Behavioural Insights Programme](#) (2020/21 cohort).

The DDF provides support to Derbyshire residents facing financial hardship. One service the DDF offers is Emergency Cash Payments (ECPs), where small cash payments are made quickly to residents who are experiencing an immediate financial crisis. The decision to award an ECP is based on a phone conversation between the applicant and a DDF decision maker (DM).

Part of the role of DMs during the call is also to signpost and refer callers through to partner agencies or support services. However, this information was often not registered by the caller and the signposting was not taken up. Where referrals were made internally to the Welfare Rights team, it often took multiple calls to reach residents and often no contact was made (38% of referrals were not contacted as of September 2019).

Derbyshire County Council recognised the opportunity to improve the signposting and referrals made during ECP calls and successfully applied to the LGA Behavioural Insights Programme 20/21 cohort. Following a competitive tender process, [The Behaviouralist](#) were appointed as the supplier to deliver a project with the following aims:

1. To apply behavioural insights to increase caller referrals to support agencies, increasing financial and budgeting support accessed by vulnerable residents.
2. To use an evidence-based approach (e.g., Randomised Controlled Trials) to evaluate the impact of interventions.
3. To help prove the value and effectiveness of a behavioural science approach.

The project was started in February 2020 with a scoping phase to establish the feasibility of the project. During this phase, it became clear that to deliver a successful and sustainable project, any intervention would have to be compelling for all the stakeholders involved in the referral process: the caller, the DM and the partner agency. The full scoping report is provided on the [LGA website](#).

This period also coincided with the start of the COVID-19 pandemic and in March 2020, the country entered into full lockdown. The immediate impact of the pandemic on the project was on the timeline. The secondary impact was on re-scoping the work, recognising changes in work patterns and the priorities of the DDF and partners. After a pause for 3 months, the project was re-started. One of the strengths of using a randomised controlled trial (RCT) approach is the ability to evaluate robustly even when there are seismic external events happening, such as a global pandemic.

To develop interventions (ideas to trial), the team conceptually divided the referral process into a 'screening' process and a 'handover' process. The screening process included: establishing if a caller was appropriate for a referral; discussing the referral; and obtaining their consent. The goal of the screening process is to increase the frequency and quality of referrals made. The 'handover' is how the referral is passed between the DDF and the partner organisation; the objective of this process is to maximise the chance of contacting the caller.

At the start of the delivery phase, [Citizens Advice](#) (CA), [D2N2 Money Sorted](#) and the council's [Welfare Rights](#) (WR) team were engaged and brought on board as project partners.

Balancing the requirements of the project and partners whilst operating during a pandemic meant that the project team needed to be flexible and multiple work streams were developed in parallel. As a result, a large amount of work was accomplished across the project. Below we detail the project achievements, impact and results.

Project achievements, impact and results

1. Delivering two randomised controlled trials (RCTs) testing SMS commitment devices

Two RCTs were delivered in partnership with Citizens Advice and the Welfare Rights team. The trials were designed together and focused on the referral 'handover' process. The goals were to increase the likelihood of partners contacting referred callers and reducing the time spent trying to make contact.

Callers entered into the trials after consenting to the referral and were assigned to either the treatment (SMS) or control condition. In the control condition the caller was referred as normal to the partner agency. In the treatment condition the caller was sent an SMS. The two trials tested two commitment devices used in the SMSs.

For the CA trial, referrals were passed on to CA if the caller responded positively to the SMS, confirming their commitment to the referral. This required callers to actively opt in for the referral to proceed.

For the WR trial, the SMS served as a reminder and commitment device. Callers were asked to respond positively to the SMS if they were expecting the referral call. However, all referrals were made irrespective of whether there was an SMS response.

Results:

Both the CA and WR trials were stopped early as the data showed that the SMS treatments significantly reduced the number of contacts made between the partners and the callers who had agreed to the referral.

For the CA trial, the SMS reduced the overall contact from 56% to 28%; this was significant at a 99% confidence level ($p < 0.01$).

For the WR trial, the SMS reduced the overall contact from 76.1% to 60.5%; this was significant at a 95% confidence level ($p < 0.05$).

The decision to stop both trials was made as the team recognised that the benefit of increasing the number of referral contacts made outweighed any benefits of reducing the time spent contacting callers. This was consistent with the goals of the project and is in line with the DDF mission of connecting as many callers to appropriate support as possible.

Although these results were not expected, the actionable learnings were clear: commitment SMSs should not be used to confirm consented referrals in this context.

As the trials were stopped early, the required sample size was not reached. However, observing the data suggests that the SMS was potentially acting as a commitment device. Callers who responded to the SMS were more likely (67%) to respond to contact from CA than those in the control condition (56%); this result was not significant at the $p < 0.05$ level.

Based on conversations with project stakeholders, reasons for the findings could include:

1. Introducing an SMS to the referral process added an extra step in the case of the CA trial, and additional complexity in the case of the WR trial. Any complexity or extra steps are likely to inhibit engagement or increase drop out. This is especially the case with the DDF target population who are experiencing financial stress.
2. During the project the referral screening process was changed fundamentally; the quality of referral was increased. DMs were ensuring that only callers that were engaged in the referral conversation were put forward. Therefore, the need to increase the commitment to the referral was potentially no longer needed or not the same as before.
3. There was an increased level of distrust of SMSs; during the project lifetime SMS fraud increased exponentially.

Although the results were not as expected, the trial was stopped early, based on the data. Some of the most impactful evaluations have been in instances where previously well regarded programmes have been found to have results contrary to perceived opinion (Petrosino, Turpin-Petrosino, Hollis-Peel, & Lavenberg, 2013). Learning what not to do can be equally important as learning what has worked. The results underline the importance of

adopting an evidence-led approach to evaluation. Without this approach, the trial would have been continued for a longer period, reducing the number of callers obtaining support.

2. Changing the referral process to increase the number and quality of referrals made by DDF

During the project the DDF referral process was changed. The goals of these changes were to increase the quantity and quality of referrals made. Higher referral volumes were needed to ensure there was a large enough sample size to robustly evaluate the programme. In addition, engaged referrals of higher were also needed to ensure CA staff were not spending inordinate amounts of time contacting callers.

To achieve this, a number of changes informed by behavioural science were introduced. These included: raising awareness and knowledge of the partner and their work with the DMs; adding visual prompts in the call management system to increase the saliency of referrals; providing decision support (cheat sheets) to raise the quality and consistency of the referral; empowering DMs to only refer callers when they were engaged; providing positive feedback in the form of case studies to reinforce the value of the referral.

While these changes could not be evaluated using an RCT, based on pre-post measures and feedback from DMs and DDF management, they positively changed DMs' behaviours during the trial. Sustaining and increasing these changes are important for DDF to continue to provide referrals through to partner services.

3. Building a new, impactful partnership with Citizens Advice

Prior to the start of the project there was no formal relationship or referral process in place between the DDF and CA; only signposting between the organisations.

Significant time was spent setting up the CA relationship and in building a pipeline of referrals. In the ten months the CA partnership has been in place, 529 referrals were agreed, with 316 of those progressing to contact. For these 316 callers, CA addressed and resolved 1763 issues: an average of 5.5 issues per caller. This delivered £266,153 in direct financial benefit (income gained and debt managed), for callers, that equates to £842.26 for every caller that CA spoke with. Referrals have continued to be made beyond the lifetime of the trial.

Most importantly, every referral where contact was made could represent a caller taking the first step towards taking control of financial management or preventing further financial hardship. Due to CA's independent role, we cannot provide details on the longer term impacts of these referrals. However, case studies shared can show that the conversation with CA was significant.

“This project has really demonstrated the effectiveness of how a referral into Citizens Advice services for families suffering financial hardship can be invaluable...this referral project only highlights the need for that joined up approach between agencies.

This project has been a resounding success and has further strengthened our relationship with the DDF team. It has been a privilege to be an active partner in this pilot project.”

Melanie Mallinson,
Senior Operations Manager,
Citizens Advice, Derbyshire Districts

For Citizens Advice, this was a successful partnership as the referrals being made were seen as appropriate and were also drawn from some of Derbyshire’s hardest-to-reach residents. The CA callers tended to be slightly younger than the typical CA client and are more likely to have long term health issues.

4. Introducing an evidence-led approach of evaluation

In designing and delivering two randomised controlled trials (RCT), this project used an evidence-led approach to evaluate the impact of the SMS trials.

To achieve this, DDF set up the infrastructure through the call management system (Mosaic) to trial up to four parallel processes and run an RCT. This put in place a mechanism to trial future concepts, enabling the DDF to iterate from this trial or test other concepts or changes across DDF calls.

Behavioural science research, at its best, involves developing hypotheses, testing them robustly, learning from the results, implementing the changes and then testing again. Introducing an iterative test-learn-adapt approach to a service provides a set of tools that can deliver value in the mid to long term. This provides a foundation for the DDF to build on improving the delivery of their work.

This was one of the first times RCTs had been delivered internally within Derbyshire County Council for service evaluation. It also provided learnings about when RCTs are appropriate and how behavioural insights can be used to support council services and developing processes to support managers with appropriate governance for this type of evaluation design.

Next Steps & Learnings

Although the outcomes of the SMS trials were unexpected, the work of this project has put the DDF in a strong position to deliver real impact moving forward. Specifically, introducing the processes to test concepts, learn what works best and iterate using an evidence-based approach.

The data analysis and findings of this project also suggest some potentially low cost, high impact opportunities for the DDF and their partners to explore. Below we outline learnings and potential next steps for the DDF, Derbyshire County Council and other local authorities.

The DDF: Build and iterate on the work and insights gained from this project

1. Continue to reinforce the importance of referrals to DMs

This project took several steps towards embedding referrals in the ECP call process. To continue to increase the number and quality of referrals, this work will have to be sustained and continued. The immediate areas of improvement are:

- a) Increasing engagement and compliance across DMs to initiate and increase referrals.
- b) Increasing the salience of the decision support and prompts across the call process.
- c) Expanding this work to other partnerships.

2. Continue to trial communications to refer callers into CA and WR

The DDF is now equipped with the tools to run trials to iterate and improve the referral process. Given the resources dedicated to setting up these processes and partnerships, it would be a missed opportunity if they were not built on. Continuing with this evidence-led approach will deliver value for the callers, the DDF and project partners.

This project has highlighted several immediate opportunities to be explored:

a) Send SMS 'opt in' referral messages to callers who disengaged from the call early.

The data showed there are groups of callers who would be suitable for a CA or WR referral who either refused because 'it was not the right time' (325 callers) or who were not spoken with about CA or WR.

The challenge, or opportunity, would be to craft a communication (SMS or a call) that would engage this group with a referral. The key features to consider would be the timing of when the communication is sent and its content; ensuring it is both compelling and includes

a commitment device. The project team would advocate for using an SMS, primarily as this would require low resources to administer. This could generate appropriate referrals to CA for a relatively low cost, and trialling this would mean the delivery of the SMS could be refined over time for different groups.

b) Trial other concepts across the referral process.

Immediate options include:

- Have Welfare Rights send a reminder SMS to increase contact - Welfare Rights could trial sending an SMS closer to the timing of the referral call, requesting callers to pick up from an undisclosed number. Anecdotally, this is what experienced Welfare Rights staff often do.
- Change the structure of the ECP call to obtain referral consent earlier in the call, before the ECP decision is made.

Additional insights would also be welcomed from the DMs or partners who have a deeper understanding of the mechanics of the call and potential barriers to referral take up.

Derbyshire County Council - continue to develop a behavioural science capability in the council

This was one of the first times RCTs had been delivered internally within Derbyshire County Council. RCTs are appropriate in contexts where there are high volumes of contact or communication. The DDF with its high volumes of calls provides this context.

Implementing and managing an RCT can be hard work; especially when it involves embedding it in existing processes. The resources and time cost should be balanced against the gains of this and other evidence based approaches and introducing a test-learn-adapt methodology.

Recognising the labour intensive nature of introducing this approach, the council should look to support and enable managers and services in its implementation; building on internal governance processes would facilitate this. The council has already made great strides in doing this, increasing its own internal expertise and capability in behavioural science research.

There were several additional practical learnings gained through delivering this project. These will be shared by distributing this report and also through workshops that are a part of this project scope.

Final thoughts

The project delivered against the initial project aims. The DDF can now build on the work that was delivered and has opportunities to further improve the referral process to benefit residents, the Council and partners moving forward.

The team are excited about the potential future work and impact of the DDF and look forward to hearing more.

The project team would be happy to respond to any questions about this work or the results and findings.

