

THE  
BEHAVIOURAL  
INSIGHTS TEAM ◆

IN PARTNERSHIP WITH  Cabinet Office

Scoping document:  
**Applying behavioural insights to increase  
uptake of assistive technology in Knowsley**

May 2018

## Purpose of this scoping document

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In March 2018, Knowsley Metropolitan Borough Council (KMBC) commissioned the Behavioural Insights Team to design an intervention to increase uptake of assistive technology (AT) in Knowsley. The project is part funded by the Local Government Association as part of its behavioural insights programme.

This is a short scoping report that gives the initial output from fieldwork conducted by the Behavioural Insights Team. The document includes high-level ideas, as well as outlining next steps and timescales. It is for discussion with partners and does not represent the final plan for the project.

# Project aims and fieldwork

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Aim: To increase uptake of AT in Knowsley

We spoke to the following teams/organisations as part of the fieldwork:

- Centre for Independent Living Commissioning Team
- Early Intervention and Prevention Team
- Commercial Services (incl. assisted bin collection)
- Knowsley Contact Centre
- Occupational Therapy Service
- Knowsley Clinical Commissioning Group
- Hospital Discharge Team, Whiston hospital
- Intermediate Care and Independent Living Services
- Mental Health and Community Services
- Whole Life Commissioning Team
- Knowsley Older People's Voice
- Home Care Link
- Blue Badge Team
- Innovate Volunteering

## The focus of our fieldwork

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- Currently the majority of individuals that are offered AT in Knowsley are those that have either requested support, are in receipt of adult social care or who have had a fall/accident which has led them to have an assessment (e.g. aids and adaptations assessment by an occupational therapist).
- Take up rates are not as high as KMBC would like. KMBC is therefore eager to increase AT uptake amongst people who are currently offered it and reach people who are not currently offered it but would benefit from it. This will help them to maintain independence and prevent potential harm.
- Our fieldwork focused on two main areas:
  - Identifying a cohort of individuals to target
  - Identifying a touch point where we can reach these individuals

# We considered where an offer of AT would be feasible and likely to increase uptake (1)

Team spoken to as part of fieldwork	AT already offered	Population in contact with	Potential touchpoint to reach target population	RAG rating based on feasibility and potential impact
Commercial Services (incl. assisted bin collection)	No	N = ~1300 Residents signed up for assisted bin collection.	Communicate with residents signed up to assisted bin collection.	Likely to be residents with limited mobility who may benefit from AT. KMBC has contact details of these residents.
Knowsley Contact Centre	Yes	Individuals calling contact centre – the majority are individuals / family members in receipt of social care.	Point at which individuals call contact centre. Communicate with individuals after calling contact centre.	Good opportunity to communicate with individuals but the majority are in receipt of social care and will likely have been offered AT previously.
Occupational Therapy (OT) Service	Yes	Individuals who require an OT assessment e.g. after hospital discharge. Blue badge applicants who require an assessment.	OT assessments.	Majority of individuals are already receiving help / social care and AT is already offered at this point.
Intermediate Care and Independent Living Services	Yes	Individuals requiring support to live independently. Majority of individuals are already in receipt of social care.	Home care visits or bed based care.	The majority are in receipt of social care and will likely have been offered AT previously.
Knowsley Older People's Voice	Yes	Elderly Knowsley residents.	Roadshows or contact list.	AT already discussed and offered to these residents. Only some will have reduced mobility would benefit from AT.

## We considered where an offer of AT would be feasible and likely to increase uptake (2)

Team spoken to as part of fieldwork	AT already offered	Population in contact with	Potential touchpoint to reach target population	RAG rating based on feasibility and potential impact
Hospital Discharge Team	Yes	Patients being discharged from hospital who may need additional support. Approx. 70% go on to receive social care.	Social care discharge assessment.	Majority of individuals end up receiving social care and the assessment already contains a prompt on AT. However, there may be opportunities to increase/reframe the offer and prompt those who do not go on to receive social care.
Mental Health & Community Services	Yes	Individuals living in the community with mental health issues (including dementia) and those requiring additional support.	Community health visits. Communicate with patients receiving this community care.	Majority of individuals are already receiving help / in receipt of social care and AT is already offered at this point.
Innovate Volunteering	No	Individuals in the community who need a variety of support are linked up with community navigators (currently approx. 10 active community navigators).	Community navigators reaching out to the individuals they support.	Individuals in contact with community navigators are in need of emotional and/or practical support and may benefit from AT.
Whole Life Commissioning Team	Indirectly	Individuals who have an advocate. Majority of individuals are already in receipt of social care and have substantial mental health issues.	Advocates reaching out to the individuals they support.	Majority are in receipt of social care and AT should have already been provided, if needed. A relatively small number of individuals receive help through this service.
Blue Badge Team	No	Individuals with a disability which affects their mobility and that meets certain criteria e.g. severely sight impaired.	Communicate with all blue badge holders and applicants.	Residents with a disability or limited mobility who could potentially benefit from AT. KMBC has contact details of these residents.

