



# A guide to using behavioural insights in Sunderland

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# INTRODUCTION

## Who is this for?

This guide is for you if you are involved in delivering local public services. It will help you if you are actively looking at ways to improve outcomes for local people, and/or reduce demand for services.

## Why have we written this?

The council decided to develop its use of insights from behavioural sciences through testing their application in a number of pilot health and wellbeing projects. This guide reflects on our experience so far.

This guide may not necessarily give you quick and easy solutions to your problems. Instead it gives you a method and process to follow that you can use to tackle typical problems and challenges that services currently face, as well as a range of tried and tested ideas, and some practical, real-world examples.

Our aim is to give colleagues in Sunderland some practical advice, by reflecting on what we have learned in the city<sup>1</sup> and elsewhere. This guide will evolve over time as our experience grows, adding tools and examples of the application of behavioural analysis and its impact on a range of services.

For advice or support, please contact colleagues in the Policy, Partnerships and Communications Service (see Appendix 6 for details).

## Who we worked with

Sunderland City Council worked on our pilot programme with behavioural practitioner Warren Hatter from With the Grain, who has been supporting local authorities using behavioural insights since 2010. You can read more case studies at [www.withthegrain.org.uk](http://www.withthegrain.org.uk)

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<sup>1</sup> a list of Sunderland projects is at Appendix 2



# WHY TAKE A BEHAVIOURAL APPROACH?

The council has always aspired to be high performing, dynamic and responsive, even against the backdrop of austerity and the financial reality of the organisation.

We have the opportunity to use behavioural science to improve public services and places due to the rapidly growing body of evidence in decision sciences<sup>2</sup>. We can use behavioural psychology and behavioural economics to address our realisation that in the past, we have not taken behaviours into account when designing places, public services and communications.

We aim to demonstrate that it is more efficient and effective to work 'with the grain of human nature'. For example, we now understand that people make better decisions with a low cognitive load - when they information is presented in a straightforward way, with no jargon – and when they are not under pressure or feeling stressed. Unfortunately, the reality is that people's day to day lives are stressful and that people do not always make the best decisions for themselves or their families; we are not as rational as we like to think we are! For this reason we should aim to steer the design our services and communications to cater for this. Principally, we need to enable people to make the best decisions and make these feel easy, normal and natural, whether it is about recycling their household waste, giving up smoking, or deciding to actively take up the offer of a free nursery place.

Using the possibilities uncovered by behavioural science is particularly timely right now. Local government and public services are looking for ways to: deal with demographic challenges such as increasing need for social care; address health challenges such as obesity and poor healthy life expectancy; enable residents and communities to become more self-sufficient; and manage demand for services based on genuine need. This guide will help achieve these aims.

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<sup>2</sup> See Appendix 1 for publications with more information on behavioural science.





# ABOUT THIS GUIDE

This guide takes you through the five stages of an effective behavioural project. At each stage there are examples 'highlighted in the text' of materials we have used and pilot case studies you can refer to.

What to expect from this guide:

- Don't see it as prescriptive. You don't need to do each stage brilliantly and exhaustively to have an effective behavioural project
- What you are able to do will depend on the resources, capacity and skills available. At the very least this guide will help you think about what you don't know, and also about any unconscious assumptions you are making across different stages of your project
- At key decision points you need to be pragmatic and choose the option most likely to succeed, not necessarily make the definitively and objectively best decision
- No two projects are ever the same, but we hope that this guide will give you a useful introduction to the insights and methods that should help you take approaches that usually work well.

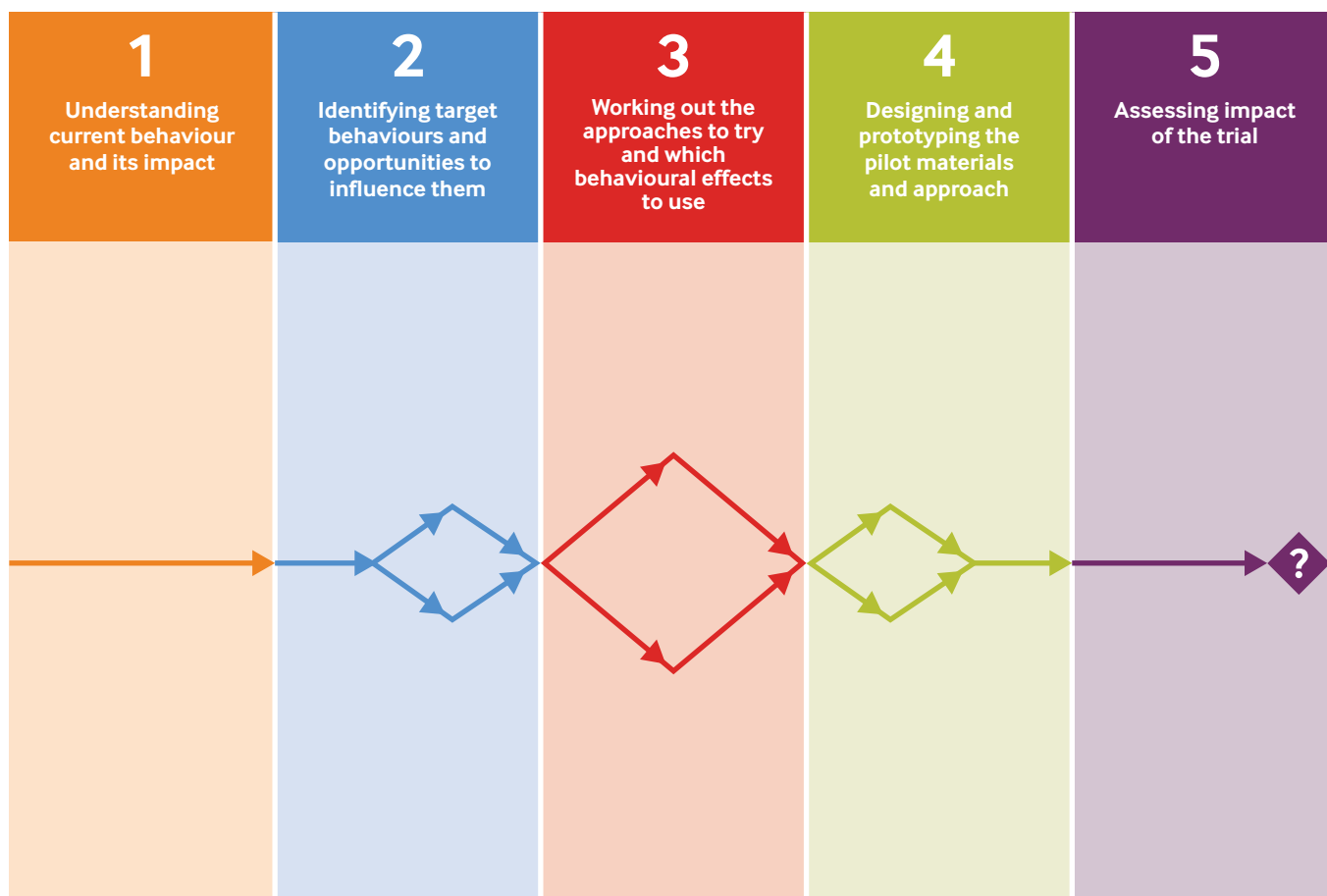
# THE FIVE MAIN STAGES

We have learned that the five main stages of an effective behavioural project are:

1. Understanding current behaviour and its impact
2. Identifying target behaviours and opportunities to influence them
3. Working out the approaches to try and which behavioural effects to use
4. Designing and prototyping the pilot materials and approach
5. Assessing impact of the trial

This guide describes each of the five stages in detail, including examples of approaches we have tested, materials we have used and frameworks you can refer to.

These stages are shown on the diagram below. Each stage involves the creation and testing of ideas, followed by the narrowing down, to best fit, represented by the diamond shape. This guide is colour-coded to help clarify where each piece of advice fits into the overall model.



(Credit: Design Council 'Double Diamond' [www.designcouncil.org.uk](http://www.designcouncil.org.uk))

# PROJECT CHECKLIST

The checklist below outlines the content of the five key stages of an effective behavioural project.

## STAGE 1. Understanding current behaviour and its impact

- a) Identify the current behaviours you want to address
- b) Understand how your service works in relation to the behaviours you want to address
- c) Use insight methods to understand the behaviours
- d) Review insights to agree priorities

## STAGE 2. Identifying target behaviours and opportunities to influence them

- a) Define the behaviour(s) to target
- b) Identify the range of opportunities to influence behaviour
- c) Narrow down: decide which opportunities to focus on

## STAGE 3. Working out what approaches to try and which effects to use

- a) Research innovation and success elsewhere
- b) Consider a wide range of approaches and behavioural effects that could be used
- c) Ideally, co-produce ideas with frontline staff
- d) Narrow down the approaches that you want to trial

## STAGE 4. Designing and prototyping the pilot materials and approach

- a) Develop the pilot, drawing on the co-produced ideas
- b) Prototype your approach and materials
- c) Change the process for the trial if necessary

## STAGE 5. Assessing impact of the trial

- a) Define the 'trial intervention recipients' or 'trial area'
- b) Collect data
- c) Interpret and act on the data



# STAGE 1

## Understanding current behaviour and its impact

- a) Identify the current behaviours you want to address
- b) Understand how your service works in relation to the behaviours you want to address
- c) Use insight methods to understand the behaviours
- d) Review insights to agree priorities

### a) Identify the current behaviours you want to address

Start by defining the behaviour that matters to your objectives, whether they're about meeting agreed targets, reducing the budget or improving outcomes.