Project contacts:

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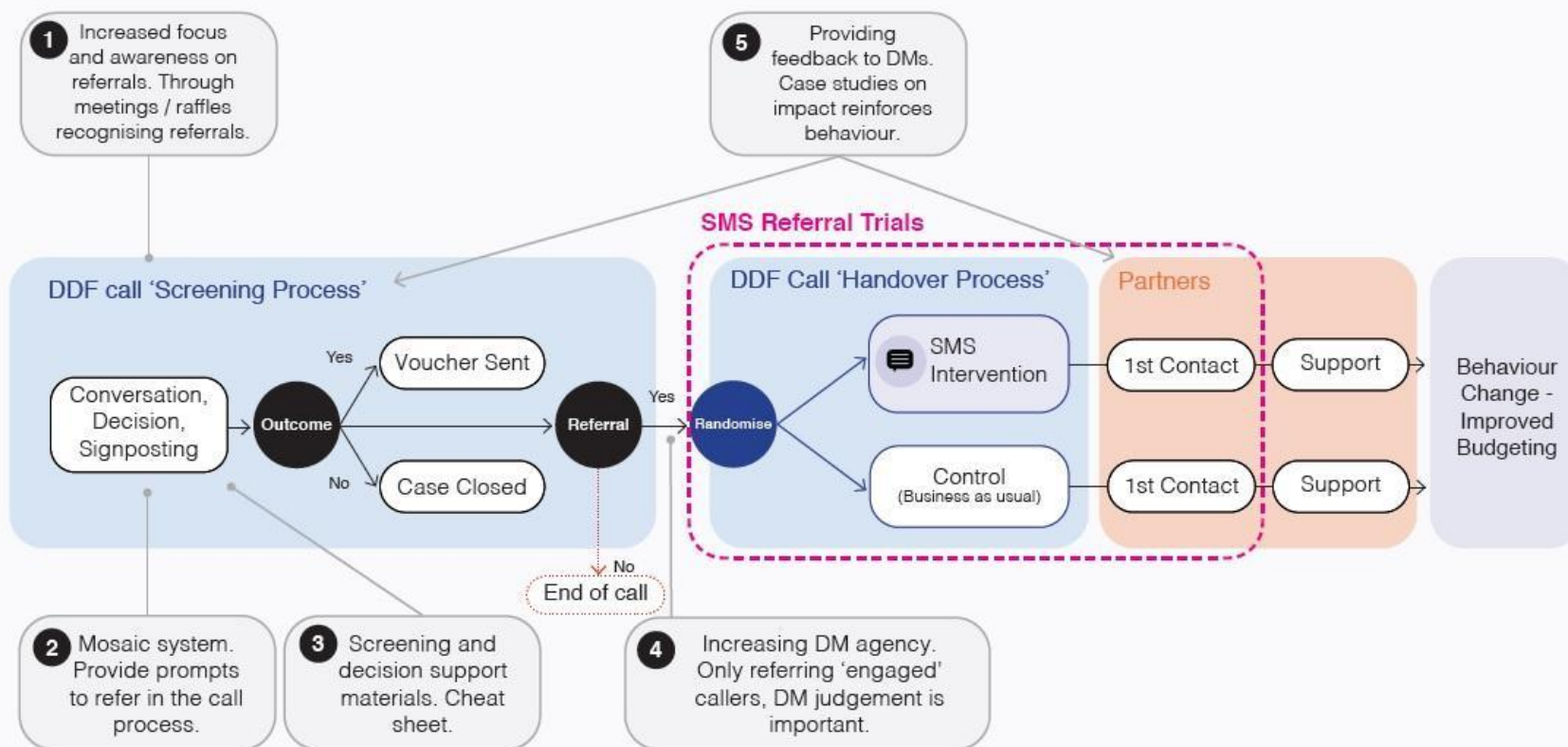
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Infographics

Behavioural Insights Applied Across the DDF Referral Process



The background and opportunity

The Derbyshire Discretionary Fund (DDF) and Emergency Cash Payments (ECPs)

The [Derbyshire Discretionary Fund](#) (DDF) provides vital support for Derbyshire residents facing financial hardship and is one of the largest services of its kind in England. Before the pandemic, demand was increasing year on year and in 2020/21 the fund was expecting to receive 27,000 calls.

One of the main ways that the DDF supports Derbyshire residents is through Emergency Cash Payments (ECPs). ECPs are provided:

“to assist individuals and their families when there is insufficient resources to meet a short term urgent need for food, heating and travel expenses, which poses an immediate and substantial risk to the health and safety of the person(s), either in an emergency or as a consequence of a disaster”¹.

If the ECP application is successful, residents receive a small emergency payment through a voucher sent via SMS to their phone. The DDF set a target of making this payment within 24 hours to ensure that financial aid is available as quickly as possible.

Half of the applications for Emergency Cash Payments (ECPs) are from residents who live in the 20% most deprived areas of Derbyshire, and 34% of ECP applications are from residents living in areas of Derbyshire that are in the 20% most deprived areas in England.

ECP Application process

To apply for ECPs, residents first contact [Call Derbyshire](#) to explain the reason for their application, each case is then assigned to a DDF Decision Maker (DM). Applications are initially screened to ensure they are eligible for the ECPs - applicants could be excluded for not living in Derbyshire or for having received 3 ECPs in the previous year.

Before the call, the DM typically reviews the application and cross references it with information held from previous calls and information held by the Department of Work and Pensions (DWP). The DWP information provides full details on the benefits and payments an applicant receives. The DM then makes a phone call to the applicant to discuss their application. Based on this conversation, the ECP payment is either approved or rejected. There are clear rules in place as well as decision support materials available to support DMs in this decision-making process; however, there is a level of discretion exercised by the DM as well.

¹ Derbyshire Discretionary Fund Policy (April 2019)

Due to the large volume of calls, conversations typically last five minutes, although this can vary depending on the individual. For callers, their attention is typically focused on the ECP decision outcome, often disregarding other information provided.

Signposting and referrals

For this project, we define signposting as DMs providing information about appropriate support during the phone call. It is then the responsibility of the caller to make contact with the agency or support themselves.

Referrals are defined as when the DDF actively contacts a partner or support service on behalf of the caller to arrange an initial call or meeting. Consent is obtained by the DM and then the caller's details are passed onto the agency or service. The support service then contacts the caller directly via phone or email.

The DDF signposts callers to multiple agencies or support organisations ranging from food banks to domestic abuse support. Signposting information is provided to callers, but DMs often felt that it did not land well with callers. Callers can sometimes be upset and focused on their immediate needs for food and heating, that the DDF cannot always provide. In addition, information on the success of signposting was limited prior to the project; there was no data tracked on the take up or impact of signposting. It was felt that the signpost was made 'off into the ether'.

Decision Makers

The nature of these calls requires high levels of attention and focus and is often emotionally challenging; these calls are with the most vulnerable groups in the County. In addition, there is time pressure to work through calls as the demand for DDF continues to remain high. The calls can be emotionally draining and DMs at times experience verbal abuse, especially if the decision is to not grant an ECP.

Prior to COVID-19, the staff worked together in an office and the support provided on-the-ground was important to the DMs. The switch to remote working during the pandemic meant that this support shifted online and there was less opportunity for informal peer support.

The Opportunity

Research conducted by the DDF in 2019 showed that up to 40% of ECP applications could potentially be prevented by improving the financial resilience of applicants (e.g., through budgeting support, addressing long term debts or building up savings). In addition, between 60-70% of applications to the DDF for potentially preventable financial crises are

repeat applications; indicating that the behavioural patterns are not changing for these individuals over time.

Entering into debt can be crippling for individuals and can quickly accelerate into persistent and problem debt. This can be a vicious cycle and the stress of financial difficulties can make it harder to engage in actions to address financial difficulties. For individuals in this situation, financial support and budget management can be crucial to help them manage and eventually lift themselves out of the situation.

The ECP call was recognised as an opportunity to engage with the most vulnerable residents in the County. The call provides a unique opportunity to signpost or refer callers onto support services, specifically the opportunity to increase the take up of budgeting and financial support.

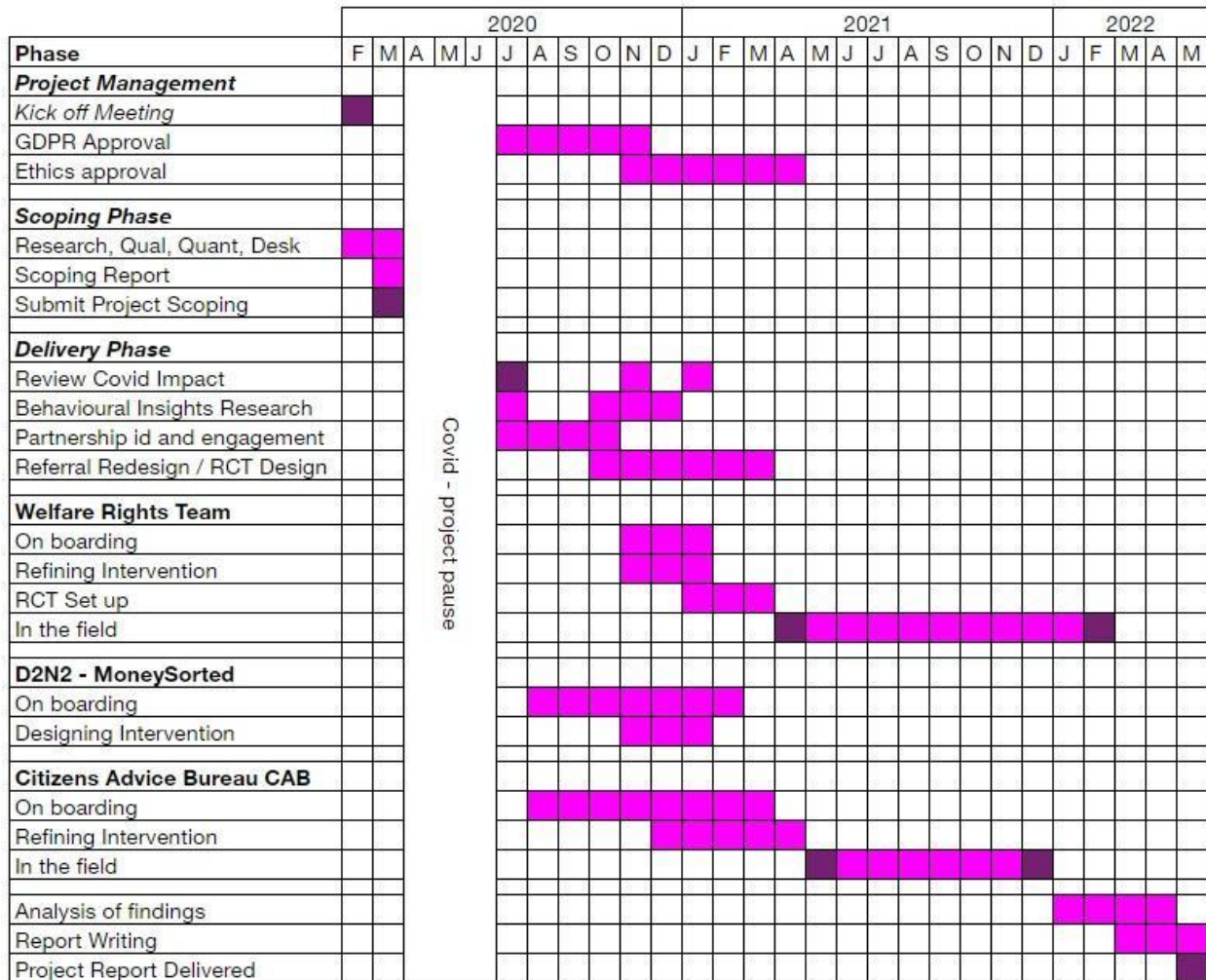
As well as impacting the individual caller positively, this can also benefit the council and other support agencies. Individuals who start to take control and to proactively manage debt have multiple positive spill overs into other aspects of their lives. This can also reduce the demand on other services (e.g., homelessness, housing, social care).

Derbyshire recognised this opportunity and successfully applied for the LGA Behavioural Insights programme for funding. Following a public tender process, The Behaviouralist was awarded the contract in January 2020 and started work in February 2020.

Project delivery

In this section, we provide the project timeline, briefly outline the key phases and decisions that were made and highlight the learnings gained from a project management perspective.

Project Timeline



Project Management

The project was led by project managers from The Behaviouralist and the DDF. These roles were supported by senior and frontline staff from both organisations.

A project plan and risk register were maintained across the project; the risk register was especially useful to judge the impact of COVID-19 and to understand if the project could proceed.

A project steering group, consisting of senior stakeholders across the council was convened to provide input and guidance on the project. The steering group was updated on the progress of the project quarterly and helped provide traction, strategic feedback and input into the project.

Data protection and governance

At the start of the project an information sharing agreement was put in place between the council and TB, enabling access to data to evaluate the project. A Privacy Impact Assessment (PIA) was completed during the project kick off to evaluate the impact of the project and measures to be taken to protect the privacy of DDF applicants. Access to and the use of data was carefully reviewed for this project both within the council and with partner organisations as they were brought onboard.

