LGA report

Date: March 2018- December 2018

Local authority: London Borough of Croydon

Submitted by: Croydon Behaviour Change Hub

Project title: A behavioural approach to managing demand in Special Educational Needs Travel Services: Increasing uptake of Independent Travel Training

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Project synopsis:

The Croydon Behaviour Change Hub (BCH) worked with the SEN travel team to develop and trial a behavioural approach to reducing demand for council provided transport.

The target was to increase uptake of alternative travel provisions to enable the service to move away from a model of rationing need through eligibility criteria and statutory duties, and towards a more financially sustainable preventative model centred on empowering young people to develop resilience and independence.

Behavioural insights were applied to communications and a Randomised Control Trial (RCT) tested whether it was possible to increase Independent Travel Training (ITT) referrals from Schools. Whilst the trial itself showed no statistically significant effect, the service saw a larger overall increase in expressions of interest in ITT than previously forecast.

The challenge:

As with most local authorities, Croydon has seen a significant increase over the last three years in the number of children presenting with additional special educational needs and disabilities (SEND). As the population of the borough continues to grow, the number of young people with Education & Healthcare Plans (EHCP) is increasing by an average of 5% p.a., which is higher than the rise in the school population as a whole. Demand for travel support has also been increasing as a result of the national SEND code of practice 2015, which extended entitlements to learning up to the age of 25. Without the successful implementation of robust alternative travel options the Council's annual spend on SEND transport would increase by around £425,000 per year and likely exceed £10 million within the next 5 years.

To tackle rising costs and an overspend against the budget, the service developed a long-term plan of developing and growing two alternative pathways: Independent Travel Training, which involves a travel trainer teaching a child to travel independently and Personal Transport Budgets (PTB), which involves paying a set amount to parents/carers/young people to arrange transport for themselves. Both pathways provide significant cost savings in comparison to direct council provided transport, with savings of £605,000 for PTB and £300,000 for ITT for 2017/2018.

However, there are caveats to these figures: Firstly, in order for the full value of the benefits to be realised, the PTB/ITT must replace the direct transport. This isn't always possible as direct transport is often shared by other children on the route and regular route optimisation is required to realise savings. Secondly, the larger potential savings from PTB, compared with ITT are based on (a) the assumption that students can be shifted to PTB at a very early age whereas ITT is only suitable for secondary age pupils; (b) savings from ITT are less in the short-term, because of the initial investment required, but generate similar levels to PTBs over the long-term.

Despite commercialising the ITT offer and generating a healthy interest in ITT, the current provision is overwhelmingly loaded towards providing direct transport, with only 7% of students with PTBs and 5% taking up ITT. Whilst some students must receive direct transport because of high level or complex needs, a significant proportion have the capability to make use of alternative provisions but are reluctant to do so.

A critical success factor for the service's alternative pathways is the team's ability to embed transformational change at a systems wide level. This requires gaining buy-in to a preventative approach from other teams, partners and referrers in order to change customers' behaviour to applying for ITT and/or PTB instead of defaulting to direct transport applications.

To achieve this, the service required a critical shift in mindsets, beliefs and behaviours across all stakeholders and at all levels, in relation to decisions about a SEN young person's home-to-school transport provision.

Therefore, the challenge for BCH was to help the service identify areas where they could develop a behavioural approach or optimise existing ways of working to influence decision-making around travel provision choices.

BCH was set the objective of changing mindsets, beliefs and behaviours to help re-calibrate expectations about SEN transport provision and change referral behaviour throughout the journey from the Council's front door to service user choices.


SEN Transport: The challenge in numbers
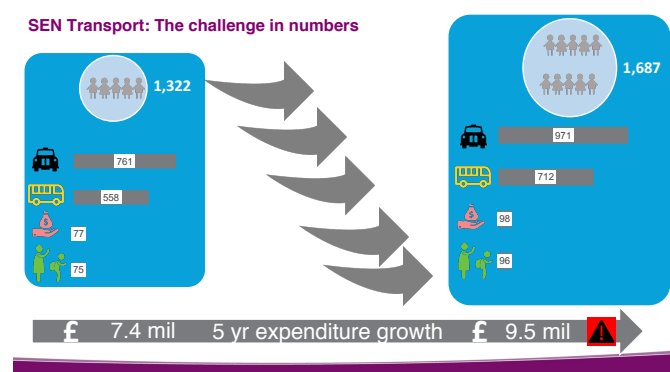
SEN travel support – overview by year			
	2015/16	**2016/17**	**2017/18**
No. SEN students	2406	2691	2783
Receiving support	1200	1211	1244
Direct transport	1121 47%*	1127 42%*	1156 41%*
ITT	41 1.7%*	56 2.1%*	63 2.3%*
PTB	79 3.3%*	84 3.1%*	88 3.2%*
Total Spend	£7.0 m	£7.6 m	£8.2m

