SOCIAL ENGINE

Using behavioural insights to increase engagement with Early Help Services

Final report

October 2021

Newcastle City Council

Local Government Association

Contents

About Social Engine

Social Engine was founded in 2015 to support organisations to adopt an evidenced-based and insight-led approach. We work with charities, local authorities, social enterprises and other social purpose organisations to overcome organisational challenges through engagement, research and the practical application of evidence into practice.

Our work involves applying behavioural insights to support service improvement across a wide range of policy and service areas in order to improve outcomes for individuals and communities.

www.social-engine.co.uk

Executive Summary

Social Engine were commissioned by Newcastle City Council (NCC) on behalf of their Early Help services to help them understand what motivates people to accept or decline the Early Help offer, and what approaches can be used to influence families to accept the offer of support. A series of research methods were utilised, alongside behavioural insights, to understand these two aims. The project began in February 2020, however due to Covid-19 was significantly delayed from March 2020. The project recommenced in September 2020.

Aims
- To understand why certain families turn down the offer of Early Help
- Identify opportunities to intervene in order to increase the uptake of Ealy Help.

Methodology
- Desk research was undertaken at the beginning of this project to form a background to the situation. This was then supplemented with a repeat analysis to see how things had changed during the pandemic period due to Covid-19, in case it had impacted the data.
- A number of stakeholder engagements were conducted, including stakeholder interviews, group discussion workshops, and service user engagement.
- We conducted an ethnographic field study, in order to gain insights into the ways messaging is communicated and framed towards the families.
- We reviewed Early Help's comms and messaging to evaluate strengths and weaknesses of the communication to families.
- We worked collaboratively with the NCC project team and key stakeholders in a co-design workshop to develop experimental research methods and interventions.
- Finally, we designed and ran a randomised control trial (RCT) to test a text messages intervention. This was to see if sending families a reminder text message would improve the take-up of Early Help.

Findings
- The rate with which the offer of Early Help support is turned down vary significantly according to: the referrrer (contact source), level of deprivation and time of the year (seasonality).
- There is evidence from research literature that the communication channel used to offer Early Help support is also a factor in whether families accept or reject it.
- Contacts that originate from the police are responsible for the majority of recommendations for Early Help – disproportionately more than we might expect to see.
- Recommendations for Early Help that come from a police referral are far more likely to be declined (26.5%), whereas recommendations from schools are much more likely to be accepted (only 7% declined).

- There is a perception among social care practitioners that DSLs – particularly in schools but also more widely – are receiving inaccurate or misleading information and guidance around where and when to make referrals to CSC.
- There appears to be limited shared understanding and clarity of what Early Help is among practitioners across services. This is particularly evident among the police who appear to have limited understanding of what the Early Help support offer entails, its benefits and how to communicate it effectively to families.
- The police appear to have have a process which limits the opportunities to engage with families effectively. Child Concern Notifications (CCNs) are seen as the only tool available to the police and it is consequently used indiscriminately. There are also issues arising from the quality of data within CCNs which inhibits effective service provision.
- Results from the text message RCT were inconclusive due to a significantly reduced sample size.

Conclusions and Recommendations

- A more considered approach to change and innovation can aid understanding of 'what works', including limiting the number of simultaneous changes made to a service, so that there is scope to find out specifically what does (or doesn't) work.
- Using data to generate insight and inform decision making and service design. For example, using phone calls as a way to encourage take up of Early Help has thus far had no evidence to suggest this is an effective approach. Given the high level of resource required for these calls, it would make more sense for the council to deploy these resources elsewhere.
- Opportunities to adopt more explicitly customer-centred service design. For example, the provision of services within office hours may have benefits from a delivery perspective, but it is not based on the needs or interests of families.
- Employing a more resonant and personable approach to communications and messaging. For example, effective use of boxing out key information, use of images, and colour coding as well as improved use of text messaging.

Introduction

Early Help brings together workers to support the whole family to try and make things improve for everyone. It can include support with parenting, employment, anti-social behaviour, school attendance and emotional wellbeing. Critically, it is a voluntary support service – meaning that parents need to consent to take part and cannot be required to do so.

Each quarter approximately 1,000 children and young people are recommended for Early Help in Newcastle. Once assessed and offered Early Help support, around one in five of those recommended for support decline the opportunity to participate.

The consequences of families declining the offer for Early Help are seen in a range of ways. For the children and families there can be significant negative impacts. Issues such as debt problems, addiction, behaviour challenges and mental ill health can become more complex and damaging to the individual, family and wider communiy. Put simply, people's health and wellbeing is put at greater risk.

Further, data reveals that where problems do continue to escalate in this way there is an increased financial impact for more extensive Social Care support delivered at a later stage. During the course of a year the cost to Social Care is estimated at over £750,000 in delivering later stage support with statutory interventions for families.

The council hoped to understand more about what motivates people to accept or decline the Early Help offer and critically, what approaches can be used to influence families to accept the offer of support. NCC want to use behavioural insights to develop and test a clear approach to increase the number of families who engage with the Early Help offer.
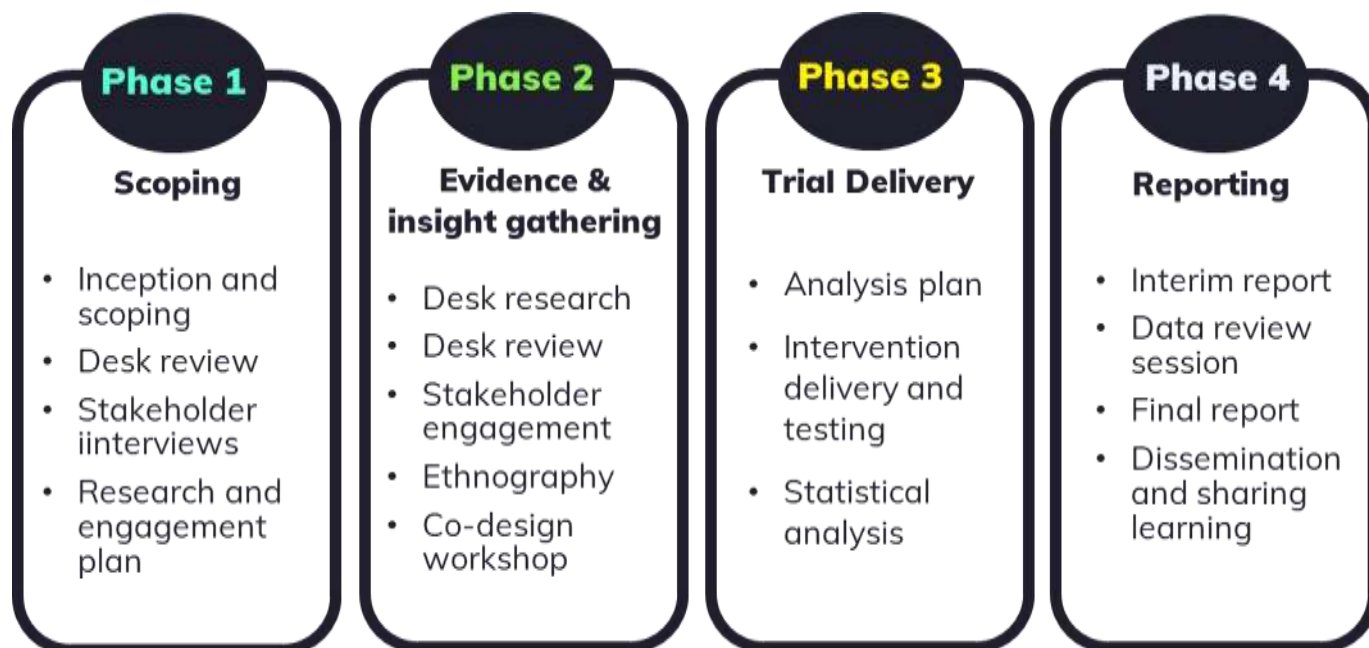
Aims

The overall purpose of this project was to undertake research to understand the underlying factors contributing to families declining the Early Help offer.

Components within this overarching aim included:

- Understanding why certain families turn down the Early Help offer;
- Identifying opportunities to intervene in order to increase the uptake of Early Help.

Project Methodology

Our approach to the project comprised of four distinct stages. An iterative design methodology ensured that each stage was informed by the previous. Our approach to the project design and delivery was based on co-production and working collaboratively with the project team in order to meet expectations, support organisational learning and help build the Council's capacity and capability.