It was initially unclear whether the project needed to go through the council's Research Governance Group (RGG) to proceed. This was quite a lengthy process and the project was challenged on a number of aspects of the methodology. Particular attention was given to whether there was a need to obtain consent from DDF applicants to participate in a trial.

There are lessons within this in relation to having processes and support in place to facilitate the use of any methodology with the appropriate level of scrutiny for own account evaluation and research. Helping to make RCTs a 'business as usual' tool within service evaluations will help to support a behavioural science approach within the council in the future. The council has taken measures to adopt and increase their work using Behavioural Science, and by implication the use of evidence-based evaluations and RCTs. Streamlining this process and supporting managers from across the council to use these powerful tools is important.

The Scoping Phase

The scoping phase was used to enable the project team to: understand the challenge in more detail; conduct preliminary research; and to ensure it was feasible to run and evaluate a project.

During this phase, the team was able to: complete interviews with stakeholders and potential partners; discuss and listen in on ECP calls; review the data available on the ECP calls; and review the existing behavioural science literature on signposting and referrals.

The project goals were finalised as:

1. To apply behavioural insights to **increase caller referrals to support agencies**, increasing support accessed by vulnerable residents.
2. To use an **evidence-based approach to evaluate the impact** of any interventions - specifically the use of randomised controlled trials (RCT).
3. To **help prove the value and effectiveness of a behavioural science approach**.

Several initial ideas (interventions) were explored for feasibility and to meet the goals of the project. These included: applying multiple nudges or behavioural insights across the referral process; offering referrals at a time other than the ECP call, when callers could be more receptive to information; and lastly exploring the use of incentives to increase the take up of referrals.

One key insight from the scoping phase was that any project would have to work and be compelling for all stakeholders involved in the project. It would have to be beneficial for the individual caller; be engaging and compelling for the DM; and deliver value for partners.

During the scoping phase, a number of metrics were also considered to track the impact of the intervention. These included:

- 1) The number of referrals made
- 2) Contact made between callers and partner agencies
- 3) Repeat calls to the ECP, the principle being that if callers receive financial and budgeting support they will be less likely to re-apply to DDF in the mid to long term.

All of these offered a route to potentially design and implement an RCT.

At the end of the scoping phase, it was concluded that there was a feasible project to deliver. The report was approved in March 2020 and is provided in full on the [LGA website](#).

COVID-19 Impact

The project was started in February 2020 as the COVID-19 pandemic was starting to impact the UK; the scoping phase was completed in March 2020 as full national lockdown started.

The project team and steering group agreed to pause the project for a number of months to review the situation. In part this was because the DDF was involved in administering funding as part of COVID relief as well as the need to reassess the impact of the pandemic on the team and the overall project.

The project was reassessed in July 2020 and the project was restarted, whilst adjusting to remote working and delivery. Adopting a Randomised Controlled Trial approach and having a control group allowed us to account for all external eventualities, including a global pandemic.

In delivering the project, there were considerations given to changes in working patterns and also delays in engaging and working with partners during this time of high uncertainty and constant flux.

The contract was extended during the project reflecting the delay due to COVID-19 on the project contract.

Delivery Phase

Following the scoping phase and the pause due to COVID, the project was restarted in earnest. The delivery phase of the project includes all of the remaining steps of the project. We comment on the key steps taken below.

Identifying Project Partners

Significant time and effort were spent on identifying and engaging partnerships across the project. DDF signposts and partners with over 100 agencies depending on the need of the callers.

Potential partners on this project had to meet a number of criteria. The first was that partners had to provide financial and budgeting support for callers. Secondly, partners had to have the capacity to cope with the high demand or referral volumes. To evaluate robustly, high numbers of callers needed to be referred through the trial. Thirdly, partners had to be able to track and share the data with the DDF. Finally, and most importantly, partners needed to be both engaged and “bought in” to the project.

After reviewing several potential partners, Citizens Advice (CA) and D2N2 Money Sorted were identified as potential external partners. The Welfare Rights team was also engaged as an internal partner.

When the project began, the relationships between DDF, CA and D2N2 were informal, and no data was shared between the partners and DDF.

For each of the partners, the team invested time to build the relationships. This included strategic and capacity conversations with senior staff as well as ensuring there were workshops and engagement with frontline workers. Partners had to agree and be satisfied with the profile of callers being referred through to them. They also needed to be bought in and supportive of the relationship with the DDF as well as see value and invest in the trial.

The relationships between CA and the WR team resulted in the delivery of the two SMS trials; these are detailed below.

D2N2 Money Sorted² was engaged and referrals were begun. However, the referral numbers were low, in part because of the intensive nature of the support they provide. Therefore, the referrals were not evaluated using an RCT trial.

Researching the call and referral process

The project team conducted research to understand the ECP calls and the referral process. This included listening in on DDF calls, speaking with Decision Makers and reviewing previous literature on research applied to call centres. This enabled us to map the referral process and identify opportunities to apply behavioural science principles.

There were a number of learnings captured through this process including:

The call was not conducive to delivering signposting information

When applying for an ECP, callers are experiencing financial stress. It has been shown that when under stress, or when facing debts, cognitive ability can be compromised (Mani, Mullainathan, Shafir & Zhao, 2013). This was confirmed when speaking with DMs and listening to calls as it became clear that signposting information was not 'landing' or being absorbed by callers.

Calls are relatively short, typically lasting 5 minutes. There was relatively high pressure on Decision Makers, due to the high volume of calls to work through. Extended conversations or the ability to build rapport are not always possible.

The conversation was very focused on the outcome of the ECP decision, and all other information was secondary. In other words, callers were present biased. This is understandable given that the purpose of the call was to obtain emergency funding.

² Money Sorted provides support for Derbyshire residents who are out of work. The service provides a relatively intense 6-month (or more) programme during which participants make significant steps to control their finances and manage their budgets.

The referral process – screening and handover

The project team categorised the referral process into two stages. The first was a 'screening process', during which the DM is determining if the caller is appropriate to be referred onto partner agencies. This is ascertained primarily through the call itself and by understanding about the situation and challenges the caller faces, as well as through the application in general, the access to information through the DWP and other sources. It is important to note that the variation in screening across DMs was very high. Some DMs referred into organisations that they were aware of and had knowledge of. As a result, there was low consistency between DMs in the referral process and rates.

The second stage is the referral itself in which the DM explains about the referral partner and the service they feel the caller would benefit from. Following this the caller is asked if they agree to have a referral made and consent to having their details shared with the partner.

The last step is the referral handover where information is passed onto the partner organisation, initiating contact between the DDF and the partner agency. Generally, this step was done through email, where the caller's information and the issue that was raised were passed through to a partner organisation.

The referral process was not linear

When reflecting on the referral process, it would appear as though the screening process is linear, passing through a number of mental checks or stages as the referral progresses. Broadly these checks are: 1) During the call the DM believes the caller could be appropriate for signposting or referral; 2) The DM then has a conversation about the support service or partner; 3) If the caller is interested in speaking with the partner, consent is obtained from the caller to share their information to proceed with the referral.

Although these steps are linear, they may not happen in the same way across calls. The DDF does not script calls, allowing for the breadth of issues that can be brought up. This gives the DM the autonomy to follow different paths in the conversation.

Outcomes were not tracked for partner organisations

DDF referred relatively few callers directly to partner organisations. For the majority of callers, DMs signpost callers to relevant support services and partners. Most of the signposting was limited to providing the relevant contact information and advice on how and why they should contact the agency. There was no system in place to capture data that enables outcome tracking between DDF and partner agencies.

Internal referrals to the Welfare Rights Team showed contact was not always made after referrals were made

Data from the Welfare Rights team in September 2020 showed that callers who were referred from the DDF were contacted 62% of the time. In some cases, the WR team also had to make multiple calls before making contact with the callers referred from the DDF.

Applying behavioural insights to increase and improve referrals

During the delivery phase, it became clear that to have a viable trial the quantity and quality of referrals needed to be increased within DDF. The reasons that prompted this included:

- There was no existing referral system in place for CA; the relationship needed to be built between DDF and CA from scratch.
- For WR we needed to increase the numbers of referrals being made by the DMs.
- There was variable knowledge and awareness of the referral process across DMs.
- The referral process needed to be bedded down within the ECP call process. It needed to be salient and important enough for DMs to raise during a short call.
- Partners required or requested quality referrals to ensure they were receiving appropriate referrals.

During the project, the team introduced several changes to the referral process. Below we provide a brief summary of the key changes that were made and how they were informed by behavioural science insights. There is a summary infographic of these changes on page 12.

1. Building awareness of the partner and support available for callers

Part of the goal of this project was to ensure that referrals, especially to the project partners were made on a regular basis. The importance of making referrals and being aware of them was reinforced at team meetings.

The DDF hosted external presentations where partners came and explained the support that they were offering and clarified the profile of callers they were looking to speak with.

For a period at the start of the field trial, we also ran small lotteries in which team members were given a ticket for each referral made to encourage them to meet referral targets.

2. Providing prompts in the Mosaic System, increasing the salience of the referral

The Mosaic system is the case support system that DDF uses to track applications and make notes on callers.

We introduced prompts within the system that were required to be completed during the call. When DMs identified that callers had a budgeting pressure, there was a prompt asking the DM if they had spoken to them about partner agencies. Equally when they had identified that there was an underlying benefits issue, they were prompted with a message asking them to discuss the Welfare Rights team.

Image 1. Screenshot of the Welfare Rights prompt, if the DM identified the caller had a benefits issue.

5. Referrals for Extra Help

☒ Benefits issue

Consider a welfare rights call back if

- The applicant or their partner is a pensioner or
- The applicant may be entitled to more benefits (such as a health element or PIP)
- The applicant is having difficulty with benefits (sanction, benefit overpayment, incorrect housing element)
- The applicant is not already getting help with benefits

Offer the applicant a referral to welfare rights and get their consent to pass on their contact details. Someone will call them within the next few working days, it may be a withheld number. Complete a WR callback workflow on Mosaic.

I have discussed with WR referral and

The applicants NINO ends

☐ A ☐ B ☐ C - request follow up text message

☐ D - request follow up text message

Image 2. Screenshot of the Citizens Advice prompt that was used both to raise awareness of the referral and to administer the RCT process.

5. Referrals for Extra Help

☐ Benefits issue

☐ Budgeting/money management issues

☐ Homeless Duty to refer

☐ Local Area Co-ordinator

☐ Healthy Homes

☐ Warmer Derby and Derbyshire (Marches Energy)

☐ D2N2 Opportunity & Change

☐ D2N2 Toward Work

☐ Foodbank

☒ Citizens Advice

Consider a referral to CAB if the applicant mentioned one or more problems that CAB could support with, e.g. debt, employment issues, change of circumstances

CAB can help with a wide range of issues CAB are independent - the information does not come back to DDF or to other organisations We have an agreement with CAB that we can set up an initial conversation with one of their advisors - it's usually quicker than phoning yourself is the applicant interested and engaged? Offer the applicant a referral to Citizen's Advice. Someone from Citizens Advice will contact them to talk through their situation and see what they can help with.

I have discussed Citizen's Advice referral and

☐ Applicant is not interested at this time ☐ Applicant already has support ☐ Applicant has consented to a Citizen's Advice referral

☐ Applicant would prefer to contact Citizen's Advice themselves and I have given them the web address www.citizensadvice.org.uk

☐ Section completed

These changes both raise the awareness of the referrals and provide decision support and prompts to DMs to change the way they conduct their call. Providing prompts, checklists has been shown to work previously in medical settings (Pronovost et. al., 2006).

3. Providing decision support

For each of the referrals to CA and WR, the team provided cheat sheets and information on the screening process and profile of callers. Again, this was introduced to raise awareness of the referral, make the referrals more consistent and of higher quality and also to ensure the administration of the RCT was adhered to.

We have provided the call support materials in the Appendix.

4. Providing agency / leveraging the DMs' expertise

To empower Decision Makers to take ownership, they were asked to make a judgement on callers' engagement. The DMs possess the greatest knowledge and expertise into whether a caller is engaged or not. We added the DMs' judgement as a screening tool, asking them to only refer callers if they were 'engaged' in the call.

We did this for two reasons. Firstly, DMs have the best perspective on whether a caller is engaged, and their judgement is key in this process. Secondly, it has also been shown that giving frontline staff agency and control of a situation is good for engagement with a process and reinforces the importance of their role and expertise.

5. Positive feedback from partners

Previously, the impact of referrals was rarely evaluated and shared (i.e., referrals were made 'off into the ether'). While we considered different ways of showing the impact of a call, due to the low referral numbers, a case study was determined to be the best option.

The team introduced periodic feedback from partner agencies, in the form of a short case study that could be shared via email with the DMs regarding the impact of a referral on an individual.

Feedback has been shown to have a huge impact in terms of reinforcing a behaviour, proving the worth of it and improving staff morale, job satisfaction and ultimately employee retention.