Percentage of No. of SEN students

The Approach:

The project followed an iterative multi-step approach, as shown below:

The Behaviour Change Hub Model
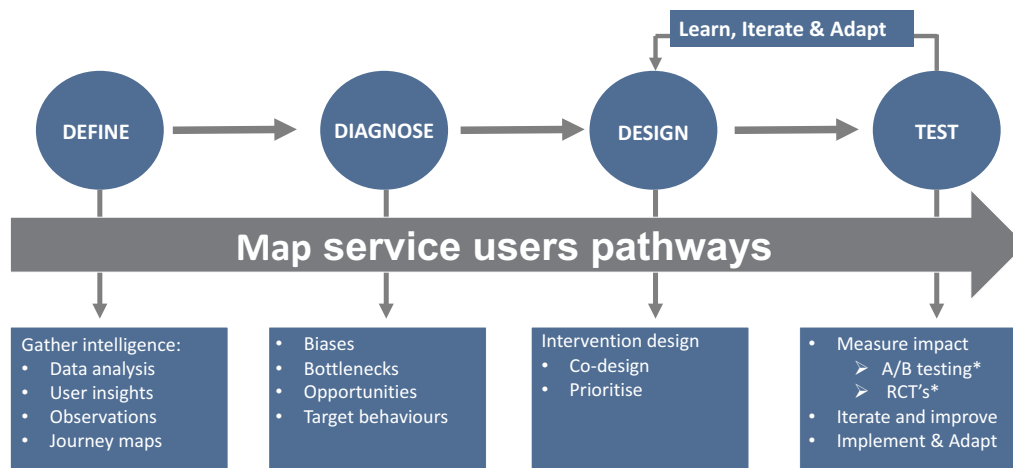
* A/B testing is a method of comparing two versions of a webpage or app against each other to determine which one performs better. AB testing is essentially an experiment where two or more variants of a page are shown to users at random, and statistical analysis is used to determine which variation performs better.

*An RCT is a study in which participants are randomly assigned to the control or intervention group. The RCT is the most scientifically rigorous method of testing available, and is regarded as the **gold standard trial** for evaluating the effectiveness of interventions.

1&2 Define and Diagnose

BCH conducted a research programme and behavioural audit to identify pain points and bottlenecks preventing uptake of alternative pathways. Activities during this phase are illustrated below:

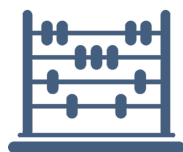## Identifying the problem – Research Program

Desk research
- Policies and past research
- Establish baseline
- Literature review

Data Analysis
- Scope of influence
- User segmentation
- Quantify barriers & impact

Process mapping
- Job shadowing
- Process maps
- User journey

Stakeholder interviews
- Wider teams & partners;
- SEN team manager & Coordinator,
- Schools
- SENCO and Family Support Officer

Field research
- Promotional events
- Travel planning meetings
- ITT meetings
- 1-1 interviews with parents

Why?
Overview of current council provisions, understand service user pathways and operational processes

Why?
To identify bottlenecks in information provision and application process and identify potential for improvement

Why?
To identify the internal processes, paint points and bottlenecks that lead to difficulty in managing demand

Why?
To understand the key influencers in this project who make referrals or influence parents and young people's decisions

Why?
To understand the user journey and provide an overview of the overall user experience, and develop mental models of service users

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Desk-based Research – Literature Review

In this literature review we summarise previous work on applying behavioural insights to SEN travel. There appears to be only two previous projects in this area:

Momen (2011) describes behavioural insights work carried out for the Croydon SEN travel assistance programme. The aim of the programme, which started in April 2011, was to transform home to school travel by offering greater choice and control for families and supporting and encouraging travel independence of children and young people with SEN as part of their wider life skills experience. The programme tapped into the energy and enthusiasm of parents to design and deliver behavioural changes.

Key actions taken by the council as part of that project were:

- Establishing an independent travel training service, working with schools to identify young people who are suitable for 1:1 travel training, with the aim of them travelling to and from school independently

- Piloting personal transport budgets - giving families choice and control over their child's home to school travel arrangements and flexibility in how they can use the money.

Projected financial savings from the SEN travel assistance programme were in the region of £870,000 over three years, 14 per cent of the base budget.

A behavioural change model was used to assess the values of parents whose children use SEN transport and to develop a better understanding of them as a customer group. These insights were used to tailor communications and inform the design of alternative options.