Establish how behaviours have an impact on these objectives and – here's the hard bit – do it dispassionately, avoiding value judgements or abstracts as much as possible. For example, don't assume why some pregnant women smoke, or why some people drive their children to school. At this stage, the 'what' is important, not the 'why'.

Why the emphasis on being dispassionate? Because our conventional way of understanding why people do things, is that people are 'rational': we think people are in control of what they do; we take facts into account, we make a decision to do something and then follow through on it. In reality, we are much less in control of what we do. Don't assume that people are in control and are making rational, considered choices. Below is an example of initial analyses, where behaviour that might be influenced creates an 'outcome issue' that the council may want to address. Note that the first four are real examples from our pilot projects, and the others are illustrative, though regularly raised by managers in other local authorities.

Service area	Behaviour	Outcome issue
Public Health	Mum-to-be smokes throughout pregnancy	A range of health issues and risks for both mother and child <sup>3</sup>
Early Years	Parent of two year old eligible for a free nursery place does not take up the offer	Poorer educational outcomes for the child and potentially reduced employment prospects for the parent
Council Tax collection	A resident not using Direct Debit sometimes misses Council Tax payments	Additional process for the council, and risk of additional cost for the resident
Public Health	Child is driven to/from school	Higher risk of poor educational outcomes, obesity and poor fitness. Wider impacts of driving include: air pollution and poorer social capital

<sup>3</sup> In addition to increased risks to the baby (miscarriage, stillbirth, premature birth, low birth weight, foetal growth restriction, neo natal death, and Sudden Unexplained Death in infancy), children born to mothers who smoke are more likely to have behavioural problems, including attention and hyperactivity problems, learning difficulties and reduced educational performance, as well as respiratory problems.

Service area	Behaviour	Outcome issue
Transport	A disabled resident renews their blue badge by calling the council	Officer time dealing with processing and verifying. Maintaining 'digital divide'
Housing	A family at risk of becoming homeless doesn't look for somewhere to live, resulting in them becoming 'homeless applicants'	Officer time processing 'application'. Cost of B&B and Temporary Accommodation. Poor wellbeing from likely moves and disruption to schooling

## b) Understand how your service works in relation to the behaviours you want to address

To set up a project that is likely to be successful, it is key to understand how services respond to and influence, or even create the behaviour in question. In some projects this is relatively straightforward; for example, a woman smoker who becomes pregnant and chooses not to give up before seeing a healthcare professional triggers an intervention from a healthcare professional. However, things are usually less straightforward.

- To establish how things work within your service, a series of conversations with staff conducted by a facilitator or someone not directly involved with the service, is often the best approach. An example set of questions that can operate as a discussion guide for one to one conversations, is shown below. The facilitator of the conversation has one key question in mind: what is happening that means this service (or intervention) is needed? Most things flow from understanding this.

### Example questions:

- 1) I'm going to ask about what you do and how the process works. What I'm really interested in is how the service responds to what people do.
  - 2) Explain your role to me – what do you do? When you're going about your role and things work as designed, what happens?
  - 3) What process leads to what outcome(s)?
  - 4) What has happened that means you need to intervene: think about at what point and how demand for your tasks is created?
  - 5) Show me what the service looks like (in person or online) for a customer/resident. What happens that can create additional work?
  - 6) When do things need to be done again (by a service user or officer, or anyone else)?<sup>4</sup>
- Mapping 'customer' journeys is almost always worthwhile. Often, services have a process map that is centred on internal processes (so they make sense from an operational perspective). What is most helpful is to use this information to re-assess the situation and look at how it is experienced by a service user.

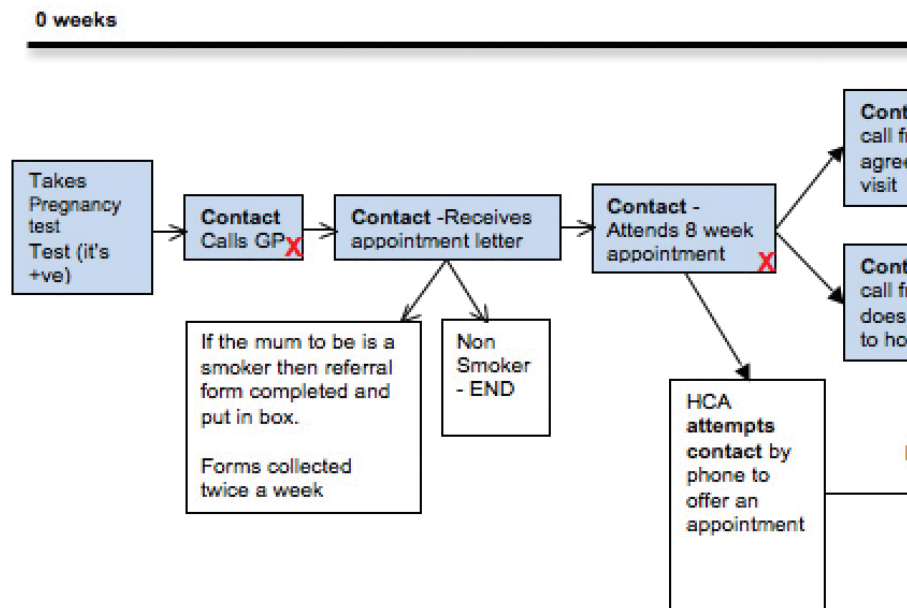
Doing this ensures that from the start of a project, the project team's appreciation of the behaviour is framed by understanding the 'journey' experienced from a service user's perspective and how that journey could be affected.

<sup>4</sup> This question is to identify failure demand

## Mapping 'Customer' Journeys:

### Smoking in Pregnancy

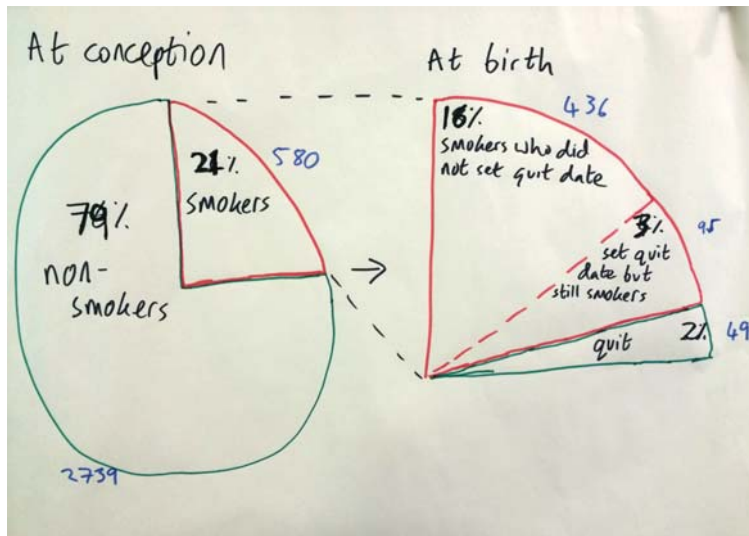
The Smoking In Pregnancy pilot was helped by the production of process maps, which were adapted to help understand the 'journey' of a smoking mum-to-be. This excerpt helped us understand the wait involved between the midwife identifying someone needing support, the intervention happening, and also the process issue causing it. As a result, the trial incorporated a re-design of the process that led to considerably greater uptake.



- As far as possible, link behaviours with data. This makes clearer what you need to see more of and/or less of. It also makes it easier to identify what the metrics are that you need to affect (these will become the metrics for your trial or experiment). It will also highlight where there might be issues with the data that is available, or where no measure exists.

## Developing and Using Baseline Data in Sunderland

### Smoking in Pregnancy:



At an early stage, we used the most recent full-year data to show smoking behaviour at conception and at birth, broken down with what we knew about the women who set a quit date. The aim was to show the data that most clearly illustrates actual behaviour, thereby informing the discussion around the possible use of behavioural insights.

This illustration of the baseline was useful at an early meeting of stakeholders (the senior managers of the services involved). In particular, it revealed that three-quarters of those smoking do not even set a quit date, which helped pin down where the main opportunities for using behavioural insights were likely to be.

### Walking to School:

Our pilot on physical activity chose to focus on pupils travelling to a primary school. Although there was data available on levels of physical activity by geographic area, there was no data on how pupils got to and from school. We designed a low-cost way of establishing a baseline based on observed behaviour.

To devise a plan to observe how pupils arrive at and leave school, we:

- Carried out a reconnaissance visit, liaising with the school, to find out all the ways in which pupils arrive and leave, and opening times of different entrances;
- Investigated sight lines for observing arrivals/departures at each gate, and the mode of transport taken; then
- Designed an observation plan for staff, with clear instructions about times and locations.