Impact of the changes

During the delivery phase, many of these concepts were considered as part of an RCT. As it was impractical to run an RCT on the screening element of the call, the impact of these changes could not be robustly measured. Nevertheless, based on pre-post data it is interesting to note that in September 2020 the contact rate for Welfare Rights was 62% and during this trial the baseline contact rate was 76%. This increase gives some weight to the theory that these changes shifted the caller contact rate.

In addition, qualitative feedback from conversations with DMs, DDF Management and WR management said that there was more focus and awareness on the referral process and equally that higher quality referrals were being passed through.

Trial designs and feasibility (RCTs)

During the delivery phase, the project team worked on intervention design and evaluated the feasibility of trialling different interventions using a RCT design.

As mentioned, any successful and sustainable solution would have to work for the applicants, the DMs and the partner organisation. The solution had to be practically embedded within the existing ECP call process and needed to be evaluated with existing data.

Partners were also being onboarded and introduced to the project. As this was during a very stressful period of the global pandemic, multiple work streams were being developed in parallel.

Aligning all of these elements was not a straightforward task. As a result, multiple concepts were explored and reviewed.

The two candidate routes the team explored to be trialled for the RCT were 1) changing the 'screening' process or 2) changing the referral 'handover' process. While the team also explored trialling both the screening and referral process in an embedded RCT design, it was deemed to be too complex.

The 'screening' process interventions were explored with the goal of increasing the frequency and quality of referrals. Ultimately, they were deemed practically hard to administer due to the unscripted nature of the calls as well as the challenges of randomising during the call. Many of these ideas that were explored were implemented, but not evaluated, as part of changing and increasing the referral process on calls.

The team defined the referral 'handover' process as how the DDF passes caller information to partner agencies, after a referral has been agreed. Changing the referral or handover process itself was the most practical to adjust and test, in part because it was a linear process that happened outside of the call.

SMS Trial Development

Two trials were developed focusing on the handover process. The existing challenges that were identified to be addressed were:

- 1) During calls, it was felt that callers were not engaged or taking in information that was provided on referrals or signposting; the focus was very much on the ECP outcome decision. Everything else was secondary.
- 2) Data from September 2019 showed that the take up of referrals to the Welfare Rights was 62%. In addition, staff often took multiple calls to reach clients, costing valuable time and resources.

The challenge was therefore to increase the likelihood of callers making contact with the referring agency and to decrease the time and resources staff spent on contacting callers. The outcome data to measure these changes was available and was captured through 1) Was contact made between the caller and the partner (CA or WR) and 2) how many calls it took to contact the caller (this was recorded in the Welfare Rights data)³.

The team spoke with DMs as well as reviewing existing literature to identify solutions to these challenges. It was important to not add too much additional workload to DMs, or introduce new approaches, but to work with the existing systems.

The project team, in consultation with the partners and DDF managers, opted to trial SMS messages, sent one day after the ECP call, assessing different opt-in and commitment devices.

There are many examples of commitment devices that have been used to increase attendance or meeting appointments (Sallis, Sherlock, Bonus, Saei, Gold, Vlaev & Chadborn, 2019). These have been shown to work in settings ranging from attending cervical health screenings (Sheeran, Paschal, Orbell & Sheina, 2000) and cardiovascular risk assessment to increasing appointment attendance at job centres (Sanders & Kirkman, 2019).

SMS messages with different frames have also been shown in previous work to be effective, using social norms⁴, free advice and scarcity⁵ and announcement style messages⁶.

³ During the scoping phase we identified 'repeat calls' as a metric to track the impact of referrals made during the trial. The principle being that if a caller made contact and received financial or budgeting support, this would lead to a meaningful change in their financial behaviour. Better budgeting could be inferred by the reduced reliance on the DDF ECP service from callers. The team did not include this as an outcome measure only due to practical reasons. The reasons being 1) the sample sizes of referrals made versus the overall caller population was not large enough to capture a significant difference and 2) the timescale of the trials were not long enough to capture the mid to long term changes. However, it would be very interesting to track the cohort who were referred over time to understand if there were real changes in behaviour.

⁴ https://asauk.org.uk/wp-content/uploads/2018/03/MAS0032-MAS-BehaviouralChange_W.pdf

⁵ Ariely, D., & Jones, S. (2008). *Predictably irrational*. New York, NY: Harper Audio.

Highhouse, S., Beadle, D., Gallo, A., & Miller, L. (1998). Get'em while they last! Effects of scarcity information in job advertisements. *Journal of Applied Social Psychology*, 28(9), 779-795.

The timing of the SMS was also discussed, based on the insight that callers were often disengaged or focused on the decision outcome. The team believed that providing the SMS commitment device after the Emergency Cash Payment had been made would provide callers with more cognitive bandwidth to engage with the referral.

The team also explored the feasibility of sending the SMS after a benefits payment to try to align the referral with a period of relative financial comfort. This variable timing of the message was not feasible however, and the team opted to send the message 24 hours after the telephone call.

The team reviewed the options of using an email, call or SMS to confirm the referral, and eventually opted for an SMS in part because the ECP payment is delivered through an SMS to callers. Calls were resource-intensive to administer for the team and emails introduced a new communication channel that could be problematic.

The two SMS trials with Citizens Advice and the Welfare Rights Team were designed together; they trial two versions of commitment SMSs. Below we provide introductions, methods and results for each trial separately. We then provide a joint conclusion for the two trials.

Trial 1: Citizens Advice SMS trial

Introduction

Citizens Advice (CA) Partnership

In the scoping phase, CA was identified as a key partner for this project. CA works across Derbyshire and provides a broad range of support services including budgeting and financial support for residents facing financial hardship. They have the capacity and expertise to cope with large numbers of referrals and they collect data and track the outcomes of their calls.

Prior to this project, there was an informal relationship between the DDF, and CA. Callers were regularly verbally signposted to their local CA during calls and contact information was provided to the caller, but the take-up from this signposting was never tracked. Conversely, CA also signposted clients to the DDF to access the support services they offer, including ECP payments.

⁶ Previous evidence: Brewer, N. T., Hall, M. E., Malo, T. L., Gilkey, M. B., Quinn, B., & Lathren, C. (2017). Announcements versus conversations to improve HPV vaccination coverage: a randomized trial. *Pediatrics*, 139(1).

There are four CA groups who cover Derbyshire County (excluding Derby City): Citizens Advice Chesterfield, Citizens Advice Derbyshire Districts, Citizens Advice North East Derbyshire and Citizens Advice Mid Mercia.

Several meetings helped to formalise the relationship between CA and DDF, building on existing work between the council and CA as part of the “Community Wellness” commissioning of advice services by Public Health. During these meetings, the Behavioural Insights project was introduced to ensure this aligned with CA goals and that the CA teams were engaged, consulted and “bought in” to the project.

At the end of this process, it was agreed that a 6 month trial could start in May 2021, that there would be capacity for 800 referrals and that CA would provide anonymised and aggregated data on the outcomes of the trial. The CA also agreed to provide monthly anonymised case studies for the DDF DMs to illustrate the impact of the work they were delivering.

The CA referral process

Meetings were set up for frontline staff from CA and DDF to agree on the ‘screening’ process, including the profile of callers that would be appropriate for referral, and the referral ‘handover’ process. Based on these discussions the following decisions were collectively made:

- 1) Referrals would be for a broad range of issues, such as debt, budgeting support, changes in circumstances, employment or tenancy issues.
- 2) Callers with multiple and complex needs would be referred to statutory services and not to CA.
- 3) The overall number of referrals being made was limited, ensuring the services were not overwhelmed with call volumes. Demand for CA during the COVID-19 pandemic was high; and managing that demand with remote working was a challenge for CA.
- 4) Ensuring that the quality of the referrals was high. What this meant practically was that callers were engaged in the referral process and that they would be likely to pick up the telephone. Staff did not want to spend an inordinate amount of time calling or chasing callers.

Following these discussions, a referral ‘cheat sheet’ to support DMs was developed to provide a consistent referral process; this is provided in the Appendix.

The referral handover process was agreed quickly based on pre-existing referral processes in place for both organisations. It was agreed that the DM would email the relevant CA with contact information for the caller with the primary reason for the call. CA would then try to call the contact up to 3 times; if no contact was made, they would stop the referral process.

The confidentiality, impartiality and independence of CA is central to its identity. Therefore, CA agreed to share anonymised aggregate level data, not data on individual outcomes as a result of the referral.

Method

Callers who consented to be referred to CA were entered into the SMS trial. They were assigned to either the 'control' or 'treatment' group based on the last letter of their national insurance number (A, B, C, D). These letters reflect the quarter of the year in which the application for a National Insurance number is made and are evenly distributed. Callers with an A or B were assigned to the Control Group and those with a C or D number were assigned to the Treatment group.

The control group

The control group were referred to CA using the standard referral process outlined above; their information was passed onto their local CA and the caller was told to expect a call from CA in the next few days.

The treatment group

The treatment group were told that they would receive an SMS asking them to confirm the referral. Only if the caller responded positively to the SMS was the referral then made to CA. Those who did not respond were not referred. A copy of the SMS is provided below.

CA SMS Treatment

DCC - Citizen's Advice referral
for PIN 123456
Dear (First name), Derbyshire
County Council has reserved you
a space with Citizen's Advice to
contact you in the next few days
to see how they can help you.
These spaces are limited. Please
can you confirm your place by
answering "Yes" and your name
(costs the same as a normal text
message). IF YOU DON'T
RESPOND WE WILL RELEASE
THE SPACE.

Behavioural Principles Applied to the SMS:

1. Personalisation - ensuring that first names were used as well as the PIN number to reassure callers that this was a genuine text (Reference)
2. Make it easy - PLEASE respond yes.
3. The use of loss aversion and exclusivity - no response and you will lose something (Sanders & Kirkman, 2014)
4. Scarcity - these spaces are limited (Ariely & Jones, 2008), (Highhouse, Beadle, Gallo & Miller, 1998).
5. Language with negative connotations such as 'debt' was not used.

Outcomes

To evaluate the impact of the trial the following outcomes were tracked:

1. The caller's response to the SMS.
2. The aggregate number of contacts made by CA split by the condition (Control / Treatment). CA only shared the aggregate data split by condition. This data was shared on a quarterly basis by CA.

Sample size calculation

There were no baseline figures for the CA referral process. The team estimated the referral contact rates as 62%, based on the contact rate of referrals into the Welfare Rights team prior to the start of the project.

To ensure a well powered trial (0.8) with a minimum detectable effect size (MDE) of 10%, we required a sample of 610 referrals to be made across the two conditions (305 in each of the control and treatment conditions). The team estimated the referral rate to be 150 per month, meaning the trial would be in the field for 4 months.

Trial monitoring and compliance

The project team monitored the referral rate on a monthly basis. Data from CA was provided quarterly. As the trial progressed it became clear that the referral rate was lower than anticipated, averaging roughly 35 referrals per month versus the anticipated 150. The team addressed this by 1) increasing the awareness and focus on referrals through meetings and by running raffles with the team and 2) by agreeing to extend the length of the trial to ensure we would reach the statistical power.

Results

The CA trial was run from the 11th May 2021 to the 9th November 2021.

The trial was stopped early after 272 referrals had been made, the data shared from CA showed that the SMS was significantly reducing the overall number of completed referrals from DDF to CA.

This decision was made because the overall goal of the project was to increase the total number of callers making contact with CA.

Table 1: CA Referral results between May and November 2021

	Control	Intervention	
Referrals Agreed (A)	143	129	
SMS Sent	No SMS sent	129	
SMS Response		Yes - (referral) 54	No - (no referral) 75
Referrals Made (B)	143	54	0
Contact Made (C)	80	36	0
Contact Made / Referrals Made % (C/B)	56%	67%	NA (0)
Contact Made / Referrals Agreed % (C/A)	56%	28%	

Statistical analysis:

1) The percentage of contacts made out of referrals agreed (C/A) in the SMS condition (28%) was significantly lower than those in the control condition (56%).

The intervention significantly reduced the likelihood of callers making contact with CA at a 99% confidence level.

Using a two-tailed z-test. The value of z is 4.6614. The value of p is $< .00001$. The result is significant at $p < .01$.

2) For those who responded YES to the SMS, the data suggests the SMS could act as a commitment device, increasing the contact rate to 67% versus the business as usual referral rate of 56%. The difference was not significant at a $p < 0.05$ level.

Using a one-tailed z-test. The value of z is -1.3407. The value of p is 0.09012⁷.

Trial 2: Welfare Rights SMS trial

Introduction

The Welfare Rights Team

The council's Welfare Rights Team (WR) provides a range of services for Derbyshire residents to assist with accessing benefits that residents may be entitled to. One of the key services is a benefits check, during which a resident's situation is reviewed in detail to ensure they are receiving the correct benefits.