A similar programme was undertaken by iMPOWER (2011) for Coventry City Council. This programme set out to radically change the council's approach to SEN transport and the relationships with parents and carers. It sought to understand the parent cohort better, communicate with them more effectively, re-emphasise their responsibilities and incentivise them to become more involved in their child's travel to and from school. The aims of the project were to reduce transport demand and related costs for the council and to improve the quality of life for the children and parents involved.

A key and innovative aspect of this work was the introduction of the 'Value Modes' behavioural model that segmented parents into different attitudinal groups.

Key insights from this work included:

- The importance of not having the one-size-fits-all model and understanding the different nature of the client group and breaking that down

- Ensuring that all the stakeholders work together and shared in a common purpose

- The importance of embedding the changes in the SEN team's way of working.

The programme was expected to generate savings of around £550,000 p.a. on an annual budget of £4.5m.

This project aimed to build on the earlier pioneering work in Croydon to increase the shift from traditional to alternative travel in order to maintain momentum in terms of managing demand and costs. It also sought to pick up on the need to put the child at the centre and promote independence and improved life chances, in line with the council's increasing focus on prevention and early intervention strategies.
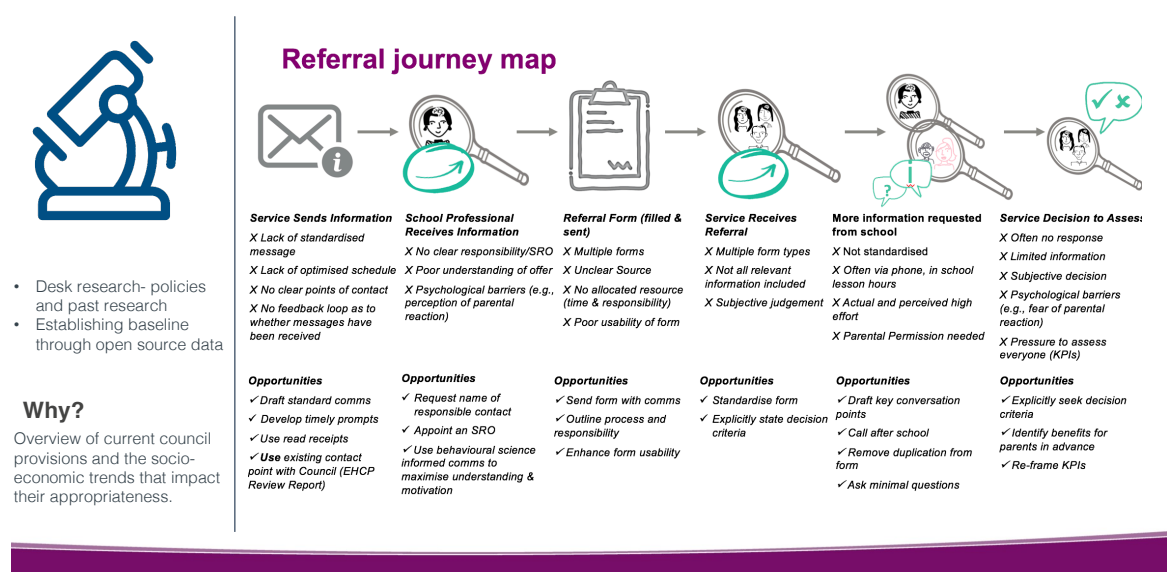
Field Research

By embedding a Behaviour Change Consultant into the SEN Travel Team, conducting ethnographic research with a wide range of stakeholders and engaging with service users, BCH was able to map the process from the perspective of multiple service users including staff, partners, carers/parents and young people in order to identify gaps, pain points and opportunities for change.

Our initial research revealed that the standard referral process for ITT involved six key steps. From analysis of the processes involved in each of these steps we uncovered several factors with the potential to undermine effectiveness of each step. These are summarised in the referral map below.

The referral map also highlights the frustrations a dedicated team can experience as a result of resource, capacity and technology limitations, and the absence of a standardised and streamlined approach to service design.

Define – desk research

Referral journey map

- Desk research- policies and past research
- Establishing baseline through open source data

Why?

Overview of current council provisions and the socio-economic trends that impact their appropriateness.