## How to use Behavioural Insights for Demand Management

Following more than a decade of focusing on efficiencies, local authorities' budgetary and demographic pressures have put demand management in the spotlight, in Sunderland and elsewhere. So we need to be clear that although our wellbeing projects were not framed as demand management projects, the methodology we have used and developed is very helpful for demand management projects.

### What do we mean by Demand Management in the public sector?

In short, action taken to influence demand and ensure better outcomes are achieved. Demand management seeks to align the demand for services with available resources to ensure genuine needs are met and community benefit is maximised through:

- More efficient allocation of resources to areas of greatest need;
- Reduced waste and misuse of resources;
- Reducing excessive consumption; and
- Greater customer participation and control.

Within the public sector, demand management often aims to reduce or shift demand in order to reduce expenditure. For example, councils are increasingly directing visitors away from expensive phone calls and face-to-face interactions, and towards efficient and user-friendly digital services; this way they can serve more customers, more of the time, while significantly reducing costs. There are circumstances where it may be beneficial to increase the demand for certain services, for example, increasing active travel and the take up of leisure activities to promote and sustain healthy lifestyle changes, which have the potential to reduce demand for more costly interventions further down the line. Among our projects, increasing the take-up of nursery places should decrease demand for early help services over time, by improving outcomes for eligible children and their families. For further reading on demand management, see Appendix 1.

### How does a Demand Management project differ from other behavioural projects?

First, there is an extra focus on demand at Stage 1 - understanding current behaviour and its impact. We recommend:

- a) An even sharper focus on the link between behaviour and costs linked to addressing demand created by the choices and actions in question. The more closely we map behaviours to costs, the more we are able to understand the level of behaviour change needed to reduce costs through managing demand. So, in a demand management project you should estimate the costs, including officer time, of responding to the demand created, thereby putting a figure on each percentage point reduction in demand achieved.
- b) Analysing and categorising the types of demand within your project's scope. For example, distinguishing between failure demand (likely to be best addressed by system change) and preventable demand (most likely to be addressed by early intervention) will help from Stage 2 onwards. For more information on this, see Demand Management & Behaviour Change, published by the Collaborate Institute and listed in Appendix 1. The different types of demand are shown below.

**Value demand** – demand for a service based on a genuine need

**Excess demand** – demand for services for which there is not a genuine need, often stemming from an expectation or a 'want'

**Failure demand** – avoidable and unnecessary demand caused by the failure of the service (or another service) to do something or do something right for the customer at the first point of contact

**Preventable demand** – demand for reactive, often crisis-led and costly services caused by a failure to notice and/or tackle an underlying issue early on to stop it escalating

**Co-dependent demand** – a situation in which services have become a ‘caretaker’, with an exaggerated sense of responsibility for meeting the needs of others, which unintentionally reinforces dependence.

Second, at Stage 3 (working out the approaches to try and which behavioural effects to use), using the tools and approaches we suggest, a demand management project focuses on how to manage the behaviours that reduce demand. For example:

- Changing the default to online service delivery, to make channel shift more likely;
- Using commitment devices to help people take a more self-reliant approach, to reduce community needs that create some demand; and
- Help people to make better decisions by reducing the cognitive load in communication and framing choices realistically, thereby giving people more realistic expectations of the service offer.

With approaches like these, managing demand effectively has its benefits: it provides a means of dealing with some of our budgetary and demographic challenges that avoids reducing the scope of services, restricting access, changing eligibility criteria or passing on costs to partners

### **c) Use insight methods to understand behaviours**

A successful project should include insight gathering. Stage 2b above describes insight gathering about the service itself, but this stage is about gathering insight about service users.

There are two main types of insight – direct citizen/service user insight and secondary insight about citizens gained from staff. The benefit of insight gathering is twofold:

- to help identify the ‘target behaviours’ (see stage 2a); and
- to provide clues that can be used at the later ideas generation and co-production phase (see stage 3c).

Using citizen/service user behaviour as the starting point also ensures that future stages of the project focus on the resident’s (or service user’s) experience.

### **Citizens/service user insights**

In scoping and planning these, you need to take a number of factors into account, including the cost and time available. Sometimes limited resource means living with some gaps in knowledge, although this can be a false economy.

### Increasing Recycling in Bristol

The table below is from a recent piece of research to establish how people deal with waste and recycling inside their homes, on which there is very little published research. By taking waste materials into people's homes and asking people how they deal with them, researchers were able to map the route through the home to the doorstep of different items.

✓ <b>HOUSEHOLD:</b>	<b>2 ADULT + 3 CHILDREN U6 Two cheerleaders</b>						
	End of use	Indoor movement	Indoor preparation	Indoor holding	Outdoor holding	Evening before collection	Collection morning
<b>Cardboard package</b>			Once unpacked ...	Place in cardboard 'recycling box'			
<b>Empty shower gel bottle</b>	On top of cabinet outside bathroom for minutes / hours	Take downstairs		Place in cardboard 'recycling box'			
<b>Mixed plastic/card packaging</b>			Once unpacked, separate materials, fold and ...	Place in cardboard 'recycling box'			
<b>Glass bottle</b>		(very occasionally, leave out for a day)	Once empty, keep lid separate, rinse and ...	Place both in cardboard 'recycling box'	Out to green/black box (permanently at front of house) – no particular routine – every day or so		
<b>Plastic milk bottle</b>			Keep lid separate, rinse and ...	Place both in cardboard 'recycling box'		Evening before collection day, take boxes down front steps, wedge cardboard against wall	
<b>"rubbish"/"waste" / "normal bin"</b>	Place in kitchen bin				To wheelie bin when full	Bump the wheelie bin down the steps the night before (fortnightly) collection day	

This led to a number of useful insights to use when designing behavioural interventions, not least that nearly every household that recycles well has a 'holding container' for items before they are put in the appropriate doorstep receptacle. This may be a box or even a shelf; either way, what's striking is that though this seems to be pretty universal, no interventions attempting to increase recycling rates had, until now, reflected this.

In-home, ethnographic research made it much more likely to be revealed than, say, qualitative research in a neutral venue. It makes the questions, answers and observations much more concrete and real world.

In our Sunderland pilots, the circumstances and nature of service delivery usually made direct observations impractical. We decided that, for example, a project researcher accompanying Health Visitors on their visits, in order to observe their interaction with parents whose two year old may be eligible for a free place, would be a disproportionately high resource use for the benefit it would bring.

### Secondary Insights

While customer research may be first hand, second hand input from front-line staff is invaluable. Our pilot projects in Sunderland have mostly relied on insights one step removed from service users and citizens, as reported by staff.

- In the Nursery Places pilot, the discussion between family workers and Health Visitors highlighted the value of being open about data. The project team's initial working assumption was that, overwhelmingly, those eligible were taking up their place at nursery, because the parents (almost always mums) they spoke to during the health check were saying 'yes' to a free place.

Their surprise at the relatively low level of actual take up of places quickly led to an understanding that many mums were saying 'yes', but not following up on this.

This shared understanding was very helpful for the next stages of the pilot.

## Insights on non-users

Often in public services, we overlook the experiences of people who cope or succeed without any help from the council, or who have only brief intervention. This is understandable: staff do not need to interact with them, or only briefly, so they feature little in our day-to-day considerations. But there is a lot to be learned from them. For example, if we understand better what a mum-to-be does to quit smoking on her own when she realises she is pregnant, and how she talks about it, we'll have useful clues to feed into our design. We don't have worked examples from the Sunderland pilots, but strongly recommend factoring this into your project planning.

### d) Review insights to agree priorities

This stage focuses on identifying the behaviours to influence. It also informs the later stages on ideas generation, so it is important now to agree the project's area of priority. We suggest setting this out and playing it back to stakeholders/staff for agreement, adapting if necessary.

Prepare a provisional description of what your project will affect and, ideally, the implications of this for performance and demand/costs. This example is taken from the Smoking in Pregnancy project:

**The pilot is not designed to change clinical practice; it sets out to reframe the way that smoking – and smoking cessation interventions – are introduced, principally to make not smoking when pregnant seem more normal and easier than previously.**

**So the main objectives are to:**

- **increase the flow of pregnant smokers into conversations with professionals on quitting; and**
- **increase the likelihood of these conversations and interventions succeeding.**

Key stakeholders don't need to know the insights in detail, but you should get their sign off of the priorities.

### What do people find difficult about this stage?

As with behavioural effects, behavioural analysis can sometimes feel counter-intuitive. That's because we've tended to assume that people make 'rational' decisions, and it's hard to move away from that assumption. Listed below are some instances of when we find it difficult to trust our analysis...and examples of why we should!

What some find tricky	For example
Trusting observation (ahead of staff perceptions)	We counted how many children were getting a lift to school, because it was the only way to get a reliable baseline on what people actually do.
Trusting data (ahead of staff perceptions)	We knew that many parents weren't taking up the offer of free nursery places, but it didn't feel like that to health visitors who experienced mums invariably saying they would take it up.
Not defaulting to asking people what they think, or what they think they want - often the default approach in qualitative research such as focus groups.	Councils often default to doing focus groups or interviews with citizens/customers, to ask them what they think would help them make the best decision. But none of us really knows, because many of our cognitive biases work sub-consciously. You will usually learn more from observation.