Phase 1

Scoping

- Inception and scoping
- Desk review
- Stakeholder iinterviews
- Research and engagement plan

Phase 2

Evidence & insight gathering

- Desk research
- Desk review
- Stakeholder engagement
- Ethnography
- Co-design workshop

Phase 3

Trial Delivery

- Analysis plan
- Intervention delivery and testing
- Statistical analysis

Phase 4

Reporting

- Interim report
- Data review session
- Final report
- Dissemination and sharing learning

Research and Engagement Methods

To achieve the project's aims we used a range of methods to engage key audiences and gather evidence and insight to inform our work.

1. Desk Research

We reviewed research evidence into the factors that influence decision making in children's social services. This included exploring the impact of day of the week, social worker caseload, referral source, referral method, ethnicity and languages, deprivation, and social worker experience. We also examined the Council's own data to extract insights into what was known about the problem and who declines offers of Early Help. We repeated the intitial analysis at the end of the first lockdown to see how things changed during the pandemic period and whether new patterns in the data emerged as a result of COVID-19.

2. Stakeholder Engagement

Through individual interviews and group discussions with key stakeholders and service users we extracted insights into beliefs, perceptions and attitudes towards Early Help. We sought to map-out, from the interviewees' point of view, what is the nature and magnitude of the

problem, what are the key psychological, behavioural and social factors which contribute to certain families declining the Early Help offer, and what opportunities exist in order for us to intervene to increase the uptake of Early Help offer.

Stakeholder Interviews

We conducted seven semi-structured individual telephone interviews, lasting 30 minutes each, with key stakeholders. The stakeholders included workers from the Initial Response Team, NCC Children's Services team and Early Help Team, as well as members of local community family hubs. We analysed our interview data through thematic analysis to identify patterns and key themes.

Group Discussion Workshop

We facillitated a group discussion session with staff members of the NCC Children's Services team.

Our group discussions provided an opportunity for individual reflection on issues as well as a collective view of the problem, including shared values and norms that act as drivers of the behaviour among professionals.

Service User Engagement

We engaged with families who have past/ current experience with Early Help - we consulted first with the NCC team on how best to do this. In our discussions with the families, we explored their views, perceptions and understanding of Early Help, including amongst those who have both declined and accepted the offer of Early Help

3. Observational Research

We conducted an ethnographic field study to observe and listen to the interactions and discussions of key actors involved in the process of introducing the Early Help offer to families. This involved joining a number of calls made by staff from the front door to potential clients. We also attended one locality meeting, which was a multi-agency forum to discuss and allocate the most suitable progessional lead for referred family. Listening to some of those calls gave us the opportunity to gain insights into the ways in which the message is communicated and framed towards the recipient (families).

4. Communications and Messaging Review

We reviewed current comms relevant to Early Help that exist in the website or any other information material (eg leaflets), to evaluate strengths and weaknesses of how NCC and the Children's Services teams communicates its messages to families and professionals. During this process, we sought to identify whether the message is clear and accessible, or whether there are any gaps that might cause confusion and misunderstandings to the audience.

5. Co-design Workshop

We worked collaboratively with the project team and key stakeholders in a co-design session to develop our experimental research method and interventions. We explored the behaviours

and underlying motivations among our target audience, based on the insight gathered from our stakeholder engagement, set expectations and measurable goals for our intervention, and identified opportunities to influence behaviour change. The final part of the session was used to collectively develop a range of intervention ideas. The output of this workshop was an agreed design of our intervention and trial tailored to address the psychological and behavioural drivers that contribute to certain families declining the Early Help offer.

Evidence and Insight Gathering

Quantitative analysis

As part of the scoping phase of the project, we analysed quantitative data supplied to us by NCC. The data included details of Early Help (EH) recommended cases processed by the initial response team (IRS) within Children's Social Services.

Understanding why some families turn down the Early Help offer was ivital to informing the intervention to encourage more families to agree to Early Help support.

Therefore, the analysis was guided by the following research question:

What factors are associated with rates of declining the offer of Early Help?

To tackle this research question, we performed a series of covariate analyses and chi-square tests to investigate variations in the decline rates of Early Help based on the following factors:

- Contact source
- Seasonality (months and quarters)
- Deprivation.

The analysis revealed the following key findings:

- 1 in 5 families turn down the EH offer
- 1 in 4 families of children whose safeguarding concern was raised by the police turn down the EH offer
- 1 in 3 families of children living in less deprived areas whose safeguarding concern was raised by the police turn down the EH offer

Detailed findings

During the period (1st Apr 19 to 31st Dec 19) 3,261 cases were recommended for EH, 427 of these instances were duplicates – where more than one recommendation was made for the same child. This means that the initial response team within Children's Social Care made 3,261 recommendations relating to 2,789 children for Early Help support.
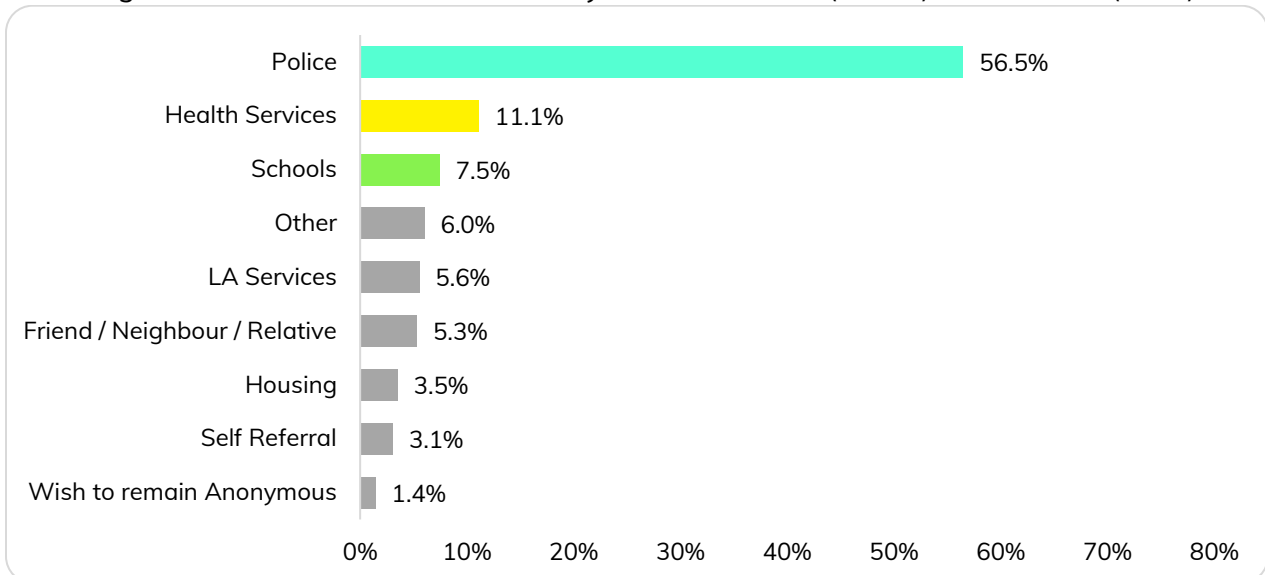
Of the 3,261 recommendations for Early Help support:

- 21% *(n= 678)* turned down the Early Help offer;