Service Sends Information
X Lack of standardised message
X Lack of optimised schedule
X No clear points of contact
X No feedback loop as to whether messages have been received

Opportunities
✓ Draft standard comms
✓ Develop timely prompts
✓ Use read receipts
✓ **Use** existing contact point with Council (EHCP Review Report)

School Professional Receives Information
X No clear responsibility/SRO
X Poor understanding of offer
X Psychological barriers (e.g., perception of parental reaction)

Opportunities
✓ Request name of responsible contact
✓ Appoint an SRO
✓ Use behavioural science informed comms to maximise understanding & motivation

Referral Form (filled & sent)
X Multiple forms
X Unclear Source
X No allocated resource (time & responsibility)
X Poor usability of form

Opportunities
✓ Send form with comms
✓ Outline process and responsibility
✓ Enhance form usability

Service Receives Referral
X Multiple form types
X Not all relevant information included
X Subjective judgement

Opportunities
✓ Standardise form
✓ Explicitly state decision criteria

More information requested from school
X Not standardised
X Often via phone, in school lesson hours
X Actual and perceived high effort
X Parental Permission needed

Opportunities
✓ Draft key conversation points
✓ Call after school
✓ Remove duplication from form
✓ Ask minimal questions

Service Decision to Asses:
X Often no response
X Limited information
X Subjective decision
X Psychological barriers (e.g., fear of parental reaction)
X Pressure to assess everyone (KPIs)

Opportunities
✓ Explicitly seek decision criteria
✓ Identify benefits for parents in advance
✓ Re-frame KPIs

Key Insights

The main pain-points identified by the research were:

- Assumption from the service that schools and parents had good knowledge about alternative provisions was not verified
- Low levels of awareness and knowledge amongst both parents and schools despite extensive campaigns, suggesting a biased sample of 'engaged' parents/schools

    Parents:
    - Sample of parents contacted, knew little about the existence of ITT
    - Parents referred by schools knew of ITT existence but lacked understanding of how it worked

    Schools:
    - Gaps in understanding about the referral process from Schools
    - A best practice school interviewed exhibited knowledge gaps about the ITT offer and its benefits for pupils

- Difficulties in navigating website
- User issues completing the online form and user drop out
- Perception that teachers lacked motivation was not borne out by the research – independence was a stated core value of schools sampled

Analysis of Alternative Provision Options:

A comparative analysis of the costs and benefits of ITT and PTB provisions was undertaken. On the basis of this analysis ITT was determined to be the preferred pathway for the RCT for the following key reasons:

- PTB requires additional layers of ethics when considering a randomised control trial, given that handing over a financial budget to one individual in the household might lead to unintended consequences should the budget holder have low financial literacy or inappropriate intentions, such as using the provision as a form of control against other members of the household.
- ITT is expected to generate a bigger ROI than PTB over the longer-term
- Sustainable benefits
- Promotes independence, increased self-esteem and confidence providing young people with valuable life skills
- Empowers young people to make positive choices towards their own self development
- Fosters a growth mindset which is correlated with academic outcomes
- ITT is better aligned with the council's wider strategic focus on prevention/early intervention measures to managing demand on services

3. Design

BCH worked with the service to identify a range of opportunities (see table below), which were analysed using the APEASE framework from the Behaviour Change Wheel (Michie et al, 2014) to assess potential ideas for affordability, practicability, effectiveness, acceptability, safety and equity. Following the feasibility analysis, the opportunities were prioritised using the MoSCoW model (**M**ust, **S**hould, **C**ould, **W**on't have - https://www.projectsmart.co.uk/moscow-method.php), to determine quick wins and longer term goals at both a system and behavioural level.

Intervention Ideas	A affordability	P practicability	E effectiveness	A acceptability	S safety	E equity	S sustainability	MoSCoW
Training all SEND children across the borough						✓		W
Identifying eligibility for ITT using data							✓	S
Targeted communications to parents	✓	✓	✓		✓		✓	C
BI scripts for 1-2-1- parent visits	✓		✓		✓			W
Targeted communications to teachers	✓	✓	✓	✓	✓	✓	✓	M
BI scripts for 1-2-1 school visits	✓		✓	✓	✓			C
ITT suitability decision trees for teachers	✓				✓	✓		W
ITT suitability decision trees for service	✓	✓	✓		✓	✓		C
ITT suitability questionnaire into EHC review documents	✓	✓			✓	✓		W
Including ITT suitability check box prompt into EHC review documents	✓	✓	✓	✓	✓	✓	✓	M
Align co-ordinated ITT/PTB approach across all teams from council front door	✓		✓		✓	✓	✓	S

The main findings suggested the greatest behavioural opportunities were in optimising communications at various touchpoints throughout a service user's journey, from the Council's front door to the point of applying for/accepting transport support, with a focus on early engagement. The goal of optimising communications would be to generate increased awareness of the alternative offers, provide more comprehensible materials, reduce drop out of form completion and influence decisions in order to increase uptake of alternative provisions.

The final list of intervention opportunities, alongside the design and delivery of a suite of behaviourally informed communications to improve uptake of ITT, included:

- Behavioural insights workshops to upskill staff to apply BI to communications
- Revision of the application process, including redesign of application form, using BI
- Revision and redesign of the website using BI
- Leaflet redesign of ITT offer, to be used both for marketing and as a conversation guide during consultations
- Increase awareness of ITT offer in schools to increase appropriate referrals
- ITT referral invitation campaign

It was recognised, however, that within the timescale and budget of the project, realistically it would only be possible to trial one of these interventions. Whilst we realised that designing and simultaneously implementing a number of interventions might cloud measurement for the intervention chosen for trial, we believed that increasing ITT uptake by whatever means was a greater goal.