**GATEWAY: Now you understand current behaviour, move on to identifying what behaviours to influence and when**



# STAGE 2

## Identifying target behaviours and opportunities to influence them

- a) Define the behaviour(s) to target
- b) Identify the range of opportunities to influence behaviour
- c) Narrow down: decide which opportunities to focus on

### a) Define the behaviour(s) to target

Identifying clear target behaviours helps to focus the project. It helps ensure that the later stages are precisely targeted; and it may help the project team leave behind some of the assumptions – stated or unstated – that they brought to the project.

Unlike the other stages, there is not a wide range of methods to use. Usually this is a conversation, perhaps as part of a structured workshop but, often as not, part of a project meeting.

The structure of the conversation can vary, but it's important that assumptions can be challenged. This is best illustrated by the example below.

- A project team discussion, lasting just 25 minutes, changed the direction of the work to increase uptake of the free nursery places. Initially, we had understood the target behaviour as being 'parent says yes' – or, rather, in nearly every case, 'mum says yes'. However, once we set time aside to be sure we had the correct target, it emerged that the key was 'mum setting up a meeting with a childcare provider and turning up'; this is where the application form gets filled in, and our evidence was that very few failed to take up the place having got this far. This breakthrough heavily influenced the language developed for the script for health visitors and the support materials developed.

The team needs to accept that the appropriate target behaviour may, in fact, not be the one that you've been assuming from the start.

The table below shows a range of possible target behaviours, using the examples from section 1a. The first four are from our projects; the others are other real-world illustrations. The target behaviours are very specific about the target group and what behaviours we aim to see more/less of.

Service area	Behaviour	Outcome issue	Possible target behaviour
Public Health	Mum-to-be smokes throughout pregnancy	A range of health issues and risks for mother and child	Mum-to-be meets with Health Care Assistant (HCA) and sets a quit date
Early Years	Parent of two year old eligible for a free nursery place does not take up the offer	Poorer educational outcomes for the child and potentially reduced employment prospects for the parent	Parent books place once it is offered
Council Tax	A resident not using Direct Debit sometimes misses Council Tax payments	Additional process for the council, and risk of additional cost for the resident	Resident calls to set up Direct Debit, on receipt of bill
Public Health	Child is driven to/from school	Higher risk of poor educational outcomes, obesity and poor fitness. Wider impact of driving include: pollution, poorer social capital	Child walks or cycles to school
Transport	A disabled resident renews their blue badge by calling the council.	Officer time dealing with processing and verifying. Maintaining 'digital divide'.	People renewing their blue badge do so online
Housing	A family at risk of becoming homeless doesn't look for somewhere to live (and then become 'homeless applicants')	Officer time processing 'application'. Cost of B&B and Temporary Accommodation. Poor wellbeing from likely moves, disruption to schooling.	Family looks for a new home as soon as they know it's likely they'll become homeless

One thing to take into account reading the table above is that 'target behaviours' are, in our experience, never about everyone in the relevant group – for a number of reasons there will be some people that can't be influenced. For example, plenty of families at risk of becoming homeless may not have the health, psychological or emotional resources to look for a new home themselves. When we use behavioural effects towards a target behaviour, we are trying to make it more likely that people will do it, and so make it happen more often.

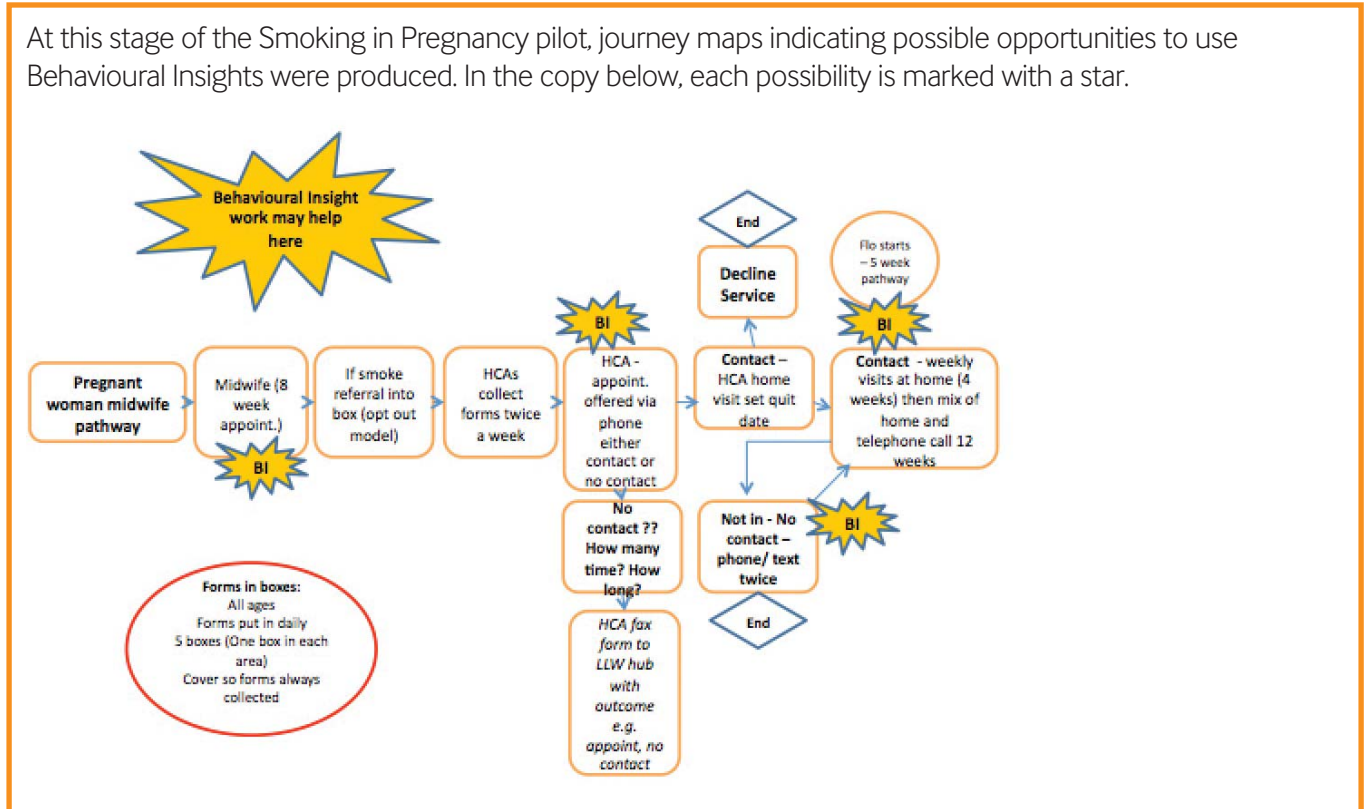
Finally, be clear about the limits to what you are targeting. For example:

- **Smoking in Pregnancy** – behavioural insights can be used to target getting more people into contact with someone who can give them advice sooner. In practice, the impact on the key outcome (mothers still smoking at time of birth) is less certain, because many of the factors are beyond the control/influence of the project. Hence, 'making difficult conversations easier' became the way we talked about the project with stakeholders.



## b) Identify the range of opportunities to influence behaviour

If your project is about a single transaction (for example, paying Council Tax on receipt of the bill), then this step doesn't need to be completed. However, in most cases, a 'customer journey' map is helpful in identifying a long list opportunities to intervene in order to influence behaviour; this is a step towards selecting the opportunity/ies where an intervention is most likely to have a positive impact on behaviour.



See also stage 1b.

## c) Narrow down: decide which opportunities to focus on

Go with a 'good bet' – you can always come back and do more later. Don't feel constrained to select a proven approach: there is limited good practice to draw upon, and, as with all aspects of Design Thinking, the project team needs to make judgement calls. The factors to take into account are:

- A good rule of thumb is...the earlier the intervention, the better
- It's also worth considering the level of engagement of the citizen at each stage and the extent to which the circumstances enable you to use a behavioural approach.

For example, the first contact a smoking mum-to-be has with the health service about her pregnancy is when she calls or visits her GP to tell them about it. We explored using this interaction as a potential intervention point but, as we were not in a position to ask GP reception staff to do anything that might significantly influence the patient, our focus became the first session mum-to-be has with a midwife, plus the follow up with a Healthcare Assistant (HCA).

The table below shows the judgement calls made in the Sunderland pilots and illustrative examples from the other cases outlined earlier.