DDF Decision Makers refer callers to the WR team during ECP calls if it becomes apparent that they could be receiving incorrect benefit payments. DMs are in a unique position, as they can see the full information held by the Department of Work and Pensions (DWP) about the callers. This includes the precise benefit payments they receive. During the call, as the caller's situation is discussed, benefits are discussed in detail. In many cases, due to a change in circumstances, they may not be receiving the full benefits they are owed. In such instances, a DM should offer a referral to the WR team to the caller.

In the majority of cases, it is in the callers' self interest to take up the referral. In other words, by having a benefits check the caller is likely to receive more money. However, the Welfare Rights team often struggle to contact callers who are referred from the DDF; only making contact with 62% of the referrals made.

⁷ For significance levels we have used a $p < 0.05$ threshold. We have chosen to highlight the commitment SMS results as this was the primary outcome we were looking to effect when the trial was launched. Callers increasing the likelihood of connecting to CA, as a result of, increasing their *commitment* to the referral. The trial was stopped early, before reaching the required sample size. The data would suggest that if the required sample size had been reached, we would have found a significant effect.

Missing a WR referral obviously has a negative impact on the individual caller as they are not receiving the benefits they are due. For the WR team this is also a negative outcome as the team can spend a significant amount of time trying to reach the caller.

The referral handover process is well established between the DDF and the WR team and consists of the following steps:

1. During the call, the DM obtains the consent to make a referral.
2. The DM sends an email with the contact information to the WR team.
3. When the referral is received by the WR team, it is assigned to a team member.
4. The team member will try to call the resident up to 3 times. If they do not reach the caller after 3 times, the referral is closed.
5. If contact is made, an account is opened for the caller and the outcome of the call is recorded. In the cases where the benefits review was completed and it is identified that the resident may be entitled to further benefits, an 'Income maximisation' work step is raised to record any future increase in benefits attributed to the WR intervention. This is a positive outcome.

At the start of the project, the WR team agreed to participate in the trial and contributed by feeding into the design of the SMS trial.

Method

RCT Design

The method used for this trial was the same as reported for the CA trial. Callers entered into the trial when they consented to be referred to the WR team. Callers were assigned to either the 'control' or the 'treatment' condition based on the last letter of their NI number.

Control

Callers in the control condition had their information sent to the WR team and the referral was completed as described above.

Treatment

The SMS sent to the WR caller is provided below:

DCC - Welfare Rights referral for
PIN 123456
Dear (First name), Derbyshire
County Council has reserved you
a space for a FREE benefits
review. This will ensure you are
receiving the benefits you are
currently due. We will call you
from a withheld number in the
next week. Please answer "Yes"
to confirm you are expecting this
call (costs the same as a normal
text message)

The SMS was sent one day after the call to the DDF. The SMS content and language was kept consistent with the CA trial, to enable comparison between the two SMSs.

The difference with the WR SMS was that referrals were not contingent on responding to the SMS. The SMS was solely used as a reminder and a commitment device. The referral was made irrespective of the SMS response.

This message frame and approach used with SMS messages has been shown to increase attendance in a number of instances for example vaccine update (Milkman et al, 2021)

Sample size calculation

The sample size calculation is the same as the CA calculation. The contact rate of 62% was the contact rate for DDF referrals into the WR team. We calculated that a sample of 610 is needed for a robust trial with a minimum detectable effect size (MDE) of 10%.

Outcomes

For the WR rights trial outcomes that were tracked included:

- 1) Caller responses to the SMS
- 2) Caller contact (whether contact was made with the caller)
- 3) The number of calls needed to contact the caller.

The difference worth noting between the CA trial and the WR trial was the access to individual outcome data. As the WR team is a part of the same service area within the council, the project team was able to link the DDF Mosaic data with the data held by the WR on the benefits call outcomes.

Trial monitoring and compliance

The project team and DDF management monitored the referral rates of callers to the WR team on a monthly basis. Again, due to low referral rates, awareness and the importance of the WR referrals was raised through meetings and raffles rewarding referrals.

Results

The Welfare Rights Trial was run from the 22nd April 2021 to 22nd Feb 2022.

The trial was stopped early as the data showed that the SMS treatment was having a negative effect on the referral contact rate.

Table 2: WR Referral results between April 2021 and Feb 2022.

	Control	Intervention	
Referrals Agreed (A)	92	81	
SMS Sent	NA	81	
SMS Response		Yes (42)	No (39)
SMS Response Rate		51.9%	48.1%
Referrals Made (B)	92	42	39
Contact Made (C)	70	29	20
Contact Made / Referrals Made % (C/B)	76.1%	69.0%	51.3%
Contact Made / Referrals Agreed % (C/A)	76.1%	60.5%	

Statistical analysis:

Access to the WR data enabled the team to conduct t-tests on the outcomes.

1) The intervention significantly reduced the likelihood of callers making contact with WR at a 95% confidence level.

Using a t-test. The result is significant at $p < .05$.

The percentage of contacts made out of referrals agreed (C / A) in the SMS condition (60.5%) was significantly lower versus those in the control condition (76.1%).

There were no other significant results reported between the different conditions.

Table 3. WR Call contact depending on the call

	Total (%)	1st call (%)	2nd call (%)	3rd call (%)	No contact (%)
Control	92 (100)	41 (44.6)	21 (22.8)	8 (8.7)	22 (23.9)
SMS YES	42 (100)	20 (47.6)	6 (14.3)	3 (7.1)	13 (31.0)
SMS NO	39 (100)	14 (35.9)	4 (10.3)	2 5.1)	16 (41.0)

The data available on the phone calls did not enable any statistical analysis, however it would appear that the SMS confirmation may slightly increase the likelihood of being reached on the 1st call, however the Control overall performed better.

Trials 1 & 2 conclusions

The results from the CA and WR SMS trials provide a clear actionable finding for the DDF moving forward.

Commitment SMSs should not be used to confirm consented referrals in this context.

The SMS interventions acted as a barrier to the take up of the referrals. Given that the purpose of this project (and the DDF more generally) was to increase the number of callers receiving support from CA and WR, the decision to stop both trials was correct.

Based on conversations with the DMs and project stakeholders, the team believe the reasons for these findings could include:

- 1) Introducing any additional step, such as having to respond to an SMS, will increase drop out.
- 2) Adding any complexity to a process, such as sending an SMS, introduces a barrier to engagement. Form filling in this group can create stress and avoidance. This could especially be the case for typical callers to the DDF whose lives can be stressful. Potentially the language used in the SMS was also complex and too formal.
- 3) The referral process was fundamentally changed, callers were already engaged in the referral and the extra commitment was not needed. The changes that were made to the referral 'screening' process could mean that callers were already committed to the referral. Therefore, the need to increase the commitment was not the same as prior to the project. This is somewhat confirmed by comparing the pre-post contact rates that are available for the WR referrals. Prior to the trial the contact rate was 62% for referrals. Contact rates during the trial were 76.1%, suggesting an improvement in contact rates.
- 4) During the trial period, there was a large increase in SMS fraud⁸. This could have reduced the likelihood of callers responding to the SMS due to a lack of trust in this communication channel. Anecdotally, SMSs have proved challenging for the Council in other contexts, for example, issuing grocery vouchers for families in receipt of free school meals during the pandemic.

In the CA trial, the data would suggest, responding to the SMS acted as a commitment device for those who replied. This was not significant at a $p < 0.05$ level. The data collected suggests that if the trial had been completed and the sample size had been reached this would be a significant effect.

For the WR trial, responding to the SMS did not increase the likelihood of making contact in comparison to the control condition. It is worth noting for both of these trials that the sample size was not reached, so this could simply be a case of not having the statistical power to detect a true effect.

This would suggest that the CA commitment device could be effective, but the benefits of increasing the likelihood of contact are outweighed by reducing the total numbers of conversations.

⁸<https://press.which.co.uk/whichpressreleases/smishing-attacks-in-the-uk-grew-by-nearly-700-in-the-first-six-months-of-2021-which-reveals/>

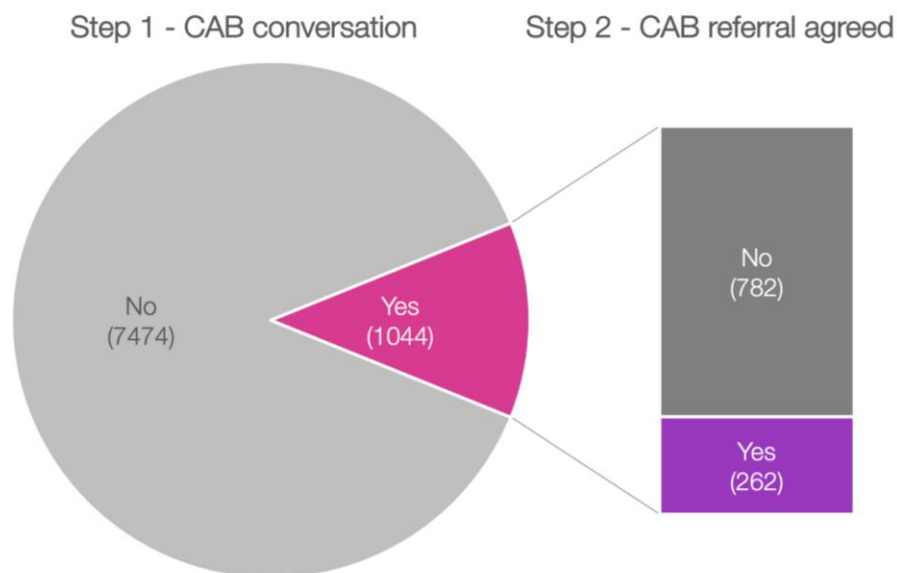
Further analysis

Further analysis was completed to understand in more detail about the referral process and what was happening during the ECP calls through each step of the referral process

In the following sections, we first explore the analysis conducted on the CA referral process; we then follow this with analysis on the Welfare Rights referral process.

Citizens Advice Referral Progression

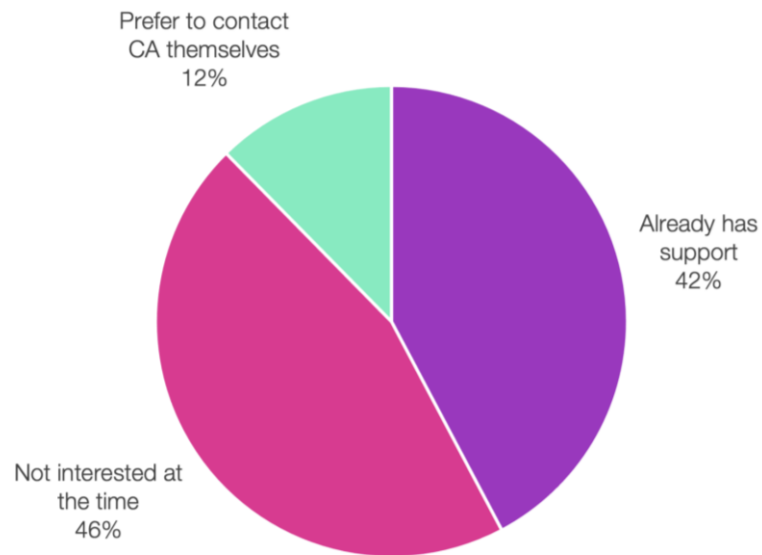
Graph 1. The progression of callers along the referral process from CA conversation to agreeing to the referral.



During the CA trial 8518 total calls were made to discuss an ECP application, of which 1044 involved conversations about CA (12.25%). Of those who spoke about CA, 262 out of 1044 (25.1%) agreed to a referral during the course of the trial.

For callers who were spoken with about CA, over 74.9% did not accept the referral to CA.

Graph 2. Reasons for not taking up the CA referral

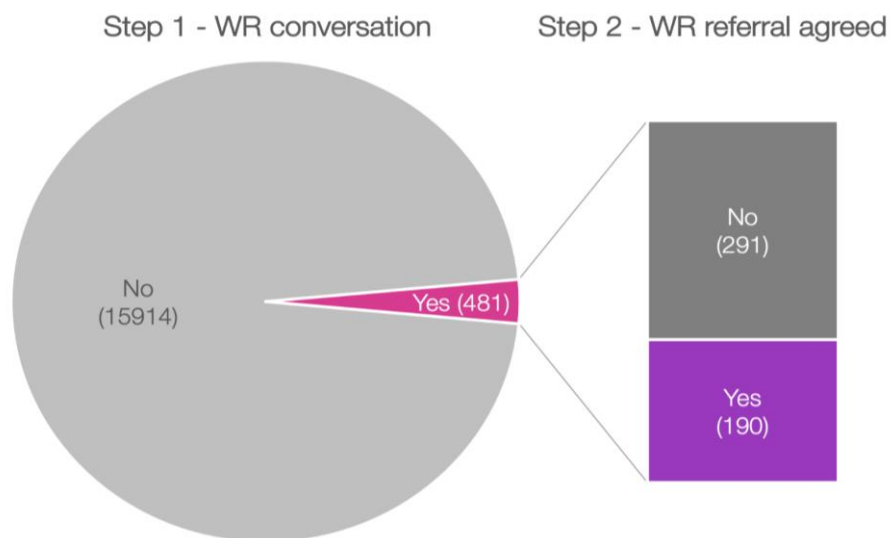


It would be interesting to learn more about the reasons for these decisions. DMs were only presented with three pre-selected options for declining the referral. It could be useful to understand more about this decision from the caller's perspective.