Solution:

Content design for behavioural prompts across the suite of communications included some of the following evidence-based insights:

Behavioural insights to optimise ITT uptake

Social Effects (minority influence)
Send letters to schools that are under referring pupils for ITT:
'*You are not referring pupils to ITT, whilst other similar schools in Croydon are*'
'*To help you decide who can benefit from ITT you can try…*'

Evidence of Social Effects
GP's sent over-prescribing letters:
'You are prescribing more compared to your colleagues'
'As an alternative to prescribing Antibiotics you can try…'
-

Making the Application Easy
Attaching forms to the comms with email address to send them to can minimise perceived difficulty and confusion, encouraging referrals.

Evidence of Application Ease
HMRC found that sending the user to the form instead of website increased tax return completion

Use of User Stories (prototype decision making)
Using ITT success stories of children with complex needs can motivate teachers to refer.

Evidence of User Stories (prototype decision making)
Parents of minority communities in the states were more likely to enrol their children in school if they were contacted with stories of similar families with children successfully enrolled.

Minimising risk perception
Informing teachers that the risk the child faces is low can increase referrals

Evidence of Minimising perceived risk
People are more likely to attend health screenings, if they are provided with statistics that demonstrate they overestimate mortality rate of the disease.

4. Test - Trial design:

For the trial, the ITT invitation to schools was redesigned using behavioural insights with a view to increasing the number of expressions of interest.

Designing an RCT proved challenging due to the very small sample sizes, ad-hoc referrals and inconsistent data sets. Based on feasibility, an email ITT invitation campaign was designed for the purposes of an RCT to test whether behaviourally informed emails could increase referrals from schools.

Trial design

An invitation email was redesigned using behavioural insights with a view to increasing the number of expressions of interest for ITT from schools

Population Size

From 13,000 students, 600 identified within target age group. 350 students excluded due to severity of need/distance to school. Therefore, population comprised 250 children across 46 schools.
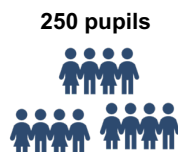
250 pupils

23 schools — **Treatment Group**

23 schools — **Control Group**

Sample Size
A power analysis showed that a sample size of 30 would be sufficient but as the cost difference between running a trial on sample of 30 or the universe of 46 schools was minimal we decided to run the trial on the full universe in order to eliminate any possibility of sample bias.

The sample size for the experiment was calculated utilising the preferred method for performing a power analysis with categorical data as specified by Campbell, Julious, Altman (1995). Although there was no rigorous data available to estimate the likely response rates of schools, an estimate

was made at 10% through initial informal research and discussions. Subsequently a minimally interesting proportional change was set to 10% (i.e. an estimated change from 10% to 20%). Based on this the required sample size for each group (at 80% power and a 5% significance levels) was 89. This was then corrected for the small population size using the formula specified by Israel (1992). The correction showed that the required sample size to be around 30. However, as the difference in costs and efficiency between running the trial on the full 46 schools and a sample of 30 was minimal it was decided to run the trial on the full universe of 46 schools.

The intervention email:
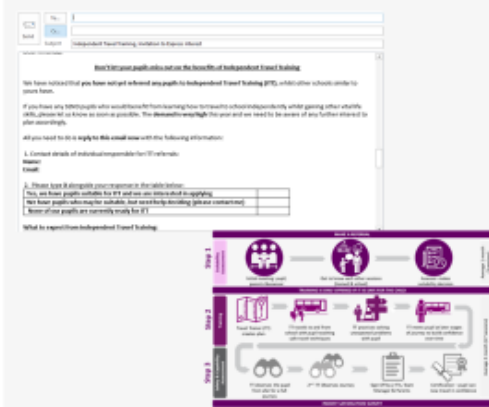
	Affordable	Practical	Effectiveness	Acceptable	Side-Effects	Equity	Sustainability	MOSCOW
BCH Score	Y	Y	Y	Y	N	Y	Y	Must
ST Score	Y	Y	Y	Y	N	Y	Y	Must

Results:

Following implementation, response rates were measured over a two-week period. There were similar levels of response from both the treatment and control groups and so there appeared to be no statistical difference in the number of email responses from schools for the control and treatment groups.

For completeness the data was analysed using a *Chi* square test of independence to examine the relationship between the treatment and control group. The relationship between these variables was found not to be significant, $X^2(1) = 0.0$, P = 1.0. In conclusion, there was no significant difference in the response rate between the control group and the treatment group.