- 72% *(n= 2347)* agreed to proceed with additional Early Help support.
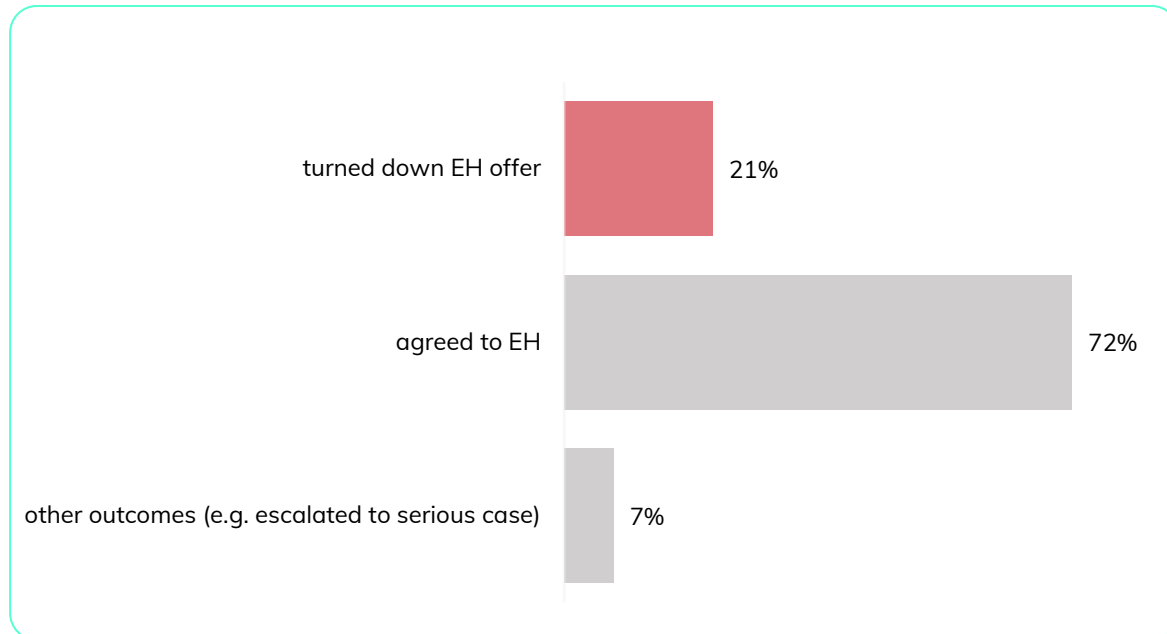
Contact Source

Based on 3,261 Early Help recommended cases, we found that more than half (56.5%) of them originated from the Police, followed by Health Services (11.1%) and Schools (7.5%).
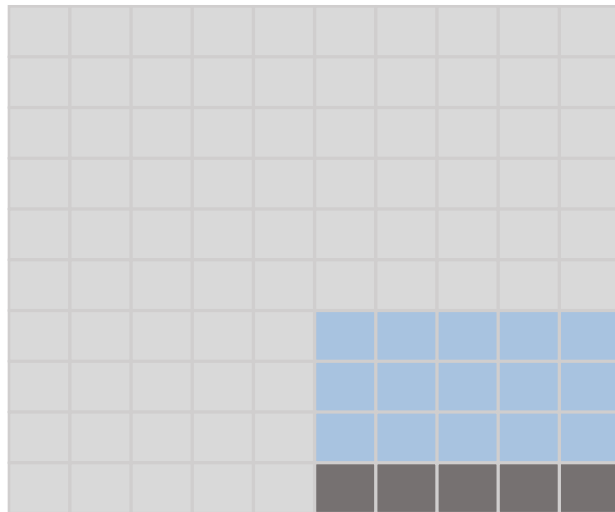
Decline rates of Early Help by contact source

- Around 1 in 4 contacts (26.5%) that originate from the Police turn down the offer of EH.
- When we exclude Police contacts, the proportion of all the remaining contacts (i.e. all those from non-police sources) that turn down the EH offer is just 13.3% - which is almost half of the decline rate (26.5%) of police contacts.

Turned down Early Help

26.5%
(n=489)

13.3%
(n=189)

police contacts   non police contacts
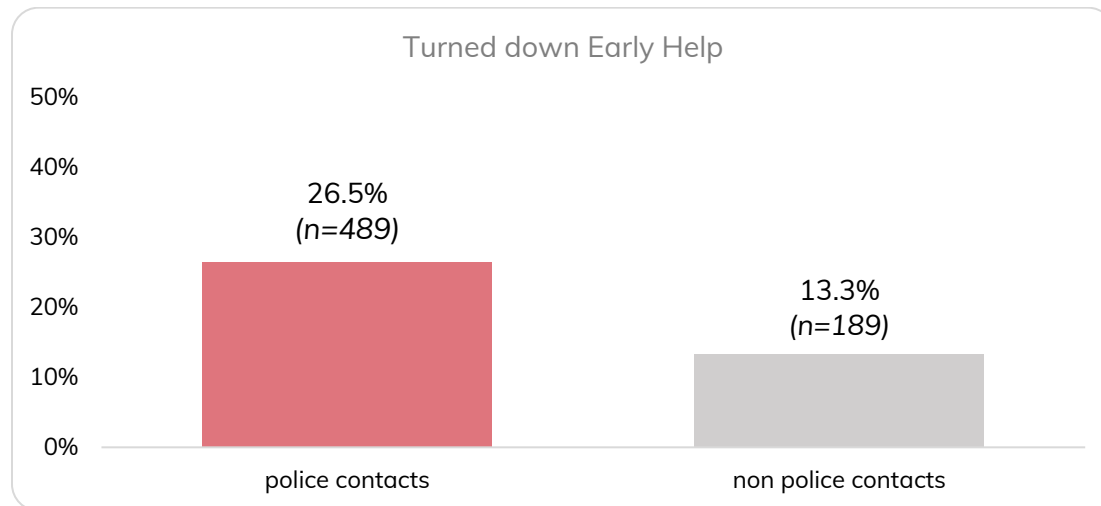
The breakdown of the decline rates based on contact source is outlined in the table below.

contact source	EH cases	declined	decline %
Police	1842	489	26%
Non-police sources (all)	1419	189	13%
Health Services	362	43	12%
Schools	243	18	7%
Other	197	21	11%
LA Services	181	20	11%
Friend / Relative	174	31	18%
Housing	115	24	21%
Self-Referral	100	21	21%
Anonymous	47	11	23%

Because approximately one half of the Early Help recommended cases originate from police (56%) contacts and the other half comes from non-police sources (44%), we can compare the percentage contribution of each half – police contacts against non-police contacts – in the decline rates of Early Help recommended cases.

Out of every 100 Early Help recommended cases,
20 turn down the Early Help offer.

Of those 20 that turn down the Early Help offer:

15 are police contacts

only 5 are non-police contacts

## Early Help decline rates by deprivation

We explored whether deprivation - measured in the dataset by index score of multiple deprivation (IMD) – is a factor driving variation in decline rates of Early Help. IMD is a score that represents the degree to which an area is deprived based on multiple factors, including income, health and employment. The lower the IMD score, the more deprived the area.

When we look at how decline rates vary according to level of deprivation, we found a statistically significant variation between families in less deprived areas and those from the most deprived areas. More affluent areas were associated with increased rate of declining Early Help support.

We grouped areas within the bottom third (least deprived areas) and those in the top third (most deprived areas) according to the Index of Multiple Deprivation[1] to determine how deprivation affected the take up of Early Help support.

We found that around 1 in 4 (26%) Early Help recommended cases that come from less deprived geographic areas turn down the Early Help offer, compared to about 1 in 5 (19.4%) in more deprived areas. Chi-square test showed that this difference is statistically significant ($p < .001$, *risk= 1.3, odds ratio = 1.5*).

[1] Areas in decile 1 = the most deprived 10% and areas in decile 10 = the least deprived 10%.
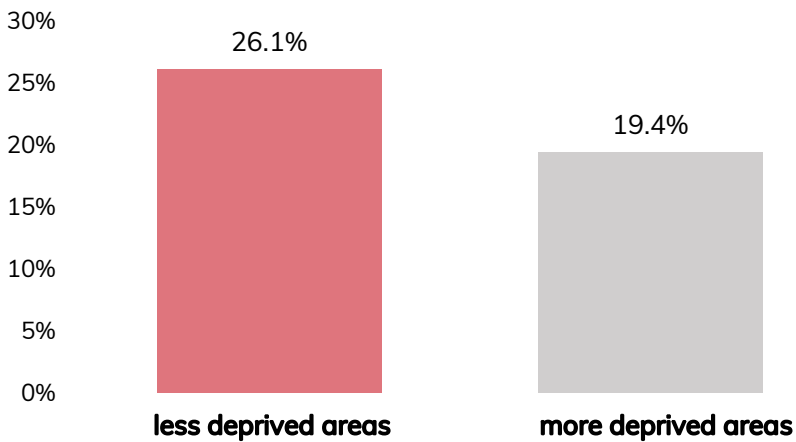
Seasonality