Welfare Rights Referral Progression

During the trial period (22nd April 2021 to 22nd Feb 2022), 19,282 calls were made. After cleaning the data, 16,395 were included in the analysis.

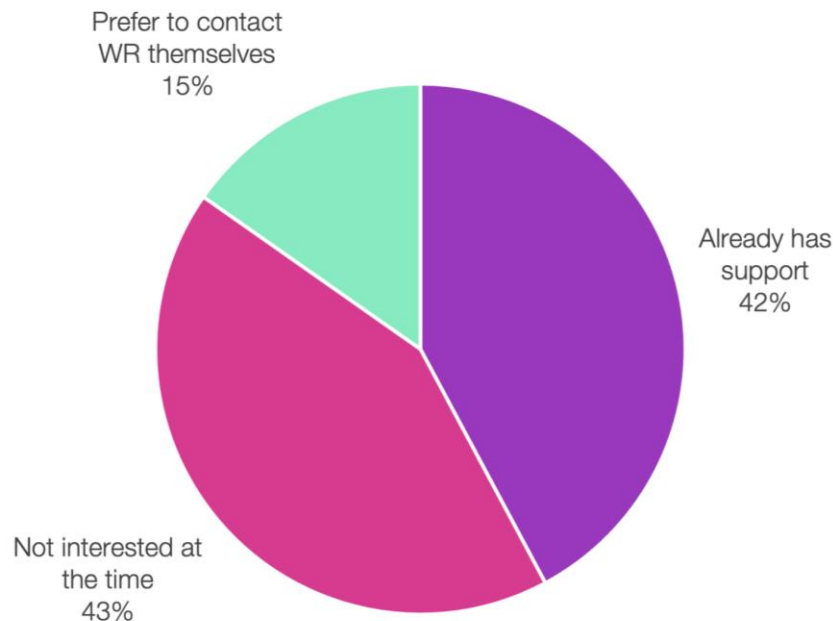
Graph 3. The progression of callers along the referral process from WR conversation to agreeing to the referral.



Of the 16,395 total calls received during the trial, 481 involved conversations about WR (2.93%). Of those who spoke about WR, 190 out of 481 (39.5%) agreed to a referral during the course of the trial.

While there was a much lower number of referrals through to WR in comparison to CA, the proportion of those accepting the referral was higher.

Graph 4. Reason for not taking up the WR referral



The ratio of the reasons for not taking up the referral were consistent between CA and WR.

Influences on caller progression through the referral process

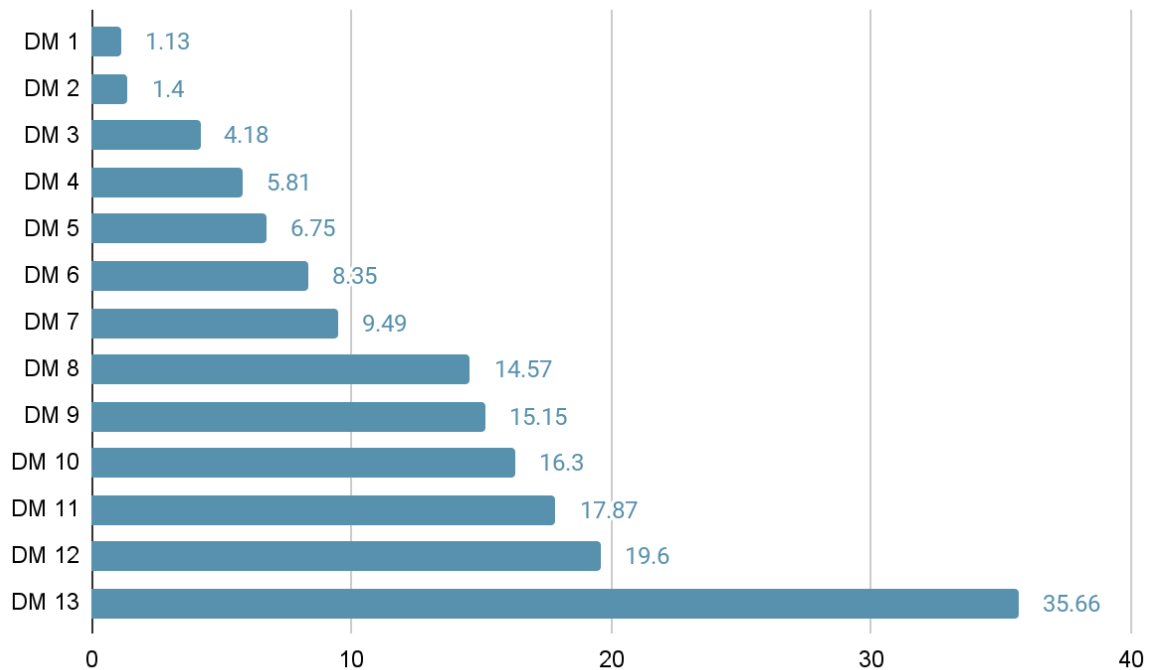
The team used the data to understand what influences the likelihood of callers progressing through the screening process to having a conversation about CA or WR to then consenting to the referral to be made. There is potential for further analysis to be carried out to understand the impact of different factors, such as the decision maker, the decision in the application, the reason for applying and the influences on different demographic groups.

The importance of the decision maker

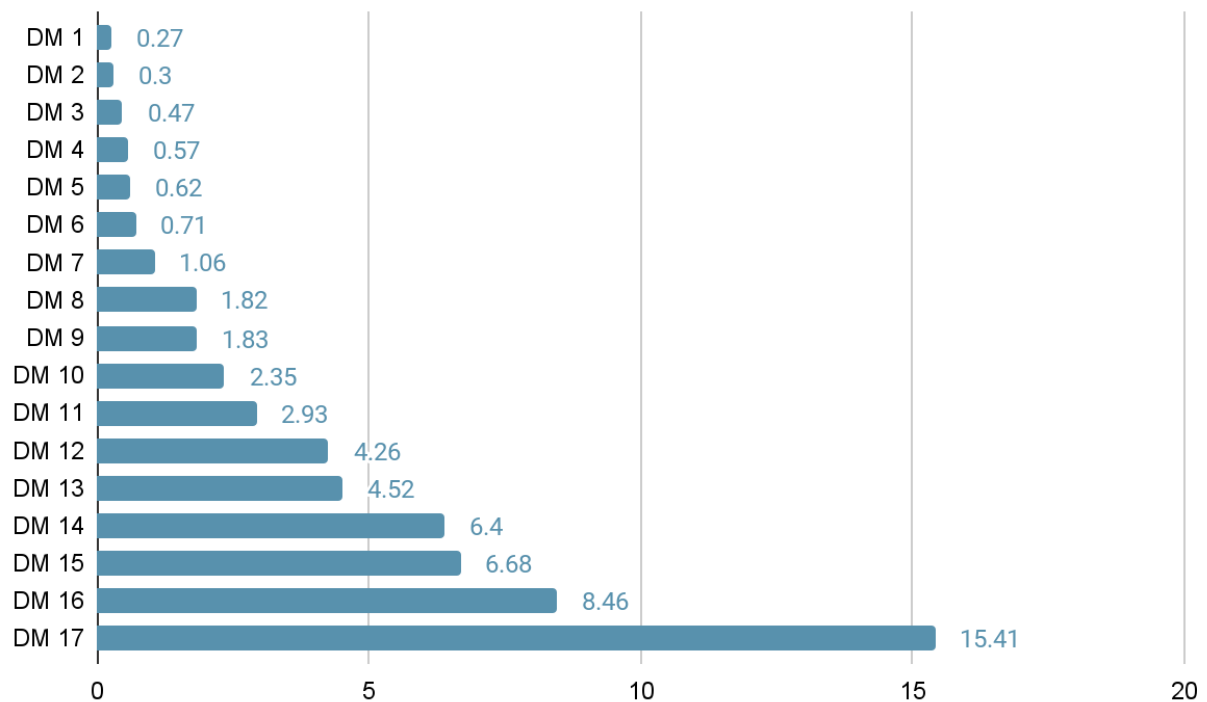
There was a large variation in the frequency with which callers were spoken with about CA or WR. For example, one DM only spoke about CA in 1% of their calls versus another DM who spoke about CA in over 35% of their calls. Similar patterns were observed for the WR

trial, where some DMs spoke about WR only less than 1% of their calls while others did so much more frequently.

Graph 5. Percentage of calls where CA was discussed, split by DMs with over 200 calls



Graph 6: Percentage of calls where WR was discussed, split by DMs with over 200 calls



Note: The DM numbers are not consistent across the CA and WR referrals, DM 1 in graph 5 is not the same as DM 1 in graph 6.

These observations show that there was a huge variation in the buy in to the referral process across the DMs. Several were not bought in at all; others were hugely engaged. This could be linked with training, awareness, compliance as well as individual style on the call. Fundamentally it shows more work needs to be done on raising awareness and compliance on the referral process. This is a behavioural change journey and many of the referral patterns are ingrained.

Outcome of Welfare Rights referrals

Access to WR datasets enabled us to link the data at an individual level from the referral to the contact and benefits outcomes. This allowed us to conduct additional analysis, more than for the CA trial.

The team to look at the outcomes of the referral calls sent by DDF. Of the referrals that were made during the trial, 73.3% of contacted callers had an “income maximisation” workflow opened by the WR team member, reflecting that the caller required support or advice with a new matter to do with their benefits. This suggests that a high proportion of referrals were made correctly by the DDF team.

Qualitative feedback

The team conducted interviews and feedback with stakeholders across the project; this included CA Managers, Welfare Rights Managers, DDF Managers and DDF Decision Makers. The goal of this was to gain first hand and deeper insight into what was happening on the calls.

We spoke with DMs and the DDF management team to get further insight into the referral process on the calls.

DMs and managers recognised there were changes in the way a call was handled during the trial, however they also need to be reminded to focus of the importance of the referral,

“I did change the way I was making a call, but then COVID and pressures and it slips”.

DDF Decision Maker

Anecdotal, changes to Mosaic, the call management system, were seen as useful. They raised the awareness of the referral process and could be made even more prominent by moving the prompt onto the first page of Mosaic,

"The changes to Mosaic have helped as they've been added to the process. Although they need to be more prominent."

DDF Decision Maker

DMs feel they can tell more on the call about the likelihood of engaging and taking up a referral than in other ways; the rapport is key.

"By the conversation you have, you can tell if they'll be interested [In the referral]."

DDF Decision Maker

They also feel that new applicants are more likely to engage in a conversation and will take information onboard, as opposed to repeat ECP callers who are less likely to engage.

"The non-regular callers [non-repeat callers], they're the ones who are more likely to take it up [the referral]."

DDF Decision Maker

"The repeat callers are often looking to the ECP to solve the here and now"

DDF Decision Maker

In some ways, selecting the engaged callers equates to taking the lowest hanging fruit, the easiest to access. There could be benefits in speaking with other callers who are slightly less engaged. The non-engagement could be due to the timing of the call, or indeed a result of a negative ECP application outcome.

"The people you really want to attract - those that are stuck in a trap and want to get out...DDF is a quick fix - it's hard to get those people who aren't willing to engage [to talk about referrals]"

DDF Decision Maker

DMs expressed goodwill for this work to continue and they were interested in the outcomes. There were several potential partners that could be brought on with the referral process. There could also be opportunities to obtain consent on the call to send further relevant information at a later date.

"I'm having more in depth conversation than before - when you have that conversation then they have that realisation - then they realise there's someone there who can help me. It's a reality now... This is not just a sticking plaster"

DDF Decision Maker

WR Qualitative feedback

Raising awareness and focus on the referrals to WR raised both the number and the quality of the referrals. This is a consistent pattern that is seen when working with referral partners for WR, suggesting the importance of partners continuing to communicate about the WR service, keeping it 'front of mind'.

"[During the trial] the quality of referrals increased from DDF, this often happens as awareness about what we do increases"

Welfare Rights Manager

As calls are made from WR from withheld numbers, often callers will not pick them up. WR sometimes believe call backs using this approach are not always appropriate for vulnerable residents. Anecdotally WR staff also believe that who the caller is influences the likelihood of them picking up. For example, carers of elderly or incapacitated people are much more likely to pick up calls than single white males.