Impact:

Financial Benefits

Although the trial did not produce a statistically significant effect, the service did experience a greater than expected increase in expressions of interest in ITT. Due to service capacity constraints it has not so far been possible to translate the increased level of interest into more tangible ITT applications.

Since the beginning of the transformation program the service has seen a steady increase in the number of students taking up alternative travel support options, with a corresponding decrease in students receiving council provided direct transport, when adjusted for the overall increase in

students with EHCPs. We estimate that the cost avoidance saving associated with this relative reduction in students receiving direct transport to total more than £1m over the last three years.

The chart below shows the data for 2018/19 to date, following the interventions implemented in this project. Whilst these numbers do not show a major change, the service is expecting, and planning for, a substantial pickup in ITT for 2019/20 and beyond. The service believes that early intervention support provided by this project and other initiatives will be key to keeping costs under control and promoting more independent lives for SEN students.

Change in Alternative Travel Uptake
2018/19 vs 2017/18 - post interventions

- No. of SEN students +8.50%
- Direct transport -1.30%*
- ITT +1.60%
- PTB +12.50%

* Adjusted for overall SEN growth
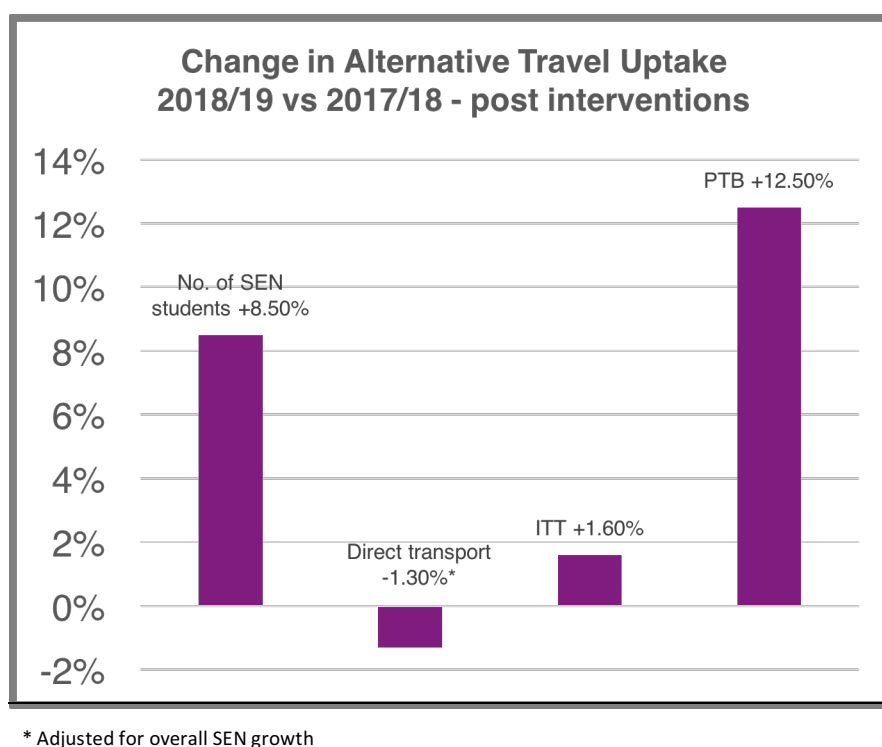
Non-Financial Benefits

In addition to significant financial benefits and challenging the traditional and institutionalised culture of council providing direct transport, alternative travel support has many other non-financial benefits for students and their families, such as:

- Promoting and supporting independence and use of own initiative
- Helping young people and adults to achieve their full potential
- Improving the life chances of some of the most vulnerable people in society
- Opening opportunities for learning and social interaction; developing social skills
- Improving job prospects
- Providing greater freedom – less reliance on the Council, friends and family
- Raising self-confidence

Sustainability

The benefits of the BCH approach to embed a behaviour change consultant into the service team and co-create materials in behavioural insight workshops is that it equips the workforce to iteratively continue with a behavioural approach at the end of the project.

Having iterated and revised communications, the team has implemented a full suite of new behaviourally informed communications across the resident journey and the ripple effects are evident in client testimonials:

'With regards to the trainer he has been really patient, expressed and empowered my son through his words of encouragement and continues to encourage him. He allows my son to reflect and talk to me, when they meet they discuss and he gives him that space to grow, which is really important for my son and how he processes his training.'

The Travel team have also commercialised their Travel Training offer and are helping to lead the way in helping other local authorities benefit from providing ITT as a preventative alternative SEN travel provision so that other LAs might also indirectly benefit from the behavioural optimisation.