Service area	Behaviour	Outcome issue	Possible target behaviour	Best opportunity/ies
Public Health	Mum-to-be smokes throughout pregnancy	A range of health issues and risks for mother and child	Mum-to-be meets with HCA and sets a quit date	First midwife appointment, and session with HCA
Early Years	Parent of two year old eligible for a free nursery place does not take up the offer	Poorer educational outcomes for the child and reduced employment prospects for the parent	Parent books place once it is offered.	Scheduled visit from Health Visitor
Council Tax	A resident not using Direct Debit sometimes misses Council Tax payments	Additional process for the council, and risk of additional cost for the resident	Resident calls to set up Direct Debit, on receipt of bill	Demand letter ('Council Tax bill')
Public Health	Child is driven to/from school	Higher risk of poor educational outcomes, obesity and poor fitness. Wider impact of driving include: pollution, poorer social capital	Walk or cycle to school	Multi-layered for a 'behaviour change' project: parents' first contact with school; streetscene changes to make route feel safe; messaging in school
Transport	A disabled resident renews their blue badge by calling the council	Officer time dealing with processing and verifying. Maintaining 'digital divide'	People renewing their blue badge do so online	Renewal letter
Housing	A family at risk of becoming homeless doesn't look for somewhere to live (and then become 'homeless applicants')	Officer time processing 'application'. Cost of B&B and Temporary Accommodation. Poor wellbeing from likely moves, disruption to schooling	Family looks for a new home as soon as they know it's likely they'll become homeless	Extended conversation, using a range of behavioural effects; the first time a family member lets the council know they are at risk of homelessness

### What do people find difficult about this stage?

What some find tricky	Comment
Deciding on the specific behaviours you want to target	We're all used to inferring reasoning and intent behind people's actions (but remember, people aren't as rational as we first thought). Thinking differently about the problem is a skill to learn through practice and it's simply a question of breaking the habit
Worrying that the target behaviour won't be taken up by everyone in your target group	This comes up in nearly every project – but it's not a problem. In every target group there are people who will adopt the target behaviour, and those that won't... regardless of the behavioural intervention we design. The ones we can influence are the people in the middle of that spectrum

**GATEWAY: Once you have decided what to encourage, and where/when, move on to working out how to do it.**

# STAGE 3

## Working out the approaches to try and which behavioural effects to use

- a) Research innovation and success elsewhere
- b) Consider a wide range of approaches and behavioural effects that could be used
- c) Ideally, co-produce ideas with frontline staff
- d) Narrow down the approaches that you want to trial

### a) Research innovation and success elsewhere

Sharing best practice and learning from practice elsewhere is a common stage in many traditional projects. However, when it comes to using insights from behavioural science, there is little to draw on in the world of public services. While this framework is, in part, an attempt to address this, it's unlikely that another authority or place will have a proven approach that can simply be applied.

However, there is often research or a pilot elsewhere that can provide useful insights. For example, the Nursery Place project team became aware, through neighbouring authorities with a similar uptake issue, of the success of a 'golden ticket' approach: eligible families are sent a leaflet with a picture of a 'golden ticket'. Its success helped us focus on the importance of contacting families with something tangible that conveyed the value of what they were being offered. This example illustrates what we have found to be the most likely source of information on good behavioural practice elsewhere: professional networks and publications.

### b. Consider a wide range of approaches and behavioural effects that could be used

Applying behavioural effects to behavioural ends will be new to most people involved in your project. The following grid is a useful tool to guide people through the process. This ideas grid is linked to the effects identified by the With The Grain tool.

Effects are grouped into four clusters:

- Norm effects,
- Ease effects,
- Reward effects and
- Obligation effects.

In a group setting – either the project team or in a co-production workshop - each effect is introduced with a real-life example. Then the team brainstorms ideas, one effect at a time. For example, on social norms: "How can we encourage our target behaviour, by showing community approval of it?"

## Ideas Grid

### Norm Effects: making your target behaviour seem normal

Effect	Can you encourage ... by ... ?	Ideas
Priming	reminding people of particular <b>ideas, feelings or attitudes</b> (for example, with an image)	
Authority	getting <b>someone trusted</b> to ask for it	
Social norms	showing ' <b>community approval</b> ' of it	
Social proof	showing people that <b>others</b> in the same situation <b>are doing it</b>	

### Ease Effects: making your target behaviour easy

Effect	Can you encourage ... by ... ?	Ideas
Cognitive load	helping people take the first step <b>immediately</b>	
	keeping the language <b>straightforward</b> /idiomatic	
Framing	suggesting it as an option <b>in a favourable light</b>	
Prompted choice	<b>asking</b> for it very <b>clearly</b> , making sure the choice is apparent	
Exposure	making it as <b>familiar</b> as possible	
Status quo bias	making it <b>fit into</b> people's <b>existing routines</b> or behaviours	
Default	making it the <b>default</b> option	

## Reward Effects: increasing the sense of reward for your target behaviour

Effect	Can you encourage ... by ... ?	Ideas
Reward	<b>rewarding</b> the behaviour in some way	
Scarcity	making it seem <b>scarce, exclusive or limited</b>	
Loss aversion	associating <b>other behaviour</b> with a <b>loss</b> , for example by pre-allocating a gain	
Temporal discounting	making the perceived reward <b>immediate</b>	
Availability bias	referring to <b>imaginable outcomes</b> to make them seem more likely	
Anchoring	presenting a <b>'better than target'</b> behaviour option to <b>anchor</b> the conversation	
Decoy	reframing a choice with an <b>extra option</b> that makes the target behaviour more desirable	

## Obligation Effects: helping people feel an imperative to choose your target behaviour

Effect	Can you encourage ... by ... ?	Ideas
Feedback	giving people <b>timely information</b> on how they're doing and, ideally, how they <b>could do better</b>	
Salience (personalising)	making the message stand out by <b>personalising</b> it	
Salience (time limiting)	making the message stand out by <b>time-limiting</b> the opportunity	
Salience (emotional engagement)	helping people feel <b>emotionally connected</b> to their behaviour	
Public consistency	<b>prompting agreed/normative behaviour</b> at key points	
Commitment devices	offering a way of giving <b>'present self control</b> over 'future self'	
Reciprocation	helping people feel they've been done a <b>favour</b> that they might want to <b>return</b>	

At the end, we begin to narrow down to what feel like the 'best bets' to use in developing materials.

A more detailed set of behavioural effects and examples is included as Appendix 5.

### c. Ideally, co-produce ideas with frontline staff

A good way to generate ideas is by holding a co-production workshop. As a minimum this should involve one or two front-line staff members (selected partly because of their openness to new approaches and likely to be in a position to pilot any new approach) and the project team. Policy, Partnerships and Communications officers can be included, but it's less important to include managers at this stage.

Here is a typical structure for a behavioural insights co-production workshop. It is adapted from the Walking to School pilot.

1. Context:

Policy context and project objectives  
Recap on using behavioural insights

2. Current status/progress to date

3. Insights so far

4. Target behaviours & opportunities to influence:

Discussion on draft target behaviours from earlier workshop  
Discussion of opportunities to influence to make target behaviours more likely  
Agree targets if possible.

5. Ideas generation using behavioural effects tool:

Introduction to ideas generation method  
Focus on scripting/materials/design.

6. Agree plan for next steps:

Baseline - agree a broad approach to gathering baseline data  
Trial approach  
Materials

Note how the structure explicitly links back to insights (from Stage 1c) and decisions on the target behaviour and when/how to influence it (from Stage 2a), and forward to developing materials and a trial approach (Stage 4a).

The Smoking in Pregnancy co-production workshop involved a range of stakeholders and frontline staff and generated plenty of suggested phrases, some of which went on to be used. These included:

- “How/when are you going to stop smoking?” (setting the clear default that the mum-to-be will stop, rather than asking whether)
- “All pregnant women try to stop” (using the social norm)
- “After you quit, food tastes much better” (triggering sensations/emotions), to make the target behaviour more visible.

We recommend a co-production approach because it's good for developing ownership of the eventual trial approach, but equally, a similar approach can be carried out by the project team. In the case of the latter the same content needs to be covered, but not necessarily as part of a set-piece event.

## d. Narrow down the approaches that you want to trial

Following the ideas generation, you will need to narrow down to the 'best bets' to try.

There is no set process for this. It is a set of judgement calls, based on:

- What you think has the best chance of succeeding;
- Resource constraints (for example, effects dependent on product design need significant investment); and
- Which behavioural effects seem likely to work well in combination (for example, endowment effect and loss aversion have proven to be a good combination).

The 'best bets' will be some form of service re-design and/or new/revised materials/content.

Ideally, draft the list to be used and get feedback from stakeholders and the project team, before moving on to drafting materials and designing any new processes needed.

The final process at this stage is to check back against the target behaviour(s) agreed. So, does the combination of effects chosen still seem focused on these? If so, move to the next stage.

### What do people find difficult about this stage?

What some find tricky	Comment
Being unable to avoid thinking about the issue in a 'rational' way, or continuing to try to persuade people, or change their minds.	It's sometimes hard, after being enthused by a co-production workshop, for staff to push ahead with what they've learned; if your colleagues (who weren't at the workshop) haven't heard of 'social proof', they'll be hard to convince. But it's worth saying that you wouldn't be working on testing a new approach if rational persuasion worked as well as we hoped. Also, it helps if project sponsors show visible support
Avoiding standard communications practice: landing messages, corporate image content, communications that don't work well behaviourally, or simply doing 'what we always do'.	In some cases, the behavioural approach will mean you devise communications materials that don't seem familiar as public sector communications. Do it anyway: trial something different to the norm

**GATEWAY: Now you know what you want to try, design a trial**





# STAGE 4

## Designing and prototyping the pilot materials and approach

- a) Develop the pilot, drawing on the co-produced ideas
- b) Prototype your approach and materials
- c) Change the process for the trial if necessary

### a) Develop the trial, drawing on the co-produced ideas

This section builds on the ideas you generated as part of your co-production workshop at Stage 3 above.