# We identified a number of potential opportunities to encourage uptake of AT (1)



## Assisted bin collection

Send behaviourally informed communications to individuals signed up to the assisted bin collection service. Offer a call back service to interested individuals.



## Hospital discharge

Provide more routine behaviourally informed prompts / information during hospital discharge assessments.



## Blue badge holders

Include a routine offer of AT to all individuals that have/apply for a blue badge through occupational therapy service or outreach to existing badge holders. e.g.



## Hospital data

Use hospital data to identify elderly or at risk individuals, who may benefit from AT. Send behaviourally informed communications to these individuals.

## We identified a number of potential opportunities to encourage uptake of AT (2)



### Community health teams

Provide more routine behaviourally informed prompting of AT through community health teams e.g. mental health team or reablement service.



### Community groups

Utilise existing community groups to communicate with elderly individuals, such as Community Navigators, Knowsley Older People's Voice or Talking Books (a free audio book service).



### Social care recipients

Send behaviourally informed communications to recipients of adult social care.

## Feasibility of evaluating an intervention

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We believe it is **feasible to implement and evaluate an intervention to encourage uptake of assistive technology in Knowsley**, however further fieldwork is required to identify the exact focus of the intervention.

Our recommendations of areas to explore further are outlined on the next slide.

## Recommendation of touchpoints to explore further

We believe the touchpoints below are likely to be the most feasible and impactful opportunities for a behavioural insights intervention and we would like to explore these further. It may be possible for an intervention to focus on more than one of these touchpoints:



**Assisted bin collection and blue badge holders** – these are services for individuals who have a disability or limited mobility. It may therefore provide a good opportunity to communicate with individuals in our target population, for example, by sending behaviourally informed letters which make the offer of AT simple and attractive. We are currently exploring what proportion of individuals that receive assisted bin collection are also in receipt of adult social care and how we might communicate with this group, as there are no regular communications between the service and the recipient. One idea we would like to explore is whether a call back service could be offered to interested individuals e.g. text YES to this number if you would like to receive a call to discuss the AT available.



**Hospital discharge** – the hospital discharge team undertakes discharge assessments for individuals that may need additional support after leaving hospital. The assessment already includes a question/prompt on AT, but it is up to the discretion of the assessor as to whether this question is asked. We believe there may be an opportunity to increase the frequency of AT offers at this point and/or to reframe the offer to make it more attractive, for example, by making changes to the assessment checklist or providing salient information on AT to all individuals being discharged. We need to identify the numbers of individuals passing through the hospital discharge process to understand how robustly an intervention at this stage could be measured.



**Social care recipients** – there are approximately 2,500 recipients of social care in Knowsley. Although the majority of these individuals are likely to have been offered AT previously, as part of their care package, we believe there may be an opportunity to do further outreach (as the original offer may have been made a while ago) or to reframe the offer to make it clear how it could help them. KMBC holds contact details on all individuals in receipt of social care so communications could be sent to these individuals and/or their families/carers.

## High level next steps

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- Conduct further fieldwork to identify the specific touchpoint and intervention to focus on *(see recommendations slide)*.
- Design the intervention and evaluation in collaboration with KMBC and other partners e.g. assisted bin collection or hospital discharge team.
- Implement intervention(s) and evaluate

# Indicative project timelines

Month	Mar 18	April 18	May 18	June 18	July 18	Aug 18	Sep 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19
Phase 1												
Scoping												
Phase 2			Break point									
Target phase												
Explore phase <i>Establish and confirm the behavior which needs to change</i>												
Solution phase <i>Design trial or pilot aimed at improving uptake of assistive technologies</i>												
Run pilot scheme(s) <i>Implement and run trial/pilot</i>												
Analysis of results												
Write up and QA final deliverables												
Deliver final report and presentation												