As a direct result of the increased interest in ITT the service is currently recruiting additional ITT staff in order to meet the increased demand expected over the coming years. In addition, the service is in the process of launching an innovative new travel trainer apprenticeship scheme, which will build on the behavioural insights developed and utilized in this project. The scheme should also be a powerful conduit for helping to propagate the use of behavioural insights more widely.

Lessons learned:

Whist the trial itself resulted in no significant difference between behaviorally informed and control emails, the service saw a significant increase in the number of applications for ITT during the period of support from the behaviour change hub. It should be noted though that there were some other factors that may have also contributed to the increase in referrals.

In particular, the service came under scrutiny in 2015, with the overspend on SEN transport being brought to the attention of cabinet members, which resulted in a clear plan of action to adopt *'invest to save'* early intervention and prevention measures.

Gaining buy-in at leadership level to this plan was a crucial step in driving forward early intervention/ prevention strategies for the service. It demonstrated an appetite for innovation, which fostered a culture of agile project management and calculated risk taking. It also demonstrated the value of being patient and willing to take a longer-term view, as the benefits from early intervention/ prevention strategies are realised over the longer term rather than yielding many immediate benefits.

Over the last 2-3 years a number of behaviourally informed interventions have been implemented and the increase in interest this year is likely to be due in part to these interventions beginning to bear fruit, in combination with a raised level of awareness as a result of our extensive contacts with stakeholders in the course of this project.

Other key learnings/takeaways include:

1. **Engage stakeholders**: Ensure stakeholders at all levels are engaged with the project from the beginning

2. **Agile approach required**, accepting goals might change as new intelligence and/or obstacles are revealed. Plan projects over short time periods and ensure the client is kept informed and understands the rationale behind changes throughout the project

- Project management: The project was spread over a year in order to carry out in-depth research, to explore a wide range of possible opportunities and to run a robust RCT; however, with hindsight the pace of change experienced over the year (e.g. changing corporate and service priorities/focus, staff turnover, fluctuating demand) resulted in changing scope which had a knock-on effect on the goals and impact of the trial

- In particular, the original goals and objectives of this project, namely to reduce costs by managing demand came out of a "Managing Demand" programme that was a central theme of Croydon's strategic plan at that time. The adoption of a new operating model, with its increased focus on prevention and early intervention measures and shift away from demand management programmes meant that priorities and focus of the service changed significantly between the application for funding and inception of this project. As BI providers BCH only became aware of the impact of these changes in corporate priorities during the initial scoping phase, after the project had kicked off

3. **Conduct a pre-mortem to identify risks and plan mitigating actions**

   - Service experienced unexpectedly high volume of requests for ITT during trial implementation phase which required a change to project goals (from increasing ITT referrals to increasing ITT expressions of interest, due to the service having no capacity to deal with an increased number of referrals); a pre-mortem may have identified this risk

   - Unexpected increase could have been as a result of the Hawthorne effect (sometimes known as the Observer effect), whereby individuals modify their behaviour in response to their awareness of being observed

4. **Data & information provided should be independently verified**

   Our research showed that the main bottlenecks to ITT uptake were not the same as perceived 'a priori' (i.e. before the field research was undertaken) by the client

5. **Use customer experience maps and personas to demonstrate pain points in existing practice**

   - Articulating feedback can be challenging, as it can be perceived as negative or critical. Presenting interview findings back during workshops by using customer journey maps and customer personas allows feedback of pain points in a clear and constructive way

6. **It's important to establish data availability and quality at outset**

   - It's important to establish clear baselines and measures of improvement. Where there are data gaps, there should be an appointed SRO with agreed capacity to create and manage any new data requirements. Build in contingency, in terms of resources and time, to collect and manage key data

   - When availability and quality of data is limited its necessary to adopt a pragmatic approach when designing trials.

7. **Important to agree what the priority is for behavioural science projects**

   - Consider whether the goal is to generate robust longer-term evidence or quick win improvements

   - Some of the biggest opportunities identified, such as optimising one-to-one consultations between service and parents were not suitable for a randomised controlled trial due to the small sample size

8. **Project governance is important**
   - Get director buy-in to act if things get stuck or delayed

9. **Difficulties and disappointments sometimes have silver linings**
   - work with the service and users over a sustained period generated unexpected interest in ITT, reducing the need for BI interventions as goals were achieved indirectly through raised awareness

10. **Unanticipated benefits**
    - in addition to longer-term benefits, the project will add value by (a) delivering a "quick-win" of helping the service to better manage future supply and demand (b) delivering key service improvements through upskilling staff and overhauling ITT communications