- Regardless of the complexity of the intervention you set out to trial, there will be materials to produce, whether for staff, public or both.
- There is a range of materials it can be useful to produce, along with guidance and, if appropriate, training for those staff taking part. These include:

Leaflets, stickers, posters

Web content

Scripts (for reading out in a contact centre, or for learning key phrases and approaches for those working face-to-face with citizens)

Letters and emails

Forms

Other supporting materials for staff or citizens to use (appointment cards, vouchers, forms that staff complete in the patients presence, etc).

So the first issue is to decide what will need to be produced. Below are lists of the materials produced for our two main projects; examples of some of these are in Appendix 3 to show the range that is possible. Bear in mind though, that these were wide-ranging projects and most behavioural projects will need fewer materials. One other point to note is that behavioural materials usually replace existing materials; they are rarely an 'extra', because taking an approach that works hard behaviourally is not an add-on.

Material	Content and use
<b>PROJECT: Smoking in Pregnancy</b>	
Script for midwife to use at initial 8-13 week session	Phrases that establish stopping smoking as the default option; making quitting seem normal; and being clear that you're asking mum-to-be to quit.
Adaptation of the Carbon Dioxide monitoring form (doubling as referral form for smoking mum-to-be)	Cements quitting as the default (not 'whether' but 'how' and 'when'), and puts patient in control of when/where to be contacted.
Script for HCA to use when calling mum-to-be to set up visit	Makes setting up the appointment as 'frictionless' as possible, by presenting it as a continuation of the conversation with the midwife, and reminding mum-to-be that she has asked for expert help.
Script for HCA to use during visit	Uses a range of behavioural effects, including: social proof (story-telling), endowment effect, to boost the perceived value of the NRT prescription, visualisation, to make visiting the chemist more likely...leading into using a commitment device.
Commitment device/promise form as part of the Nicotine Replacement Therapy (NRT) prescription	The wallet for the NRT prescription form gives it value, and has a commitment device on the reverse, where mum-to-be can 'sign up' to say she will use one or more of the techniques shown to help her efforts to quit.
<b>PROJECT: Two Year Old Nursery Places</b>	
Sample sentences for Health Visitors	Using the short time available during the 24 month visit (which covers a wide range of topics relating to the child's health), to talk about the nursery place ...but only if the Health Visitor believes the child is eligible. The Health Visitors use short, clear sentences that make it seem normal and easy to take up a place, and set this as the default.
Phrases for Family Workers	Family workers (in the re-designed service for the trial) follow up with parents who have not taken up the place. Their phrases focus on the benefits for parent and child that parents have identified themselves (such as "s/he will make friends", "s/he won't be such a picky eater", "they'll support you with potty training").
Childcare setting location book	As the target behaviour was the initial visit to a nursery, we designed a support material that focuses on locations, not on the quality of the nurseries. The aim is to make as vivid as possible the idea of visiting a specific setting. This also helps maintain the default, so that the question is 'which nursery/setting?', not 'will your child attend?.'
Free Childcare Voucher	Sent to a resident when DWP notified the council of their child's eligibility for the free nursery place. It is designed to convey the value of the offer and trigger loss aversion.
List of nursery/childcare settings	The list was re-designed to make it easy for the parent to choose one and set up an appointment.

How to draft what you need? There is no specific behavioural method for drafting materials. Your approach will depend on what capacity you have available. Where the capacity and capability for this does not exist in the project team, we advise contacting the Policy, Partnerships and Communications service to discuss how they may be able to assist.

First, there are a few 'golden rules' that apply to any communication aiming to work hard behaviourally:

- Have a clear ask
- Use simple, everyday language that reduces cognitive load (thinking effort) by steering clear of jargon
- Where appropriate use an image to make the communication eye catching
- Consistently apply the behavioural effect(s) you have chosen to use (but not too many of them)
- Use vivid language to trigger an emotional response where appropriate.

## **b) Prototype your approach and materials**

Now it's time for prototyping, a technique from the design world. The point is to quickly try out your new materials or approach on a very small scale, to help refine it. For example, we asked HCAs to test a telephone script for setting up appointments by calling two or three patients they already needed to call. As a result of their brief feedback about which words and phrases felt smooth and which didn't flow so well in practice, we adapted the script. Note: prototyping is not about collecting outcome data; it's the final part of the design process.

## **c) Change the process for the trial if necessary**

You may not need to redesign the approach at all, especially if you are trying to influence the outcome of what is essentially a straightforward transaction. As we've noted though, the insights you gather at Stage 1, particularly journey mapping, may well lead to a re-design that dovetails with using behavioural effects.

The Smoking in Pregnancy project team decided that the trial approach should include an element of re-design. Instead of midwives leaving referral forms relating to smoking mums-to-be in a tray, they should call the HCA while visiting the mum-to-be (the form will follow later). This

- Acts as a commitment device by moving immediately to set up a meeting, rather than the midwife aiming simply to get the patient to agree to see their HCA;
- Makes the prospect of the meeting and getting advice more concrete as a result of hearing the HCA's name (and possibly their voice if they can overhear the midwife/HCA conversation).

In practice, the midwives involved in co-producing the new approach began using this approach before the trial was due to begin. This highlights one challenge that service designers are all too aware of – co-producers being keen to try out a promising idea and potentially influencing data collection.

Once devised, designed, prototyped and refined, the next step is project and performance management, just as it would be for a project not majoring on Behavioural Insights. Over to you.

### What do people find difficult about this stage?

What some find tricky	Comment
Stopping doing what you've always done and replacing it with a new behavioural approach	Acting within an overarching project helps, but you still need to have the confidence to lose much of the previous content. Nearly all communication could be vastly improved by putting behavioural insights at the heart of it, but not if a behavioural approach is simply 'bolted on' to what's already there.
Being pragmatic about how much service re-design to do	Anything but the most minor service design has knock-on effects on other parts of the process and may require support materials, documentation, retraining, etc. The more you do, the more you need the time of a manager in the service to rewrite processes and put them in place.
Fast prototyping	Although popular in the design world, the public sector is often unfamiliar with prototyping. We advise setting a clear deadline and insisting on a small maximum number of cases (such as two phone calls).

## GATEWAY: Now you have a trial, how do you interpret what happens and move forward?

# STAGE 5

## Assessing impact of the trial

- a) Define the 'trial intervention recipients' or 'trial area'
- b) Collect data
- c) Interpret and act on the data

### a) Define the 'trial intervention recipients' or 'trial area'

The people subject to the trial intervention need to be clearly defined, with all others (called the 'control') to receive the standard service or intervention. There are methodological issues around trial design and metrics, including, for example, whether it is possible to select a random sample of residents/customers/parents to take part.

Our pilot projects have been area-based, with geographical areas selected purposively, for example, because the staff are open to working with the team, or where there is a particular geographical need, rather than (as is ideally the case) at random. In such area-based approaches the 'rest of Sunderland' is acting as the control.

For the council area-based approaches are often preferable to randomly allocating people to the trial or control, because it is, for example, not practical to ask staff to switch their approach from one customer to another. Also, systems are usually not set up to enable random sampling in the council's day to day practices.

In some projects, identifying random samples should be possible because systems make it possible; for example, when testing scripts at a call centre, or when sending Council Tax demands.

For more information on the issues on trial design, see Test, Learn, Adapt, listed in Appendix 1.

### b) Collect data

The point of using behavioural insights is to make a difference: improving outcomes and/or reducing the demand for services and/or improving the efficiency of services.

One of the advantages of the approach set out here, is that by clarifying target behaviours we can be clear what the key metrics are. In the process of clarifying them we usually have a good understanding of the impact on services of the behaviours we are trying to address, both in the short or long-term.

With the trial and control having been clearly identified, two things need to happen:

- The trial needs clear start and end dates (and project management to have everything in place accordingly)
- Reliable data needs to be collected and compared with:
  - 1) data from people not subject to the trial intervention
  - 2) historic data from this area, if the approach is area-based.

Here is an example of trial data, from the Smoking in Pregnancy trial.

% quit* as proportion of those accepting referral					
Trial area			Control area (rest of City)		
One year prior to trial (1/12/2015 – 31/5/2016)	Trial period (1/12/2016 – 31/5/2017)	Change in % quitting	One year prior to trial (1/12/2015 – 31/5/2016)	Trial period (1/12/2016 – 31/5/2017)	Change in % quitting
28% (n = 60)	38% (n = 56)	<b>+10</b>	42 (n = 64)	16 (n = 37)	<b>-26</b>

\*combination of those verified by CO test and those self-verified

An important principle is to compare like with like. For example, in the Smoking in Pregnancy project, in data collected by midwives and HCAs, the same definition of 'quit' is used in all areas, at all stages. We advise sticking with a definition, even if it's imperfect.

The above data, for example, shows that the quit rate in the trial area was better during the trial than during the same period a year previously, while the opposite was true in the control area (the rest of the City). Since the base number of cases is small we should be wary of over-interpreting, however this is a good indication of a scaleable intervention.