Previous research suggests that time of the year can influence decision outcomes in children's social services. When looking at the volumes of EH recommended cases across months - for the period 1st Apr 2019 to 31st Dec 2019 -we did not find any significant variation - with the exception that April had the lowest volume of EH recommended cases.
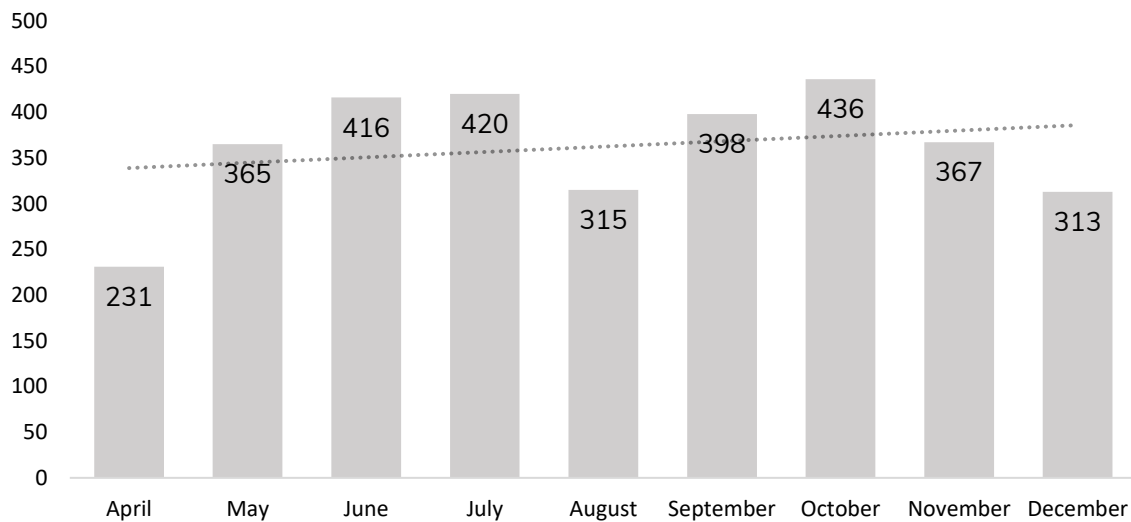
Whilst the actual volume of EH recommended cases does not fluctuate considerably across months, decline rates do. Months having the highest decline rates of Early Help are August (28.9%) and September (30.2%), while months having the lowest decline rates are April (7.4%), June (12.3%) and October (15.1%).

Decline rates across months
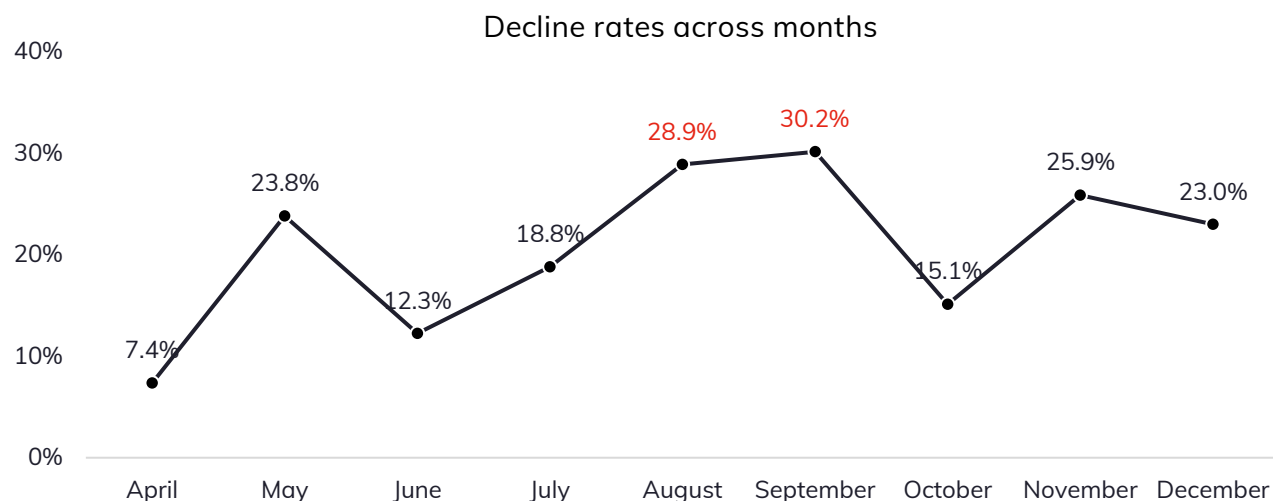
Literature Review

The Department for Education conducted research[2] looking into the factors that are associated with decision outcomes in children's social services (e.g., the progression of a safeguarding concern into a referral).

Seven factors were identified as correlating with decisions that children's social services make in relation to safeguarding cases. These were:

1) Day of the week
   - As the week progresses, referrals are less likely to proceed to further action.
   - Referrals received over the weekend are less likely to proceed to further action.

2) Social worker caseload
   - The greater the social worker's caseload, the fewer the number of referrals that progressed into further action.

---

[2] Decision-Making in Children's Social Care – Quantitative Data Analysis Research report, Department for Education (June 2017)

3) Referral source
   - Referrals that come from an internal source and schools are most likely to proceed to further action.
   - Referrals originating from family members are least likely to proceed to further action.
   - There is some evidence to suggest that "referrals from police can be in a form that is more difficult to digest".

4) Referral method
   - Email and written methods of referrals are least likely to progress to further action.
   - Referrals received from telephone calls are more likely to progress to further action.

5) Ethnicity
   - Referrals of children from non-white ethnic backgrounds are more likely to escalate to serious cases.

6) Deprivation
   - When comparing deprivation based on health outcomes with deprivation based on income, there are mixed results.
   - Referrals of children who live in areas with lower neighbourhood health levels are more likely to escalate to a serious case.
   - Referrals of children who live in geographic areas with greater income deprivation are less likely to result in further action.

7) Social worker experience
   - Greater professional experience of the social worker who is managing a case reduces the likelihood that a referral will escalate to a serious case.

Text message interventions

Mobile phones can be used to deliver interventions through Short Message Service (SMS), often referred to as text messages. Text messaging interventions are aimed to promote behavioural change among the recipients, with metanalytic studies[3] demonstrating their effectiveness in various areas, including health (e.g., medication compliance) education (e.g., increased attendance rates) and employment.

---

[3] https://www.jmir.org/2014/3/e93/

The mechanisms through which text messages work are diverse. Some of these mechanisms include but are not limited to:

- Reminding people of what is the appropriate action to take
- Increasing people's motivation to perform the desired behaviour
- Enhancing people's confidence and self-efficacy
- Tapping on people's emotions and desires (e.g., the desire to protect and support their family)

A number of behavioural and psychological techniques can be used to devise text messages that promote positive behaviours. Studies have demonstrated the following important characteristics for a message to be effective.

A text message should:

- Be timely
- Have a clear call-to-action
- Be simple to understand
- Be personalised

In a meta-analysis, De Leon and colleagues (2015) identified the most important characteristics to be:

- Strategies rather than educational content
- Tailoring of messages
- Feedback and support
- High frequency rather than low frequency.

Stakeholder Interviews

To help shape our initial thinking we conducted seven interviews with key stakeholders who have first-hand experience with Early Help. Interviewees included service providers, the Initial Response Team and police.

The semi-structured interviews explored the current Early Help offer and sought to understand more about the attitudes, behaviours and overall experiences of those connected with the referral or delivery of Early Help support.

Key highlights from the interviews include the role of families in engaging with Early Help offers, how the services are communicated and the role of Early Help within the community. The findings from the interviews underline the need to consider; the 'value' attached to the offer, its resonance and salience with stakeholders and families and how a strengths-based and more integrated model can assist with both uptake and ongoing engagement.

Findings from stakeholder interviews

There were three main themes which emerged from the interviews:

1. Collaboration and partnership with other services and localities is critical to the Early Help offer

Many stakeholders felt collaboration and partnership between the many services was crucial to ensure families were 'signposted' to the right services. Working side-by-side and maintaining transparency about exactly what role services play would ensure appropriate referrals are made. However, stakeholders also pointed out the associated difficulties with this, namely that the sheer number of services involved makes it tricky to effectively collaborate.

"Working together is key to the safeguarding response but that has its difficulties and challenges and can be problematic... more people need to understand how decisions are made to advise and help people coming through. It is a step-by-step process but that can be hard as there are lots of thing to understand"

Stakeholders from a policing background perceived a "grey area" and "missed opportunity" for Early Help sharing crucial information with them, as they tend to be "only involved right at the beginning and right at the end" of the referral process.