SMSs are used occasionally to inform clients that WR are about to call them from an unknown number, encouraging them to pick up the phone call. This can be delivered in a timely manner, when the call is being placed. The information and message on the phone ought to be written in clear language with a simple message.

"For really hard to reach callers I sometimes text them before I'm going to call saying I'm about to call from a blocked number."

Welfare Rights Manager

The time sensitive nature of the SMS is important to understand as well. The timing of the SMS could vary from being sent immediately after the call, to being sent at a point when payments / benefits had been paid. There could be benefits in trialling the use of the SMS as a reminder tool on the WR side.

Project impact

In this section we highlight and reflect on the major achievements delivered across the project.

Changing the referral process to increase the number and quality of referrals made by DDF

Informed by behavioural science research, the DDF referral process was fundamentally changed during the project. The reasons for this were that high referral volumes were needed to ensure there was a large enough sample size to evaluate the intervention. Referrals of higher quality and engagement were also needed to ensure CA staff were not spending inordinate amounts of time contacting callers.

While the changes could not be evaluated using an RCT, based on pre-post measures, there was an increase in referrals. In the case of CA, there were no referrals made prior to the start of the project; this was increased to about 70 referrals per month and has continued beyond the life of the trial.

The quality of the referral also appeared to have increased. Again, using pre-post measures, the contact rate, a proxy for the quality of the referral, increased from 62% in September 2020 to 76% for the WR referrals.

The CA relationship was established, and referrals were increased

The CA partnership

Prior to the project, no referrals were made to CA. As part of the project, significant time was spent on setting up the strategic relationship between DDF and CA to enable referrals to start and the project to move ahead.

Building the relationship between DDF and CA through this project is important for both organisations, but most importantly for vulnerable residents.

“This project has really demonstrated the effectiveness of how referral into Citizens Advice services for families suffering financial hardship can be invaluable.

By providing crisis point intervention for over 300 people during the course of the trial we have successfully helped these people increase their income by an average over £800 per year.

As problems become more complex, particularly as we embark on finances being squeezed even more tightly whilst facing an increase in basic living costs, this referral project only highlights the need for that joined up approach between agencies.

This project has been a resounding success and has further strengthened our relationship with the DDF team. It has been a privilege to be an active partner in this pilot project."

CA Manager

For Citizens Advice, this was a successful partnership as successful referrals were made assisting vulnerable Derbyshire citizens. Anecdotally, it would appear that referrals made from DDF were of a slightly different demographic profile than the normal client who tends to present themselves for CA services. The observed differences were that the DDF referrals had a slightly higher proportion of clients with long term health issues and a slightly younger age profile (between 20 and 34). We have provided tables on this in the Appendix.

This relationship can be built further and there are opportunities to increase this referral pathway.

CA referral impact

In the ten months the CA partnership has been in place, 529 referrals were agreed, with 316 of those progressing to contact. For these 316 callers, CA addressed and resolved 1763 issues: an average of 5.5 issues per caller. This delivered £266,153 in direct financial benefit for callers, which equates to £842.26 for every caller that CA spoke with.

Most importantly, every referral where contact was made could represent a significant shift or first step towards taking control of financial management or preventing further financial hardship. Due to CA's independent role, we cannot provide details on the longer term impacts of these referrals. However, case studies (shared in the Appendix) show that conversations with CA had significant impact on callers.

The team recommends that in a few months (Nov 22) the DDF review the repeat call data for the cohort who were referred through to CA as part of the trial. This would provide one year worth of data on repeat calls and would provide a metric to track if the referrals had an impact on budgeting behaviour. Assuming that budgeting and financial support was provided for these callers the team would expect there to be a lower number of callers making repeat calls to the ECP versus callers who were not referred. This would provide the strongest evidence that the referrals were having a meaningful impact on callers and would further support the qualitative reflections from CA on the impact of the programme.

For the DDF decision makers, having a formal partnership in place with clear criteria to make referrals and feedback on the impact of their work as well as management emphasising the importance of referrals all went some way to changing referral behaviour.

For the DDF, integrating this referral process into the ECP calls slightly shifts the service from providing a quick solution to potentially providing an opportunity to identify a longer term solution. This role of facilitator and link strategically can mutually benefit callers, the DDF and partners.

Introducing an evidence-led approach of evaluation

In designing and delivering two randomised controlled trials (RCT), this project used an evidence-led approach to evaluate the impact of the SMS trials.

To achieve this, DDF set up the infrastructure through the call management system (Mosaic) to run an RCT. This put in place a mechanism to trial up to four concepts, enabling the DDF to iterate from this trial or test other concepts or changes across DDF calls.

Behavioural science research, at its best, typically involves developing hypotheses, testing them robustly, learning from the tests, implementing the changes and testing and improving again. Introducing a test-learn-adapt approach to a service provides a set of tools that can deliver value in the mid to long term. This is potentially the biggest win of this project and provides an initial step on a journey for the DDF to continue to improve the delivery of their work.

This was one of the first time RCTs had been delivered internally within Derbyshire County Council for service evaluation. It also provided learnings about when RCTs are appropriate and how behavioural insights can be used to support council services and developing processes to support managers with best practice for this type of evaluation design.

Next steps, learnings and final thoughts

The work of this project has put the DDF in a strong position to deliver real impact for Derbyshire residents moving forward. Specifically, introducing the processes to test concepts, learn what works best and iterate using an evidence-based approach will deliver real value in the mid to long term.

The data analysis and findings of this project also suggest some potentially impactful immediate opportunities for the DDF and their partners to explore.

We discuss proposed next steps and learnings below, split between the DDF and the council.

The DDF

Building on the work that has been achieved across the project, the team has identified the main work streams that will deliver the most impact:

1. Continue to build on the referral relationships with CA and WR

The partnerships with CA and WR delivered positive results for all involved. Continuing to speak and engage with both partners about building on these referral pipelines, iterating and improving the processes and showing the impact of this work is important. There could also be opportunities to focus referrals on particular profiles or target groups depending on priorities and strategies. Specifically, the relationship between DDF and CA could help CA to engage vulnerable and hard to reach residents earlier and could be discussed further.

2. Reinforce the importance of referrals to DMs

This project took several steps towards emphasising the importance of referrals and embedding them in the ECP call process. This changed the majority of DMs' behaviour on calls, increasing the number and quality of referrals made. This was backed up anecdotally from DMs who said that they were more aware of the referral process and were referring to CA more frequently. However, there are still DMs that are resistant to change.

To continue to build on this within DDF and to signpost and refer callers, DDF management will have to continue to emphasise the importance of referrals. The immediate opportunities are:

- 1) Increasing engagement and compliance across DMs to start or continue referring.
- 2) Making the decision support and prompts more prominent in the call management system (e.g., moving the prompts from page 5 of the Mosaic call management system to page 1).
- 3) Expanding this referral work to other partners also offers additional opportunities to expand the role of the DDF. There could be ways of including some of the larger signposting and referral partners in trials.

3. Test and trial communications to engage callers in support

The DDF now has the tools to run trials to iterate and improve the referral process using an evidence-led approach. As a legacy from this project, continuing with this evidence-led approach will deliver value for the callers, DDF and project partners.

Who: The data shows there is a large group of callers who qualify for CA or WR referrals who refused the referral (often due to “not being the right time”) or were not spoken with about the referral.

What: Develop a SMS communication that would offer a CA or WR referral. We are proposing an SMS based on cost and resource consideration. Other communications (calls, emails or even letters) could also be developed to offer referrals. However, these would all involve more follow-up resources. The communication would need to include an 'opt-in' commitment device that would help to ensure that callers were bought into the process. The key features of this message would be the timing of when it is sent and its content, ensuring it is both compelling and includes a commitment device. This 'opt-in' SMS could be to initiate a conversation with DDF before the referral was made, or potentially could prompt DDF to start the referral process directly with CA.

Trial: Different language, different timings of the SMS, different channels of communication (email, SMS, phone) could all be trialled to understand what was most effective. SMSs could be sent in batches once a fortnight or once a month to qualified callers. By running these trials that would enable DDF to understand what types of communications engage different groups of people.

Considerations: The response rates would be lower than those referred on the call. However, the larger sample size provides an opportunity to reach a group who could qualify for support. A response rate of 5% would still equal a significant impact in terms of referrals.

The contact rate between CA or WR and the caller would be low, creating more potential work for partners (i.e., CA and WR). The commitment device goes some way to addressing this. This could be mitigated by further targeting the cohort based on information held in the system. For example, the communication can be sent only to callers who are employed, new applicants with a budgeting problem. The profile of this group could be discussed further with partners to meet the caller profile the DDF and CA would want to target.

There could be benefit in obtaining consent to contact the caller with relevant information near the start of the call. If this was obtained, it would provide the DDF with the ability to send information to the caller about referrals or signposting at a later date.

Iterations: Multiple other concepts that could be trialled across the referral process including:

- Changing the language of the SMS - making it more accessible and changing the offer.
- Exploring the timing of when SMSs are sent - this is crucial, it could be closer or further away from the initial call.
- Varying who sends the SMS - Giving more control over the use of the SMS to the Welfare Rights team. WR team members could send SMSs prior to telephoning the applicants stating that a call from an unknown number will be made in the next 10 minutes please pick this up as it is in relation to your benefits.

- Changing the sequence of structure of the call to obtain consent earlier in the call, before the ECP decision is made.
- If calls revert to being short, there could be instances where an SMS commitment device becomes a useful tool once again.

Derbyshire County Council and other local authorities

This project used a Behavioural Science and Randomised Controlled Trial methodologies into the Council. There are some lessons that can be shared with Councils looking to apply behavioural science to their services or systems.

- 1) Behavioural science and nudging can be applied to incrementally shift outcomes and behaviours.
- 2) Reviewing the existing literature relevant to your challenge and applying 'nudges' to systems, processes or touch points is a useful exercise.
- 3) Ensure the evaluation approach fits the scale and scope of the challenge.
 - a) Running Randomised Controlled trials are the gold standard in evaluating the impact of a project or intervention.
 - b) They can put in place a test-learn-adapt approach in place that can deliver long term value.
 - c) They can be resource heavy to implement and the cost benefit of this approach should be weighed up carefully.
 - d) RCTs are appropriate where you have a service that deals with high volumes of contact repeatedly. Finding the correct context to trial and run RCTs is hard, the DDF offers one such context, as well as revenues and mass communication campaigns.
- 4) The work and processes required to develop and deliver an RCT can be extensive. Governance requirements can provide a barrier for managers to engage in this. Ensuring managers and services are supported in moving through this process would facilitate this work.

The council have invested more resources in growing work in behavioural science, recruiting internal Behavioural Science positions and increasing capacity across the council. Learnings from this trial and implementing this approach can help facilitate and support future work.

Final thoughts

The team has revisited the original goals of this project to understand if they have been met.

1. To introduce and apply behavioural insights to increase caller referrals to support agencies.

The team applied behavioural insights across the referral process; the impact of these changes was not captured using RCTs. However, based on the pre-post figures, significant uplifts in referrals were made. This project increased caller referrals through to support agencies.

2. To use an evidence-based approach to evaluate the impact of any interventions

This project used RCTs to evaluate the impact of the interventions. The data prompted the team to stop both trials early; after evidencing the negative impact of both SMS interventions on referral contacts.

3. To introduce a behavioural science approach and RCTs to Derbyshire County Council, and to prove the value and effectiveness of a behavioural science approach.

The tools are in place to trial other concepts, either informed by behavioural insights or generated by DMs and the DDF.

Other insights generated from this project point to immediate opportunities that can potentially deliver real value for Derbyshire residents, the council, CA and other referral partners in the future.

The project team would be happy answering any questions about this project, the wider dataset or the findings.