### c) Interpret and act on the data

What's important is to interpret what the data tells us about the potential for using the effects identified and the specific approach devised. The key questions are:

- What difference did the trial intervention make?
- What is the potential for scaling? If taken to scale, what would the impact be on costs, demand and outcomes?

If there is clear potential, then there are second order questions to consider, with stakeholders:

- What are the implications of scaling, such as unintended consequences?
- How to deal with the operational issues of management, organisation, resourcing and rollout?

These are appropriate questions for the project stakeholders to consider. At the time of writing, we await the data to make it possible to report to stakeholders on our two principle projects.

**What do people find difficult about this stage?**

<b>What some find tricky</b>	<b>Comment</b>
Keeping the trial materials and approach to the trial area only	This is a problem familiar to all working in behavioural design and there is no cast-iron solution. Co-production makes it more likely that frontline staff will want to use approaches they have helped devise, even if they work in a 'control' area. Our advice is to recognise the issue explicitly, telling 'control' staff that they will get their chance soon enough if we show the trial works. Remember, just because everyone expects the pilot to be effective and is excited about the prospect of making a real difference, it doesn't follow that the pilot will actually work.





# APPENDIX 1

## A short reading list

Introductions to behavioural economics and behavioural psychology:

**Thinking Fast and Slow** (Kahneman, Penguin Paperback, 2012)

**Nudge: Improving Decisions About Health, Wealth and Happiness** (Thaler & Sunstein, Penguin paperback, 2009)

On applying behavioural insights

**Behaviour Change Technique Taxonomy**

UCL, <https://www.ucl.ac.uk/health-psychology/bcttaxonomy>

**EAST: Four Simple Ways To Apply Behavioural Insights**

BIT, 2014, <http://www.behaviouralinsights.co.uk/publications/east-four-simple-ways-to-apply-behavioural-insights/>

On running trials:

**Guide to Developing Behavioural Interventions For Randomised Controlled Trials**

Australian Government BET, 2016, <https://www.pmc.gov.au/resource-centre/domestic-policy/beta-guide-developing-behavioural-interventions-randomised-controlled-trials>

**Test, Learn, Adapt**

Cabinet Office, 2012,

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/62529/TLA-1906126.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/62529/TLA-1906126.pdf)

On Demand Management:

**Demand Management & Behaviour Change**

Collaborate Institute, 2015, <http://wordpress.collaboratei.com/wp-content/uploads/Demand-Management-Behaviour-Change-final-version.pdf>

**Managing Demand: Building Future Public Services**

RSA, 2014, <https://www.thersa.org/discover/publications-and-articles/reports/managing-demand-building-future-public-services>

On Using Design Thinking in Public Services:

**Designing for Public Services**

NESTA, 2017, [www.nesta.org.uk/publications/designing-public-services-practical-guide](http://www.nesta.org.uk/publications/designing-public-services-practical-guide)

# APPENDIX 2

## List of Sunderland 'behavioural insight' projects

Stage 1 – Understanding current behaviour and its impact

Stage 2 – Identifying target behaviours and opportunities to influence them

Stage 3 – Working out the approaches to try and which behaviour effects to use

Stage 4 – Designing and prototyping the pilot materials and approach

Stage 5 – Assessing impact of the trial

What some find tricky	Demand/outcome objectives	Council services and partners involved	Stages Covered				
			1	2	3	4	5
Two year old nursery places	Increase the uptake of free nursery places for two year olds	Council: Policy, People Services South Tyneside Foundation Trust: Health Visitors	✓	✓✓	✓✓	✓✓	✓
Smoking In pregnancy	Increase engagement with 'stop smoking' services	Council: Public Health City Hospital: Midwives Live Life Well service South Tyneside Foundation Trust Fresh NE	✓	✓✓	✓✓	✓✓	✓
Active Travel	Identify how to increase active travel in Washington	Council: Policy, Communications, People Services	✓	✓✓	✓		
Council Tax collection	Increase payment on time and Direct Debit uptake	Council: Finance	✓	✓	✓		
Behavioural input into Council Tax consultation	Make behavioural aspects of consultation communications clearer	Council: Policy		✓			

Key:

- ✓ To an extent
- ✓✓ In some detail
- ✓✓✓ In detail, with original insight

# APPENDIX 3

## Examples of materials from Sunderland projects and services

### 1. Script for midwife to use at 8-13 week session

*This script is to be used as part of a much wider conversation.*

#### Starting the conversation about smoking

I'd like to change the subject to ... how you can make sure your baby is happy and healthy (show image(s) of a poorly baby affected by a mum that smoked)

It's really important that mums-to-be don't smoke – so it's great that the vast majority of mums in Sunderland/Washington are helping their baby by not smoking.

#### Introducing the carbon monoxide test

To help baby, all mums do this test

#### Fill the gap while doing the test

Most Mums in Sunderland don't smoke – and more and more of those who did smoke have chosen to give up too. CONTINUE IF IT SEEMS RESULT WILL BE 3+: [They feel much better, and they have more money for nice things].

#### If result indicates smoking

If your baby could speak they'd tell you to stop smoking, they don't want to breathe in the poison. It's not natural – and you have the power to stop. [Your baby will thank you].

#### Offering help to stop smoking

So I'm asking you to meet an expert I know. She'll help you become a non-smoker... I've reserved a place for you to get some advice.

Where would you like to see our expert? *Get mum to sign the CO form*

[Thank you], that's great – [you will feel SO much better once you're a non-smoker].

PASS FORM TO HCA EVEN IF MUM-TO-BE DOESN'T SIGN IT (UNLESS THEY SIGN REFUSAL)

Stuart Cuthbertson 18/1/17 16:44  
Comment: Anchoring

Stuart Cuthbertson 18/1/17 16:44  
Comment: Social norm

Stuart Cuthbertson 18/1/17 16:44  
Comment: Social norm

Stuart Cuthbertson 18/1/17 16:44  
Comment: Framing

Stuart Cuthbertson 18/1/17 16:44  
Comment: Increasing the level of salience

Stuart Cuthbertson 18/1/17 16:44  
Comment: Salience and a verbal thank you is appreciated

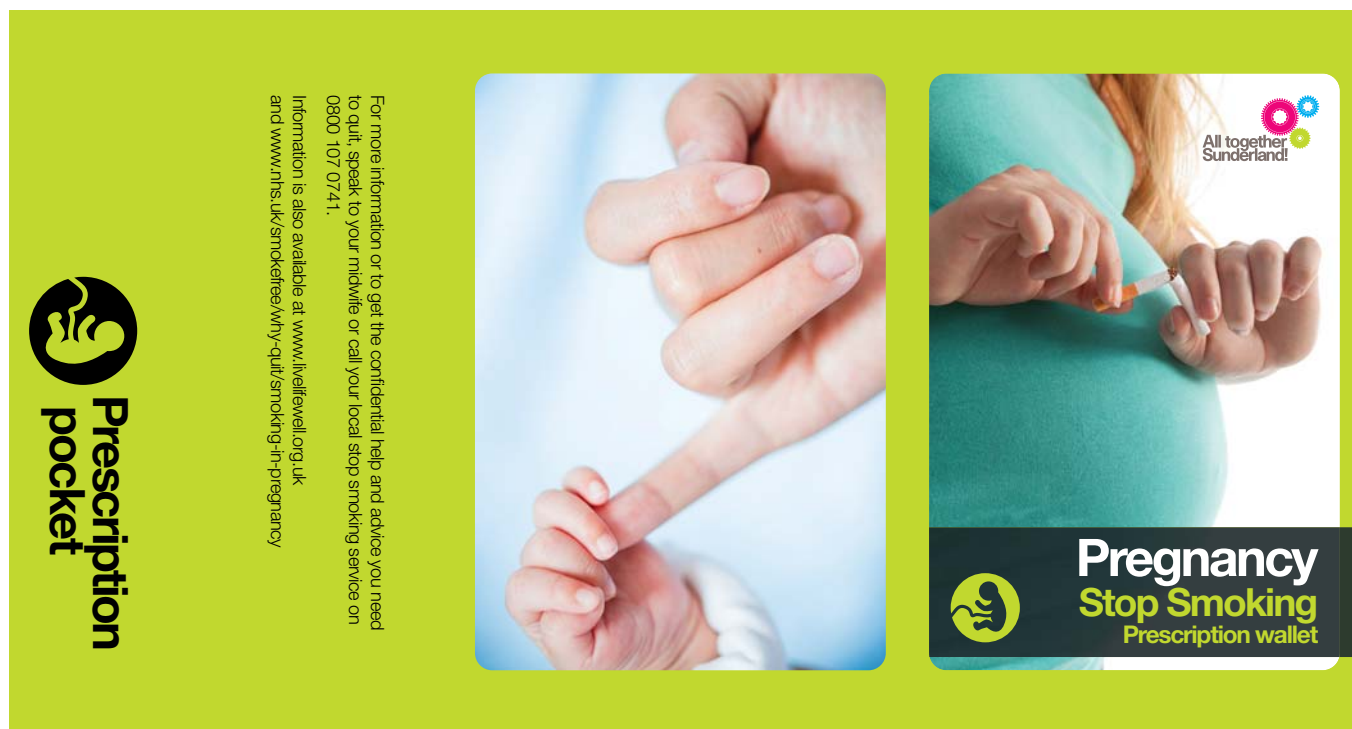
Stuart Cuthbertson 18/1/17 16:45  
Comment: Endowment

Stuart Cuthbertson 18/1/17 16:45  
Comment: A verbal thank you is appreciated

Stuart Cuthbertson 18/1/17 16:45  
Comment: Priming

The script drafted for midwives to use with smoking mums-to-be, annotated with the behavioural effects being used.