"We see some of these kids on the street everyday. We know who they are and the problems they face and what they are getting up to. If we had better communication with Early Help we could probably support their work and give them more direct information on the family."

One of the most effective ways of communicating with families was when Early Help was recommended by a professional or practitioner who already had a relationship with the family (e.g., teacher or nurse). More thorough information sharing across services could give professionals the necessary "confidence" to act, particularly as many felt they didn't understand what Early Help actually did.

"I don't think we really have any idea of what happens during assessment and what EH actually do."

In particular, stakeholders felt schools don't have the "right skills or time to make referrals and speak to families" which led to some schools using private safeguarding advisors' which removed direct communication with Early Help.

2. Clear communication of what Early Help is raises awareness within the local community

Stakeholders felt that Early Help was not a widely recognised (either in name or provisions) which meant it could sometimes be "misunderstood" within communities.

"The fear that a social worker is coming to take your child is still quite prevalent. We try and introduce them [families] to Early Help and to what it really is – support. But Early Help is not a term people recognise."

This misunderstanding often leads to families perceiving Early Help as "intrusive", and the fear of judgement from them or authorities telling them "how to parent". Stakeholders found that once the purpose of Early Help has been communicated, families are much more receptive to the support.

"Parents don't want to engage and it leads to issues of consent. They might have had a bad experience with authorities and think it's going to be the same but once families have engaged with us, they realise that's not what it's about"

A number of stakeholders felt the tone of communications produced by the local council needed to be more approachable and supportive, making it clear that it is okay for parents to ask for help.

"It is okay to ask for help. Getting help with parenting is not a failure. That should be universal understanding. It's good to do something for yourself."

Clearer messaging, with more direct advice and guidance given by the local authority was suggested, so both families and local partners are clear on what Early Help is and how it can benefit families and the wider community.

3. Local visibility and long-term support enhances engagement with families

Some stakeholders felt moving away from a "centralised" system, and focusing more on collaborating with localities would "embed" Early Help into the community more, particularly as families from different parts of Newcastle had vastly different experiences.

"People think…that authorities are going to take their children away - If Early Help was built in to the community and local services worked together we could support the family, engage more widely and change that perception [so] more families receive Early Help."

Clearer communication and transparency across services, as mentioned above, would also ensure families aren't frustrated with repeating themselves to every service.

"We should communicate more and be more transparent. It would help families too – they get frustrated telling people and different services the same thing hundreds of times."

A number of stakeholders felt that services should expand their reach and offer a wider range of activities to increase visibility and keep families engaged. They believed this would stop support plans being "repetitive" or "stale", and make them more flexible.

"[Services] should be more creative and refresh their offers every 6 months or so to make sure families stay interested and can see the benefits of Early Help. The more families come, the more Early Help will be normalised and seen as a beneficial service rather than stigmatised."

It was also felt that working directly with families and seeing them as "experts of their own experience" would ensure continual engagement with Early Help as support plans are individually tailored to family's needs. Some stakeholders felt that symbolically "signing families off" was problematic as it is a 'tick box exercise' and parents think its fine to no longer engage in services. However, it was felt that if Early Help was to truly perceived to be a "community initiative" then the long-term and continual support should be put in place and the narrative of "quick solutions" to "fix" families should be altered.

Findings from Family Interviews

During November 2020 interviews were held with four parents who had been in contact with Early Help. Three had declined and one had accepted the offer.

The qualitative analysis of the four interviews revealed the following insights:

1. Barriers to accessing Early Help

Two research participants told us that the social stigma of 'needing support' discouraged them from accepting the Early Help offer:

"I was worried about being judged."

2. Supportiveness of Early Help staff

One participant felt that the Early Help worker – the person who introduced to her the Early Help offer - was supportive and understanding:

"The way they spoke was so understanding and friendly. They listened; made you feel someone is on your side."

However, another participant told us that they felt that they received 'mixed' messages during the initial call with the Early Help worker, who introduced to them the offer:

"The person [Early Help worker] was helpful but didn't fill me with hope."

3. More effective advertisement of the Early Help offer

Two interviewees mentioned that the Early Help offer should be advertised more effectively:

"Early help should be signposted, place leaflets in schools, make it more visible."

4. Increasing people's confidence

One participant highlighted the need to increase women's confidence to reach out and be open about their stresses and difficulties in life:

> *''People and especially mothers need to gain more confidence to speak openly about their problems and their families.''*

5. Communication preferences

One interviewee expressed their preference to be contacted via email, rather than SMS text, from Early Help:

> *''I would prefer if they had sent me an email, rather than SMS, because I was afraid of my husband finding out.''*

This suggests a need to be mindful of the circumstances of potential service users. There is a need for sensitivity in these matters and using appropriate channels, as opposed to a "one size fits all" approach.

Communications Review

Background
Newcastle City Council commissioned Social Engine to assist with understanding why some families decline the offer of Early Help and to seek ways to increase the uptake. As part of this Social Engine undertook a review of communications materials from a behavioural insights perspective to consider how these critical engagement tools might usefully be improved.

Materials considered in the review were:
- Introduction to Early Help leaflet
- Various template letters (invitation to EH, unable to contact, decline letters etc)
- A sample of non-standard letters (primarily communication between case-workers and families).

Aim
To ensure that customer facing materials are accessible, useful and provide appropriate information, such that individuals understand its intention, recognise its relevance and can see what steps need to be taken.

Our principal aim was to understand why some families decline Early Help and to reduce the numbers of those that subsequently drop out.

The letters supplied display some variation but they do not convey statutory information as engagement with Early Help is by voluntary agreement with the family.

What do we want people to think about the letters?

We recognised that these letters are likely to arrive at a household that may be experiencing some degree of stress or crisis. This may be ongoing or a more recent occurrence. Against this context, the council wishes recipients to respond positively to the communication, to identify value in the approach and to positively engage with the assessment or services on offer.

We noted that in many cases a letter is accompanied by a specially produced Early Help leaflet.

In reviewing the letters, we needed to be clear what the core purpose of the communication is – our 'single minded proposition'. What is the key thing that needs to be conveyed/happen for this communiqué to be considered a success?

When we make things simple to understand, accessible and clear, we increase the likelihood of people acting on them. So, it's helpful to distil what our essential information is.

- Your family has come to our attention as potentially benefitting from support.
- Early Help is here to help
- Here are the steps to engage.
- Support/materials are available in other languages, if required.

From experience, we understood that early intervention can often help to 'nip a problem in the bud' and to prevent it from escalating. This can have the benefit of improving lives as well as reducing costs further down the line should the situation worsen.

It is worth bearing in mind that other factors influence the perceptions of families, these include: previous experience, website and other sources of information, the current situation and the opinions of peers.

Safeguarding, child protection and families are inherently complex. Further contextual factors such as Covid-19, financial concerns, mental ill health, crime, poor housing and substance use can mean that these letters are directed to people dealing with multiple challenges. Still further, we recognise that some people may experience language, literacy and cultural barriers that can inhibit engagement.

Against this background then we can see that simplifying information, as far as possible, is an important tool in our communications approach. The question we asked ourselves throughout was, 'how can we make it easier for people to understand and act in ways we want them to?'

How do we want people to respond?

Whatever the circumstances, the central aim should be that the recipient family makes an informed choice about whether or not to engage with Early Help services.

With the principle that we should avoid escalation and to give families reassurance about the types of support that is available we wanted to ensure that this information be presented in a clear, memorable format.

The factors we need to consider

When we want to encourage someone to do something, we ought to ask ourselves – 'what is in it for them'? Considering this question helps us to understand how to frame our communication in a way that is more likely to be effective at motivating the reader to respond as we would wish.

There is considerable evidence from behavioural science that provides a range of reasons why people might be influenced to act in the ways that we want them to. Below we set out some of these influences on our decision making and behaviour that have informed our approach to reviewing the Early Help letters:

1. Simplification and salience

We know that when something is simple, clear and easy to understand (salient) it increases the likelihood of the reader responding positively. A number of our previous trials – and considerable wider research evidence - have demonstrated the effectiveness of simplification at encouraging compliance among citizens. When things are easy for people to understand and act on – eliminating the 'hassle' and lowering '*cognitive load*' – they are more likely to do them. We also know that the use of colour, icons or pictures and using borders to frame more important information are all effective ways of getting people's attention. By stripping out non-essential information contained within a piece of correspondence and distilling the key messages, we aim to ensure that recipients are best placed to understand the instructions.