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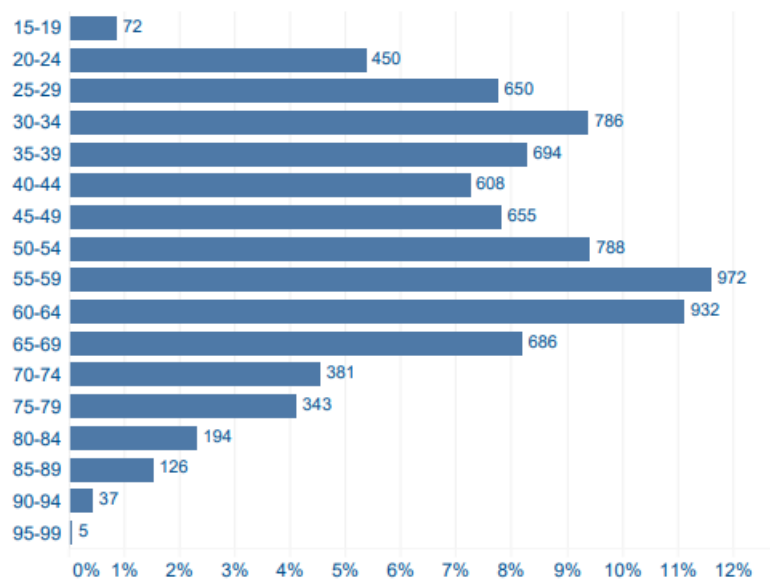
Appendix

- Client profile for Derbyshire Districts CA vs referred DDF clients
- Case Study examples
 - Citizens Advice
 - Welfare Rights
- Decision Tool for CA
- Decision Tool for WR

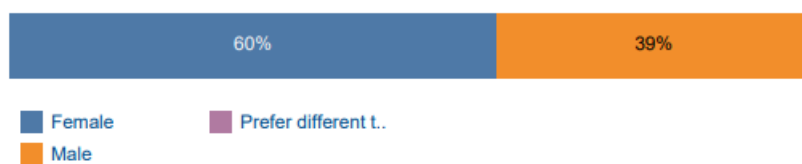
Table A.1 Client profile for Derbyshire Districts CA vs referred DDF clients

CA DD

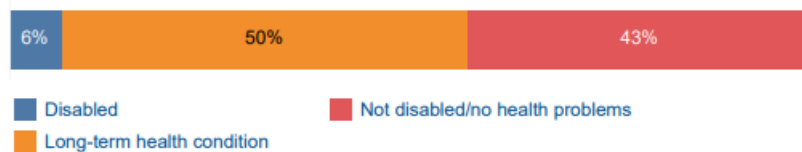
Age



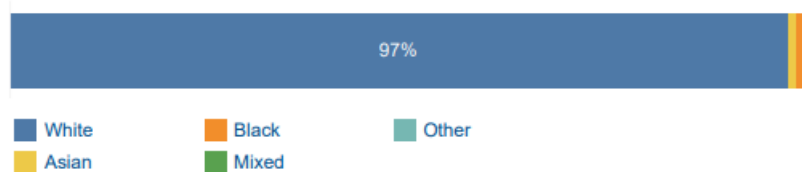
Gender



Disability / Long-term health

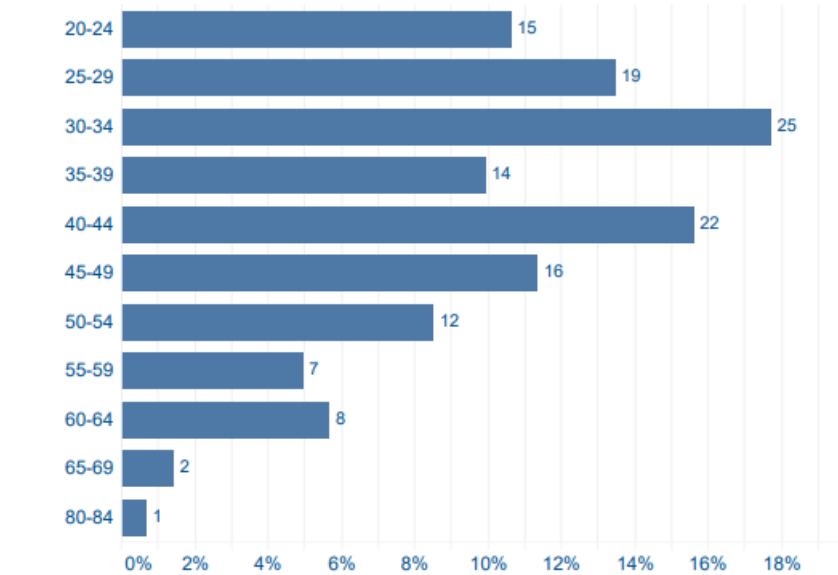


Ethnicity

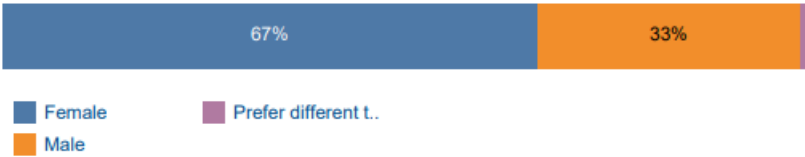


DDF referrals rec'd by CADD

Age



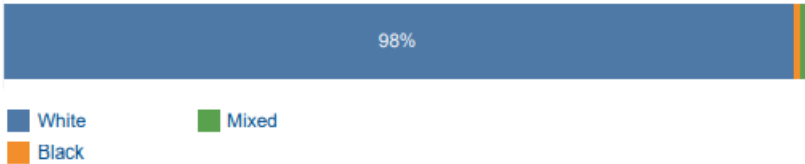
Gender



Disability / Long-term health



Ethnicity



Citizen's Advice Case study⁹

Case Study – DDF

Background

The client was referred to us by the DDF. The client was contacted by telephone the day after the referral was received.

Our client informed us that they were struggling financially as they were on a low income and had outstanding debts with which they were unable to maintain payments. They also had a shortfall between their rent and help with housing costs which was causing rent arrears to accrue.

How did we help?

- 1) Benefits: We initially completed a benefit check for the client in order to maximise income. This highlighted client may be entitled to some Council Tax Reduction (CTR). We confirmed that the client should also be in receipt of the Single Person Discount (SPD) for their Council Tax.
- 2) The client was assisted with a claim for Discretionary Housing Payments for help towards the rent shortfall.
- 3) An appointment for debt advice was made with one of our Money Advice workers.
- 4) Referrals were made to Marches Energy Agency to provide support with energy vouchers, energy saving bulbs, equipment and energy advice on how to save money.
- 5) The client was supported in making an application to the Severn Trent Trust Fund Big Difference scheme for help towards their water bill.

Outcomes of advice

The client was empowered to apply for CTR and check if they are in receipt of the SPD.

⁹ This case study is based on real life case studies that were presented to the DDF team – the client's details are fictional but reflect the work carried out by Citizen's Advice throughout the project.

A hold on debt recovery was requested by the Money Advice worker. The client decided they would be able to liaise with creditors themselves.

Client Feedback

The client said their advice appointment was very useful in pointing them in the right direction for obtaining help and support and had provided further avenues to explore in order to resolve the issues.

Welfare Rights Case Study

Delia¹⁰ is a single lady in her 60s who applied to DDF as her ESA had stopped. A referral was made to the welfare rights helpline. Delia had already asked for a mandatory reconsideration with help of Citizen's Advice so was not in need of help at that stage. She was advised to come to WR if the mandatory reconsideration failed as they can support with an appeal. In the meantime, Delia submitted a claim for Universal Credit which was successful.

Delia's mandatory reconsideration was unsuccessful and the case was passed back to WR. An appeals advisor helped Delia and her daughter to put together details of her health conditions. She struggles with pain in her legs and is unable to walk more than 50m or to sit for more than 30 minutes without her leg being elevated. Delia has recently had her knee replaced but is still in considerable pain and is unable to work. Delia was very nervous about the appeal and the welfare rights adviser gave information on what would happen so she could prepare.

The adviser supported Delia to attend a tribunal hearing held via video conferencing. Based on the evidence provided prior to the appeal hearing, the judge agreed that Delia was not fit for work without the need for further questions, which was a great relief for Delia. She was awarded an additional £323.70 per month on her Universal Credit and was due to receive a small arrears payment for the weeks between her ESA and UC claims.

Delia then contacted Welfare Rights as the arrears payment was not as expected. Welfare Rights are supporting Delia to make a complaint to the DWP regarding this. Delia is also being supported to make a claim for PIP and has been referred to an Occupational Therapist to look at adjustments to her home.

Delia commented that the support from DDF helped her at a difficult time and that "Joe [from the Welfare Rights Team] was a complete star, he made everything really clear and always got back to me. I was really worried about the tribunal as I'm dyslexic but he made me feel at ease".

¹⁰ Name has been changed

Decision Tool for CA



DDF - Citizens Advice Referrals (Behavioural Insights Project)

Challenge:

- We want to ensure that applicants to DDF, who are in need of support and would benefit from speaking with CA, are referred at the right time.
- We want to minimise the time spent on contacting clients from referrals. That referral contact is made on the 1st or 2nd phone call.
- We need to ensure that callers understand the benefits of CA, and the role they can play, so they are likely to take up the call.
- We would like to refer ~ 135 referrals a month from May-Sept across the four CAs in Derbyshire. To be able to test and trial how best to make the referral.

Target audience:

All callers who would benefit from speaking with CA and who are engaged and 'ready' to take up the referral.

Call Process

Screened in on:

- Issues linked with Debt,
- Employment
- Benefits + another issue
- Change of circumstances,
- Tenancy changes
- **They are engaged in the call and positively agree to speak with Citizens Advice**

Screened out on:

- **Complex needs**, (i.e. safeguarding that need to be addressed first or that they need to be supported in order to access CA)
- **If only benefits then they should be referred to Welfare Rights.**

Conversation / screening on the call:

"I see that you are facing some [debts – reflect back relevant issue], people who have been in a situation similar to yours have benefited from CA advice. Would you be interested in learning more? [IF YES THEN]"

3 Benefits of CA:

- Full anonymity (nothing is shared to the council or other agencies) Citizens advice are an independent charity
- They give a fresh perspective - speak to you on your terms and represent you.
- They have expertise across a range of areas and issues

Do you think they're engaged / taking things in on the call? [If YES THEN]

Is this something you would be interested in? [If YES THEN]

- "We have an agreement with citizens advice that we can set up an initial conversation with one of their advisors – we provide them with your details and then they will contact you directly. – there are limited spaces, we can reserve you a space."
- If you agree a caller will call you in X days from X number, the conversation will cover a range of issues and will be about learning about your situation. They want to hear about your situation in your words so it may cover the similar ground that you have done before. This is because they are independent and want to hear your perspective.

If they agree to the referral they are entered into the trial. Then proceed.

If they don't agree to the referral, then signpost as normal.



Referral Trial

Randomise - **LOOK AT THEIR NIN**

IF NIN ends in A or B then - make a referral as per normal. Complete email referral.

"I will send a referral form to Citizens Advice who will call you to discuss your [situation – mirror back the most pressing issue]. To do this I need to share your contact details so they call you. We also track the outcomes of our referrals to understand if we can improve this process. Are you happy for us to do this?"

"Can you confirm the number to call you on?" [Get them to read out their number]

IF NIN ends in C or D then -

"To do this I need to share your contact details so CA can call you. We also track the outcomes of our referrals to understand if we can improve this process. Are you happy for us to do this?"

'We have held a spot for you to discuss your [situation - mirror key issue] with CA, there are limited spaces available for CA to make a call to you.

You will need to confirm that you want this referral to go ahead.

We will send you a text tomorrow with our name on the top of the text. This will be from a number you may not recognise but it will have our name on the top.

You will need to reply to the text to confirm you want to set up a call. If you don't reply to confirm then this space will be released. This is because there are limited spaces we can provide to speak with CA.

Can you confirm the best number to text you on...This will also be the number CA call you on as well.

SMS - sent +24 hours after the call.

Welfare Rights Team

For welfare rights referrals we are looking to trial the impact of sending a reminder text for callers we refer on.

We are randomising callers based on their National Insurance No (NINO).

All those with A&B do not receive a text

All those with C&D DO receive the text.

On the call

If you tick the Benefits Box. Reflecting that they would benefit from a Benefits Review. Mosaic will prompt you to refer to the Welfare Rights Team.

Consider a welfare rights call back if

- The applicant or their partner is a pensioner, or
- The applicant may be entitled to more benefits (such as a health element or PIP)
- The applicant is having difficulty with benefits (sanction, high deductions, incorrect housing element)
- The applicant is not already getting help with benefits
- Offer the applicant a referral to welfare rights and get their consent to pass on their contact details. Someone will call them within the next few working days, it may be a withheld number.
- Complete a WR callback workflow on Mosaic.

Drop down box recording outcome of discussion (applicant not interested / applicant already has support / applicant would like referral and has consented to info being passed on / applicant does not want a referral but phone number has been given to them)

GO THROUGH WITH THE REFERRAL PROCESS.

Consent:

"I will send a referral form to our Welfare Team who will call you to discuss your benefits. To do this I need to share your contact details so they call you. We also track the outcomes of our referrals to understand if we can improve this process. Are you happy for us to do this?"

Yes / No - consent.

COMPLETE THE REFERRAL VIA MOSAIC AS NORMAL.

Following the call or on the call:

IF NINO IS A OR B - close the call after the referral has been made.

IF NINO IS C OR D - SEND AN SMS USING THE TEXT MAIL SERVICE

SEND THE FOLLOWING TEXT +24 HRS AFTER THE EMAIL IS SENT.

Dear [First name], Derbyshire Council has reserved you a space for a FREE benefits review. This will ensure you are receiving the benefits you are currently due. We will call you from a withheld number in the next 3 days. Please answer "Yes" to confirm you are expecting this call.

We're happy to answer any questions you have about this anytime.