This is the design for one side of a two-fold wallet - a device designed and used in Sunderland - a commitment device. The idea is to make the prescription for the kit to help give up smoking as salient as possible, hence this vivid 'wallet'. The other side has a 'tick box' list of techniques for quitters to tick, to identify which they will do. There is a space for the mum-to-be to sign the wallet, thereby strengthening the commitment to quitting.



To increase take up of the free nursery places, we designed a voucher to look like it has value: a form of **endowment effect**, as is the use of the word 'your' on the front, which helps trigger **loss aversion**. The instructions on the back are designed to make the process as easy as possible to do and understand, thereby reducing **cognitive load**. Both sides are shown below.



Midwives take a CO reading from every mum-to-be, the first time they see her. We tweaked the existing single-page form; part of it is shown below. It is partly designed to **prime** the midwife to use the appropriate language, and partly to clearly establish the **default**: if mum-to-be's CO level indicates she is a smoker, she needs to stop smoking.

<p><b>CO Reading:</b></p> <p style="text-align: right;">ppm</p>	<p><b>Carbon Monoxide Reading</b></p> <p>0-2 ppm – probably safe for baby</p> <p>3+ ppm – mum needs to stop smoking now</p>
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Sunderland's Garden Waste subscription service now uses **default effect**, by offering only a web address as the channel for subscribing, emphasising this across all its letters, email, web pages and social media. In practice, staff will sign up residents who telephone, but this channel is not advertised. This is an effective use of **default effect**, bound to drive channel shift.

Promotional materials for Work Discovery events now use **scarcity effect** ("last few places available") and **loss aversion** ("Don't miss out on your place") to help. This correlates with increasing attendance and is a good example of triggering behavioural effects in communications, without the need for research or project management.

Sunderland's Stop Smoking Services now say "Quitting is the best thing you can ever do. Some benefits are immediate and some are longer-term". Telling people how they will feel can be an effective way of **priming**, while the 'best thing' approach **re-frames** the target behaviour as a positive, rather than a loss (though the 'loss frame' of 'stopping' is still in the service's name).



Active Sunderland is using **social proof** in promoting events. For example, the BIG Fun Run was publicised with images of 'ordinary' Sunderland citizens holding up a sign saying "I'll be there, will you?"

# APPENDIX 4

## How could behavioural insights help me?

In twenty minutes, you can make a start on working out how behavioural insights could help your service. After you've read this guide, answer these questions as best you can in respect of one behavioural or outcome issue. If you want to take it further you can contact colleagues in the Policy, Partnerships and Communications Service to provide support.

Service area:	Name:	Contact details:
Identify one behaviour or decision that causes adverse outcomes or high demands for services?		
Define the target group		
How could you understand this behaviour or decision better?		
What could the 'target behaviour' be?		
What opportunities are there to influence people's? When and where?		
What might be the best one?		
Which frontline staff would you involve in co-producing ideas?		
How could you make the target behaviour easier to do?		
What would be a measure of success?		
Can you think of a 'quick win' that might be possible?		

# APPENDIX 5

## Examples of behavioural insights

**Norm effects:** Making your target behaviour seem normal

### Priming

Can you encourage the target behaviour by...

reminding people of particular ideas, feelings or attitudes (for example with an image)

Crime fell 18% in Woolwich centre after shutters were painted with local babies' faces



**Norm effects:** Making your target behaviour seem normal

### Authority

Can you encourage the target behaviour by...

getting someone trusted to ask for it

Jamie Oliver influenced school cooks to provide healthy school meals



**Norm effects:** Making your target behaviour seem normal

### Social Norms

Can you encourage the target behaviour by...

showing community approval of it

HMRC increased revenue by telling people\* that nearly everyone in their area pays on time

\*truthfully



**Norm effects:** Making your target behaviour seem normal

### Social proof

Can you encourage the target behaviour by...

showing people that others in the same situation are doing it

Canned laughter increases the perceived funniness of comedy TV shows



**Ease effects:** Making your target behaviour easy

## Cognitive Load

Can you encourage the target behaviour by...

helping people take the first step immediately

People who are remembering a long number are more likely to choose unhealthy food than people remembering a short number



**Ease effects:** Making your target behaviour easy

## Framing

Can you encourage the target behaviour by...

suggesting it as an option in a favourable light

People are more likely to opt for a procedure described as having a 90% survival rate than one said to have a 10% death rate



**Ease effects:** Making your target behaviour easy

## Prompted choice

Can you encourage the target behaviour by...

asking for it very asking making sure the choice is apparent

Driving licence applicants have to say whether they'll be organ donors



**Ease effects:** Making your target behaviour easy

## Exposure

Can you encourage the target behaviour by...

making it as familiar as possible

Stock traders invest in domestic companies with which they are more familiar



**Ease effects:** Making your target behaviour easy

## Status quo bias

Can you encourage the target behaviour by...

making it fit into people's existing routines or behaviours

Most commuters stick to the same route every journey, including whether or not they stand on the escalator



**Ease effects:** Making your target behaviour easy

## Default

Can you encourage the target behaviour by...

making it the default option

Visitor attractions run by charities present the 'Gift Aided' price





**Ease effects:** Making your target behaviour easy

## Reward

Can you encourage the target behaviour by...

rewarding the behaviour in some way

'Free insulation' offers work best when best when the highlight coziness or toastiness



**Ease effects:** Making your target behaviour easy

## Scarcity

Can you encourage the target behaviour by...

making it seem scarce, exclusive or limited

Louis XVI made potatoes desirable to French peasants by planting a royal potato patch and having it guarded during the day... but not at night



**Ease effects:** Making your target behaviour easy

## Loss aversion

Can you encourage the target behaviour by...

associating other behaviour with a loss for example by pre-allocating a gain

Most people won't opt for a coin-toss in which they have a 50% chance of losing £10 and a 50% chance of winning £20



**Ease effects:** Making your target behaviour easy

## Temporal discounting

Can you encourage the target behaviour by...

making the perceived reward immediate

Many more American hybrid purchasers chose the sales tax rebate over the more valuable personal tax allowance



**Ease effects:** Making your target behaviour easy

## Availability bias

Can you encourage the target behaviour by...

referring to imaginable outcomes to make them seem more likely

Most Americans think they're more likely to be killed by a shark than by falling airplane parts (though the real risk ratio is 1:30). They've seen Jaws



**Ease effects:** Making your target behaviour easy

## Anchoring

Can you encourage the target behaviour by...

presenting a 'better than target' behaviour option to anchor the conversation

When teenagers turn down their music, it still sounds too loud to their parents




**Ease effects:** Making your target behaviour easy

## Decoy

**Can you encourage the target behaviour by...**

reframing a choice with an extra option that makes the target behaviour more desirable

People are more likely to choose Option A over option B if a decoy Option C is available which is clearly worse than A



**Obligation effects:** Helping people feel an imperative to choose your target behaviour

## Feedback

**Can you encourage the target behaviour by...**

giving people timely information on how they're doing and ideally, how they could do better

Real-time energy meters help people reduce energy use at home




**Obligation effects:** Helping people feel an imperative to choose your target behaviour

## Salience (personalising)

**Can you encourage the target behaviour by...**

making the message stand out by personalising it

Personalised text message by the Court Service in SE England increased fine collection




**Obligation effects:** Helping people feel an imperative to choose your target behaviour

## Salience (time limiting)

**Can you encourage the target behaviour by...**

making the message stand out by time-limiting the opportunity

Groupen deals are time-limited



**Obligation effects:** Helping people feel an imperative to choose your target behaviour

## Salience (emotional engagement)

**Can you encourage the target behaviour by...**

helping people feel emotionally connected to their behavior

Below average energy usage is maintained if a household's feedback includes a smiley




**Obligation effects:** Helping people feel an imperative to choose your target behaviour

## Public consistency

**Can you encourage the target behaviour by...**

prompting agreed/normative behavior at key points

Tax/insurance forms are completed more honestly when people are asked to sign at the start



**Obligation effects:** Helping people feel an imperative to choose your target behaviour

## Commitment devices

Can you encourage the target behaviour by...

offering a way of giving 'present self' control over 'future self'

The SnuzNLuz alarm clock donates some of your money if you sleep in... to a charity you don't like



**Obligation effects:** Helping people feel an imperative to choose your target behaviour

## Reciprocation

Can you encourage the target behaviour by...

helping people feel they've been done a favour that they might want to return to return

A mailing from the Smile Train charity said "if you donate now and check a box opting out we'll never bother you again"

Responders to this 'once and done' approach gave more money than others and usually chose not to opt out.





# APPENDIX 6

## Contact details

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