Positioning and presenting this essential information in this way is highly likely to impact on how the Early Help messages are received.

Using salience – when things are new, novel or unusual this can attract our interest. This device may have considerable benefit.

2. Social norms

When someone thinks that everyone else is doing something, they are far more likely to do it themselves. The use of a descriptive social norm – pointing out that that the majority of families achieve satisfaction from following a particular process, or that higher numbers of children/families get back on track by accessing Early Help would be useful to emphasis

the 'take action early' messages. This would entail positioning a descriptive norm in a prominent place within the letters and/or Early Help leaflet.

For future communications (including update bulletins and web content) there would be benefit in identifying cases studies or statistics that illustrate the point to be made, in such circumstances.

3. Framing

We recognise that the letters from Early Help are likely to be received during a time of stress – therefore positioning or 'framing' the approach such that it expresses support, shows Early Help to be 'on your side' and emphasises the benefits is likely to be well received.

A further factor here is how framing can 'affect' the emotional reaction of the recipient. Formalised, impersonal post can be stressful. We know that people who are stressed or worried can be more likely to react negatively or to view a situation with pessimism. Communicating in ways that avoid this negative response would be most desirable.

4. Intrinsic and extrinsic incentives

Incentives are a very effective way of encouraging people to do something and although we might tend to think of incentives in terms of personal reward (a prize draw, money off a bill or free money or goods), there are two quite different types of incentive.

Intrinsic incentives also have an important place in communicating information about early help and family support. There is evidence to show that intrinsic incentives have a longer-lasting positive effect than extrinsic incentives – material benefit is outlasted by the 'warm feeling' that doing the right thing provides.

In these circumstances the intrinsic benefit of accepting early help would be to 'solve' the problems they may be facing and to avoid things getting worse.

To make this message even stronger it might be possible to add some evidence that can act as a 'proof point', for example:

'Two out of three families who accessed early help found that their situation improved and their children had good attendance at school' (illustration only)

Extrinsic incentives offer personal benefit and can certainly be useful to encourage acceptance of a given situation although these are unlikely to have a significant place in early help communication.

5. Messenger

Who we receive a message from can be as important as what that message is and we will often act if we believe that the person conveying the message is trustworthy. We tend to believe people we perceive to be more 'like us' or if we respect their authority and status.

Using a strong messenger to convey our message may assist in embedding confidence in the services and support available from the Early Help. This may be an approach to consider within the Early Help information leaflet, in particular.

6. Ego

Protecting our self-image and sense of efficacy are components of our 'ego'. This powerful influence on behaviour can mean that we can sub-consciously distort our reading of a situation to fit the way we feel about ourselves, our beliefs or actions.

The family recipients are, by and large, likely to feel that they are currently 'doing the best' for their family or, at the very least, that they are 'not doing significant harm'. In this respect, communication that reinforces their sense of self – this offer of help isn't about losing control or having 'meddlers' take over – it is actually about supporting them to be the best parent.

In communicating with them, the opportunity to reaffirm their decision to engage and emphasising the benefits of such action can provide useful tools.

The influence of design

Design insights tells us that the positioning, layout, colour and other design features can significantly influence how people react to the content of our materials.

The most 'desirable' parts of the page – where the readers' focus is naturally drawn - are in the top right hand corner of the page, the banner/headline and the first couple of lines of text. Awareness of this can be particularly useful when considering how letters are set out or the pages of a booklet.

Research by Nobel prize winner, Daniel Kahneman, has shown a number of ways of making messages more persuasive, including:

- not using complex language where simple language will do;
- highlighting key information in bold text;
- using colour: bright red or blue is more likely to be believed than middling shades of green, yellow or pale blue (while using too many colours can confuse the audience).

Eye tracking research conducted for Royal Mail suggests that people generally focus on headings, boxes and images, while detailed text is often ignored.

Letters

The following section sets out our suggestions for enhancing the content of template letters used to make contact with families who may benefit from Early Help.

Overview and general impression

Having reviewed the letters, we outline our main observations:

- The current content is official-looking and impersonal.
- The title is most frequently 'If you need this information in another format or language please contact the sender.' Arguably, this is neither the title, nor the most important part of the content, despite occupying a very prominent position on the page.
- Content is functional, lacking in description or promoting the benefits of response or engagement.
- The content makes no specific reference to the family circumstances; whilst this may be a conscious choice in order to avoid sensitive information being seen by others in the household, it increases the sense of impersonality and potentially 'invisibility' - meaning people may feel it is easy to disappear 'within the machine'.
- Whilst the content is clear about steps the family might take to be in touch it misses the opportunity to show empathy or to reassure the recipient about the positivity of taking such action.
- The messenger ('the council') is austere and distant.

The Early Help Leaflet

This document is effectively the 'shop window' for Early Help and provides a significant opportunity to 'sell' the benefits of engagement as well as to explain more about the offer.

Currently a four-page document, it sets out in clear steps regarding what is involved in engaging with Early Help, including explanations of the Early Help plan and team around the family (TAF).

The opening paragraph seeks to define what Early Help is and states, 'It is voluntary and we need your consent'. Whilst this is undoubtedly true the framing potentially increases the sense of 'optional' but also, perhaps that it might be something to fear. Whilst we know that some people may be reassured that this is not a more formal social care mandated engagement, there is considerable scope to improve the framing to make it more appealing and engaging.

As with the letters, it does not provide detail (beyond a list) about the types of challenges faced by families or the types of support that might be available. In this respect it misses a key opportunity to show relevance and to offer reassurance.

In attempting to simplify the content, the document does not show empathy for the family, challenges they may face, or showcase the range of support available.

Finally, no 'proof points' are included: whilst the document has some pictures of children and families there is no inclusion of facts that might support engagement, e.g., brief case studies (composite) or evidence of the benefits.

Using design effectively

Generally, the content of these letters and the leaflet is formal and impersonal. Whilst they need to be adaptable to a variety of circumstances, there remains the opportunity to use design techniques to assist the reader with comprehending the contents and to increase positive responses.

Effective use of boxes, headlines, titles, highlighted key words (using bold type or colour) and other similar formatting devices encourages the reader to recognise what is important on a page. It provides signalling which allows the reader (sub-consciously) to understand where they ought to focus their attention.

Such techniques can also help to embed key messages in a way that is salient to the recipient. These include:

- Boxing out key information – such as contact names/numbers/websites – placing these in the top right-hand corner of a given page/slide. This technique does feature in the leaflet but there is potential to increase impact.
- Images – there are very few images used in the leaflet (none in the letters), it is clear that effort has been made to include a mix of ethnicity and gender. It may be useful to include some images that are clearly from Newcastle as a way of stressing the local relevance.

Summary of Evidence Review Findings

Based on our analysis of the evidence and insight gathered, a number of conclusions were reached on which to base our intervention design:

- The rate with which the offer of Early Help support is turned down vary significantly according to: the referrrer (contact source), level of deprivation and time of the year (seasonality).
- There is evidence from research literature – but it has not been possible to determine with the data received from NCC to date – that the communication channel used to offer Early Help support is also a factor in whether families accept or reject it.
- Contacts that originate from the police are responsible for the majority of recommendations for Early Help – disproportionately more than we might expect to see.
- Recommendations for Early Help that come from a police referral are far more likely to be declined, whereas recommendations from schools are much more likely to be accepted (only 7% declined).
- There is a perception among social care practitioners that DSLs – particularly in schools but also more widely – are receiving inaccurate or misleading information and guidance around where and when to make referrals to CSC.
- There appears to be limited shared understanding and clarity of what Early Help is among practitioners across services. This is particularly evident among the police who

appear to have limited understanding of what Early Help support offer entails, its benefits and how to communicate it effectively to families.

- The police appear to have a process which limits the opportunities to engage with families effectively. Child Concern Notifications (CCNs) are seen as the only tool available to the police and it is consequently used indiscriminately. There are also issues arising from the quality of data within CCNs which inhibits effective service provision.

Three working hypotheses emerged from this initial analysis, along with two secondary issues:

Hypotheses:
1. The use of CCNs as a blanket tool for police referrals results in inappropriate or inaccurate offers of EH support.
2. The way in which Early Help is offered to and perceived by some families is inhibiting the take up of support.
3. A lack of clarity and misunderstanding of the Early Help offer among practioners and referrers is inhibiting effective referral and take up.