References

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Appendix

Independent Travel Training

More Independence   **Lower Costs**   **Early Intervention**
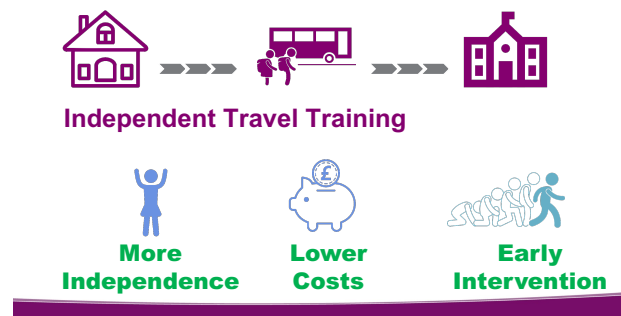
Selected extracts from qualitative research – interviews:

Parents

Risk avoidance

Knowledge gaps

Present day bias

....He can tell you the route to London. (But) He will give his packed lunch to a beggar if he says he is hungry.

What's it for?

I worry about people that might watch him and realise he is vulnerable and take advantage

Teachers

Diffusion of responsibility

Knowledge gaps

Punishment avoidance

So where do I get the referral form?

Parents are often scared to let their child into the 'big wild world on his own

Council need to be firmer with families

Persona of typical pupil referred

Typical Pupil Referred

Hey!
I'm Chris and I am 16 years old.

Top Three Needs
• Autism Spectrum Disorder
• Moderate Learning Difficulties
• Mental Health and Behavioural Difficulties

Who refers?

ITT Referrals

Who refers

| Travel team 65% | School/ college 27% | Parents/ Carer 7% | Others eg Social Work 1% |

Complete application   ITT Review   Make appointment

Information Sources

Eligibility Criteria
✓ Is their journey to school over 3 miles?
✓ Are they over the age of 11?
✓ No behavioural concerns?

Website ammendments

Website Changes Example

Easy to access self-explanatory categories →

Informing users that the page is in progress with requested feedback: **manage expectations**, improve user experience and gather further **user insight** →

Ability to skip to relevant section: make information **easy to access** →

Salient deadline
Consequences- loss aversion →

Explicit eligibility criteria: **ease** of understanding the criteria deter ineligible applications to save service time →

Transport and travel assistance for home to school travel

| 5 - 16 Years | 16 -25 year olds in education | Have your say |
| Independent Travel Training | Contacts | Check out |

Assistance for 5 - 16 year olds with SEND

Notice something different? We are currently in the process of improving this page. If you have any suggestions please email mariya.kirichek@croydon.gov.uk to help us make it right for you.

At Croydon Council we offer a range of services designed to help you arrange your child's travel in a way that builds resilience and allows them to lead a more independent life.

This page will help you understand the following topics (click on the heading to skip directly to the section).

- Are you eligible?
- What options are available?
- How to apply?
- What happens after I apply?

You can find our contact details by clicking on the corresponding tab at the top of the page.

> (!) Closing date for applications: 6th July 2018. Travel assistance will not be guaranteed for September term for applications received after the deadline.

Are you eligible?

You may be eligible for travel assistance if you meet the following requirements:

✓ The parent/carer and child reside in Croydon

✓ The child's age is between 5 and 16

✓ The child is registered at a qualifying schools (see Travel Assistance Policy for full list of schools)

Website Changes Example Cont.

Explicitly stated benefits, framed as preventing loss of freedom: incentivise ITT. →

Video with user's talking about their ITT experience: using existing service **users as messengers** to improve trust and encourage ITT uptake →

Direct links to form and email: easy submission encourage people to make referrals. →

Explicitly stated next steps: used to **manage expectations**, improving user experience and reducing queries to service. →

What are the benefits of travel training?

Young people who successfully complete the training will benefit from increased confidence, independence, freedom and better opportunities to access education, training, employment and other day to day activities, whilst helping them maintain better relationships with their peers. It will also help families find time to do things independently, as well as enable them to do more things together. This all contributes to leading a more fulfilled life for the young person and those around them.

Don't take our word for it, watch the video below (click to play) to hear about the experiences of young people who have already undergone independent travel training.

How to apply or make a referral?

To make a referral please complete our travel assistance referral from (download word document here) and email to traveltraining@croydon.gov.uk.

Anyone can make a referral whether you are the parent, a professional working with young people or even if you think you will benefit from the training yourself.

Please note that if you are in the process of applying for travel assistance you will already be considered for ITT.

What happens when you make a referral?

We will review your application and contact you via phone within 20 working days to let you know whether ITT is suitable for the young person. A travel assessor will then organise a meeting with the family and the young person to discuss the programme in more detail and tailor the offer to the young person's needs. If an appropriate program is agreed training will be scheduled.

Note Regarding Existing provisions.

Form changes

Intervention designs