Discussion with the Council determined that pursuing hypothesis 1 was not felt to be appropriate, as they were keen to focus the trial on the Council's own practice and service. It was therefore decided to pursue hypothesis 2 as the primary focus for our intervention, with the idea being that a new way of offering Early Help would improve the uptake rates and decrease the decline rates.

Intervention Design

The evidence and insight of this research project, along with a codesign session which was held with the NCC team, informed the design of the intervention.

The key components of the intervention, which was targeted at families that were offered Early Help, included:

- Two text messages
- Early Help information leaflet accessed via a link to NCC website.

The above intervention components sought to encourage the families to accept the Early Help offer through the following ways:

- To reassure the parent of the benefits of accessing Early Help.
- Emphasise positives of engaging.
- Provide another opportunity to engage.
- Build relationship (personalisation).
- Be useful and practical.
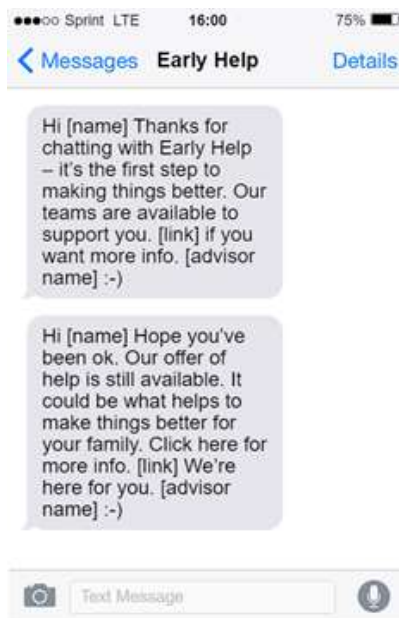
Text No. 1
This was sent on the same day as the initial call from the Front Door to the family.
The purpose of this was to reinforce the positive connection and to reassure the recipient of the benefit of accessing Early Help.

This text was sent to those that both accept and decline further support.

Text No. 2
This was sent 48 hours after the initial text only to those who had declined the initial offer of support.

The purpose of this was to reassure the recipient support is still available and that it could be beneficial to their family.

The text aims to reinforce the positive connection with Early Help and to provide a link to online information about Early Help.

Early Help information leaflet (online)

Parents who followed the link arrived at a dedicated landing page with additional information about the Early Help process and links to other sources of support. Within the page they were able to submit their details to request help from EH.

The web pages were designed to reassure readers about the relevance and benefit of engaging with the service and included quotes from people who have accessed help previously.

-https://www.newcastle.gov.uk/services/early-help-your-family-making-things-better

Trial design

Trial design and methodology

We conducted a randomised controlled trial (RCT) to test the effectiveness of our intervention. The trial included two groups: the treatment group which was exposed to the intervention and the control group which was not exposed to the intervention, meaning they were not exposed to any of the intervention materials.

RCTs are considered the gold standard for evaluating outcomes. This is because RCTs allow us to separate the intervention effect from other external factors that might be influencing behaviour, enabling us to determine the effectiveness of our intervention in isolation from all other factors.

What was our experimental unit?

The unit of observation in the trial was the family. What this means is that the results were measured based on families who were called by Early Help. The outcome relied on whether each family accepted or declined Early Help. We compared the aggregated results between the Treatment and Control groups to determine whether our intervention was effective at reducing declined offers of support.

Who participated?

The participants were all families/individuals that had been offered Early Help. Those in the Treatment condition were sent follow-up texts (including link to leaflet), while those in the Control condition did not receive these materials.

Primary outcome measure

The main outcome measure for the trial was the decline rate of Early Help support. We made between-group (intervention vs. control group) comparisons on the proportion of families which turn down the Early Help offer.

Sample size calculations and statistical power

We performed sample size calculations to ensure our trial would have sufficient statistical power to detect the effects of our intervention, as well as enable robust statistical inferences.

For our calculations, we followed the scientific consensus and used 0.8 statistical power level and the Type I error rate was set at 0.05.

Baseline Assumptions
- During the period 01 April 2019 to 31 Dec 2019, there were 3261 Early Help recommended cases.
- Average per month = 362 Early Help recommended cases
- Of the 3261 EH recommended cases, 678 (21%) turned down the Early Help offer.

- Assume that the turn down rate (21%) stays constant in our control group.
- Treatment effect scenarios presented by low, medium and high effect sizes:
- Low treatment outcome (3-percentage point reduction) set at 18% turn down rate;
- medium treatment effect (5-percentage point reduction) set at 16%;
- and high treatment effect (7-percentage point reduction) set at 14%.

Sample Size Calculations		
Effect Size	Required Sample	length of trial
Low (18% turn down)	4312	12 months
Medium (16% turn down)	1490	4 months
High (14% turn down)	728	2 months

Based on the above calculations the implied required sample sizes for our trial to have sufficient power range between 728 to 4312 Early Help recommended cases. In terms of the length of the trial, this translates to a time period between 2 – 12 months.

Based on the evidence derived from our analysis, we anticipated that the projected volume of EH recommended cases during the trial period would be somewhat similar to the actual previous volume of EH cases that were observed during the period Apr 2019 to Dec 2019.

Randomisation

All families receiving initial calls to be offered Early Help were randomly assigned to either the treatment group or the control group.

Allocation ratio was 1:1, meaning that approximately half of all families contacted with initial calls were assigned to the control group, whilst the other half were assigned to the treatment group.

Findings

The trial commenced on March 2021 and ended on August 2021. During the trial period (five months), the total number of Early Help offers that were made was 298, which translates to an average of 60 Early Help offers per month[4].

The intervention group – families who received a text message – comprised of 146 contacts. The control group – families who did not receive a text message – comprised of 152 contacts.

The analysis indicated that the percentage of the contacts who accepted the Early help offer was just 2% in the intervention group and 3% in the control group.

Comparisons with previous Early Help data

To perform sample size calculations and determine the anticipated length of the trial we based our assumptions on the analysis which was conducted as part of the scoping phase of the project.

The figures of the trial, in particular the acceptance rate and number of Early Help offers, differ significantly from those observed during the scoping phase of the project.

Acceptance rate

The trial data suggests that just 2% of those offered EH within our total sample are accepting the offer of support. This acceptance rate of 2% represents an anomaly, as it is significantly smaller compared to the acceptance rate of 72% which was observed in the analysis conducted during the scoping phase.

Sample size

The actual sample size of the trial (298 Early Help offers or 60 contacts per month) was significantly smaller than the previous volume of Early Help offers that were made during the period 1st Apr 19 to 31st Dec 19 – upon which we based our assumptions to perform power and sample size calculations.

Based on the analysis undertaken as part of the scoping phase the anticipated sample size was 360 Early Help offers per month, which was large enough to detect an intervention effect and determine the effectiveness of the trial.

---

[4] Data provided as part of the scoping phase indicated an average of 362 offers of support per month, compared with an average of just 60 per month seen since the trial commenced - a reduction of 83%.

Learning points

Since the results from the trial were inconclusive, as a result of a significantly reduced sample size, learning points and recommendations have been drawn from the broader experience of delivering the project and observations surrounding current practice.

We have gleaned a considerable amount about the Council's approach to engaging families in the offer of Early Help support over the course of the delivering the project. This insight provides a number of learning points that can usefully inform future service design and improvement to achieve the project aims and to improve practice more widely. We also offer some observations on learning derived from the design and delivery of the project itself.

A more considered approach to change and innovation can aid understanding of 'what works'

Changes were made between the scoping phase and the trial delivery and during the trial delivery that significantly impacted on both the sample size, the categorisation of families in scope and how data were recorded. These changes severely reduced the overall sample size – on which the trial design and sample size calculations had been based – which ultimately undermined the viability of the trial to detect a statistically significant intervention effect.

Local Government inevitably has to deal with constant change and pressure to develop new approaches and improve effectiveness and efficiency. However, making multiple simultaneous changes to a particular service can severely limit the ability to understand what works (or doesn't). In this instance, changes following the project scoping and design (prior to the trial commencing) and during the trial delivery, severely impacted on any meaningful assessment of effectiveness (and indeed the viability of the trial itself). A more measured approach of incremental and iterative innovation – test, evaluate, learn, adapt – would make it far simpler to accurately determine what difference individual changes are making and enable the adoption of effective approaches and allow ineffective ones to be abandoned.

Despite the inconclusive results from the trial, there is considerable evidence which demonstrates that text messages can be a useful and effective communications tool to engage people. It is a familiar communication platform and offers considerable opportunity to use personalisation and tailored messaging to create resonant and engaging messaging. Making messaging more salient (clearer, more accessible and easier to understand) is highly effective in influencing behaviour. However, text messaging is not currently widely used within Early Help and could be incorporated into business as usual. There are also limitations within the current system (for example not being able to use emojis – which would increase the salience and resonance of messaging) which restrict its potential to be used as an effective engagement method.

Using data to generate insight and inform decision making and service design

We observed a strong approach to data analysis and analytics within the Council, with accurate data being produced in a timely manner. However, the analytics can only be as good as the system on which they are based and the information that is captured within in. Although changes were made to improve data collection during the course of the project, it is clear that data resides in multiple locations which can impair the ability to extract key service delivery insights. It also appears that data are not always being used to inform service design and that the 'right questions' are not always being asked which direct how data are interrogated.

One example of this is the use of phone calls as a way to encourage take up of Early Help. Regardless of whether families were within the intervention or the control group of our trial, the evidence suggested extremely limited take up of Early Help arose as a result of a phone call from Front Door staff. Given the high level of resource required to undertake these calls, there is no evidence to support the assertion that this is an effective approach for the Council to take. It would appear from the evidence available that this capacity would be far better deployed elsewhere.

Another example emerged from the project scoping and the source of recommendations of Early Help being declined. The analysis we carried out of data as part of the project scoping highlighted that the Police are the source of the vast majority of recommendations of Early Help support that are declined. This was discussed as part of the codesign of our trial and intervention planning – and recommended to the Council as the focus for the trial. However, it was felt at that time that this was sensitive and out of the Council's control and therefore felt to be outside of scope for the project.

Whilst we recognise the sensitivities of partnership working and the need to manage relationships, nonetheless we do feel this was a missed opportunity to have a significant positive impact on the project's intended goals. Reflecting on this, we feel we may not have framed the opportunity to design such an intervention in a way that might have been acceptable to the Council. The opportunity was – and still is – to provide resources and support to the Police that will aid them to be effective in carrying out their duties, rather than being seen as something designed to 'change the Police' which might be considered far more politically sensitive.

Opportunities to adopt more overt customer-centred service design

The benefits of a customer-focused approach to designing services are that it ensures systems and processes are based on the perspective of those we want to engage with a service. By placing the interests and perspective of customers at the centre of how services

are designed and delivered, we increase both effectiveness and engagement. At present it appears that aspects of Early Help do not routinely consider the perspective of families that it wishes to engage with the service.

For example, the provision of services within office hours may have benefits from a delivery perspective but it is not based on the needs or interests of families. While front door staff are seen as personable, friendly and efficient, this is irrelevant when services are only offered at times that are inconvenient for families. The service would benefit from providing itself outside of normal office hours, so that families who work or have other daytime obligations have opportunity to access the services at a convenient time. Whilst we recognise that this may have resource implications for the Council, delivering a service that is less effective simply because it is more cost-effective focuses more on the service providers rather than the people who will actually be engaging with the service.

The lack of a consumer focus is also evident in communications and messaging. Much of the information used is presented as 'this is what we do' rather than considering what is likely to resonate with the intended reader. Materials for families could be more empathetic and resonant by considering the perspective (and framing information) from a recipient perspective. Rather than merely describing the service, this would mean articulating the benefits accessing Early Help can offer. This opportunity is explored in more detail in the section on communications and messaging below.

The importance of offering timely support to families in need is widely understood by the Early Help team. However, the current service design means that some families may not always receive support as quickly as others, simply as a result of the day of the week. A weekly allocations meeting means that families may have to wait almost a week for support, if their case happens to come in the day after the allocations meeting. It may be worth considering whether any adjustments to the system could be made to create a more consistent timeframe for responses – given the immediacy of response which is often required.

From reviewing both the qualitative and quantitative data, it appears that a number of the recommendations of Early Help support may not be entirely appropriate. This is evident both in the Police's blanket issuing of Child Concern Notifications (CCNs) where someone is already in the system and where an incident was attended that did not require ongoing support. It also appears that perceptions of statutory services are often seen as undesirable and unappealing by some families (who view Early Help as being similar to Social Services). The blanket issuing of CCNs potentially reinforces negative perceptions of statutory services, given that they are issued without exception. This is in contrast to perceptions of more familiar settings and institutions such as Children's Hubs and schools. The current approach doesn't emphasise a localised and personalised support offer and there are opportunities to frame the offer in a way that makes it feel more local, more relevant and less formal – all of which are, in reality, hallmarks of the Early Help service.

Another area where there are opportunities to strengthen engagement by adopting a more customer-centred approach is in the use of a wider range of languages. The lack of community languages spoken may present an obstacle to engagement for some families who don't speak English as a first language. The service itself will have a harder time establishing empathy and connection without using the language of potential service users, and the potential users may not understand the availability of support due to this language barrier.

Employing a more resonant and personable approach to communications and messaging

When we want to encourage someone to do something, we ought to ask ourselves – 'what is in it for them'? Considering this question helps us to understand how to frame our communication in a way that is more likely to be effective at motivating the reader to respond as we would wish.

Having reviewed the letters used by Early Help to communicate with families; it is apparent that the tone, style and design could be strengthened:

- The current content needs to be more personal, and less formal.
- The title is most frequently 'If you need this information in another format or language, please contact the sender.' Arguably, this is neither the title, nor the most important part of the content, despite occupying a very prominent position on the page. The most salient or eye-catching part of the letter should be utilised for the most important information.
- Content needs to promote benefits of response or engagement, rather than just acting functionally.
- The content makes no specific reference to the family circumstances, Whilst this may be conscious in order to avoid sensitive information being seen by others in the household, it increases the sense of impersonality and potentially 'invisibility' -meaning people may feel it is easy to disappear 'within the machine'. Therefore, the content should be personalised in order to make families feel "seen", rather than just part of a process.
- Whilst the content is clear about steps the family might take to be in touch it misses the opportunity to show empathy or to reassure the recipient about the positivity of taking such action.
- The messenger ('the council') is austere and distant, at a time where it should be making an effort to be friendly and welcoming.

Alongside the letters a leaflet effectively acts as the 'shop window' for Early Help and provides a significant opportunity to 'sell' the benefits of engagement as well as to explain more about the offer.

As with the letters, it does not provide detail (beyond a list) about the types of challenges faced by families or the types of support that might be available. In this respect it misses a key opportunity to show relevance and to offer reassurance.

In attempting to simplify the content the document does not show empathy for the family or challenges they may face, nor does it showcase the range of support available.

No 'proof points' are included: whilst the document has some pictures of children and families there is no inclusion of facts that might support engagement, for example incorporating brief (composite) case studies or evidence of the benefits.

Generally, the content of these letters and the leaflet is formal and impersonal. Whilst they need to be adaptable to a variety of circumstances there remains the opportunity to use design techniques to assist the reader with comprehending the contents and to increase positive responses.

Effective use of boxes, headlines, titles, keywords that are highlighted (using bold type or colour) and other formatting devices like these encourages the reader to recognise what is important on a page. It provides signalling which allows the reader (sub-consciously) to understand where they ought to focus their attention.

Such techniques can also help to embed key messages in a way that is salient to the recipient. These include

- Boxing out key information – such as contact names/numbers/websites – placing these in the top right-hand corner of a given page/slide. This technique does feature in the leaflet but there is potential to increase impact.
- Images – there are very few images used in the leaflet (none in the letters), it is clear that effort has been made to include a mix of ethnicity and gender. It may be useful to include some images that are clearly from Newcastle as a way of stressing the local relevance.
- Colour coding might be a useful tool to assist navigation of the information within the leaflet.

Conclusions

Though the results from our trial were inconclusive, we have still gained many insights from this project. The learnings from this project shown the high levels of community need in Newcastle, great opportunities for improvements for the people of Newcastle, and improvements to the efficacy of service providers. The take up of these opportunities could further improve the understanding of "what works", utilise already existing data and processes for further use, create an effective customer-focussed system, and finally make services more personable and therefore more effective. Thus, these learnings can inform a great many positive changes to the functioning of Early Help services in Newcastle.