

## 10. Australia



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When BIT began a long term programme of work with the New South Wales Department of Premier and Cabinet in December 2012, it was the only unit of its kind in Australia. Since then, the application of behavioural insights has gone from strength to strength in terms of reach and impact.

Over the past year, the Department of Premier and Cabinet in Victoria has set up a new Behavioural Insights Unit, and the Federal Government has established the 'Behavioural Economics Team of the Australian Government' (BETA). Even where there aren't dedicated units present, public sector organisations across Australia are drawing on behavioural insights to inform policy design and delivery.

As a result of this exciting growth in the use of behavioural insights, BIT's own team in Australia has grown significantly. We have doubled the size of our Sydney office over the past 12 months and we are now working with a number of state governments and federal agencies, local councils and not-for-profits across Australia and New Zealand. As well as running trials, some of the results of which are set out below, we have also provided policy advice and interventions in a range of domains, from social housing reforms to insurance disclosure.<sup>34</sup>

### BIT Australia's Partnership with New South Wales DPC

One of BIT's longest and most impactful global partnerships is with the Government of New South Wales (NSW). In 2012, BIT helped the Department for Premier and Cabinet (DPC) to create their own dedicated Behavioural Insights Unit (BIU). The original team started with just two members, but this has since been expanded to 12, enabling the unit to implement increasingly complex interventions with partners across the NSW government. The impact of the NSW team's work was recognised internationally when it was awarded the Global Practitioners Award at Behavioural Exchange 2015.

In some areas, the NSW BIU has been able to replicate, adapt and scale interventions from the UK, demonstrating that these techniques translate well across national borders. For example, the unit worked with St Vincent's Hospital in Darlinghurst, Sydney, to trial whether different versions of text message reminders could affect the rate of people attending outpatient appointments. This built on trials that BIT had run with NHS Trusts in the UK, which showed that informing people about the costs to the NHS of missing an appointment (£160) reduced missed appointments substantially.<sup>35</sup>

In New South Wales, a number of different messages were tested, but the results were strikingly similar to the UK (although interestingly, when costs were invoked in our US trials, it had the opposite effect – see Chapter 11). The message that pointed out the avoidable loss to the hospital was the most effective ('If you attend, the hospital will not lose the \$125 we lose when a patient does not turn up'), as opposed to the simpler loss message ('If you do not attend, the hospital loses \$125'). It resulted in 20 per cent fewer missed appointments compared with the control message. The reduction was estimated to save the hospital \$67,000 each year. The NSW BIU are now testing further messages, which were co-designed with staff.<sup>36</sup>

In other areas, the NSW BIU has broken new ground. For example, they have run pioneering trials in the fields of return-to-work and childhood obesity, as well as testing new ways of reminding social housing tenants to pay rental arrears. The results from these trials will be set out in a paper published by the NSW BIU later this year, which will show some impressive wins but also, as would be expected, that not everything has worked.

The NSW BIU's current work programme covers a wide range of social and economic policy areas, from improving hospital discharge and apprenticeship completion rates, to reducing the impact of congestion and domestic violence. We continue to support the NSW BIU as it grows and are delighted that the partnership continues to produce innovative solutions to some of our most pressing policy problems.

### Partnership with VicHealth

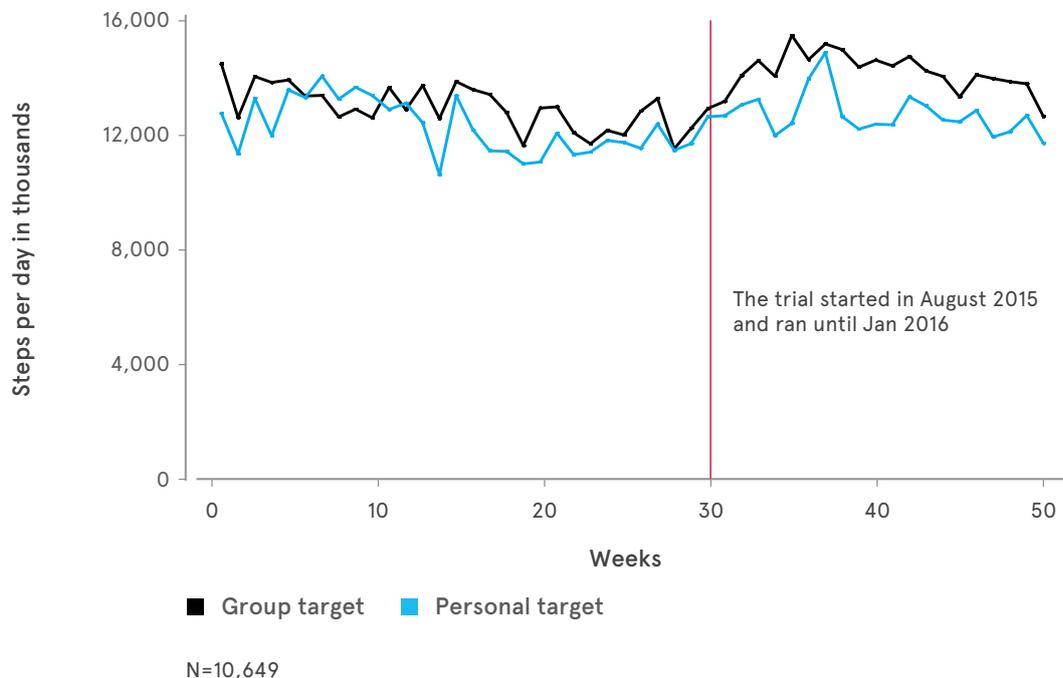
BIT has also had a long-running partnership with VicHealth, where David Halpern had the honour of being the organisation's inaugural Leading Thinker between 2014 and 2016. The full list of programmes and projects, including the details of some seven trials, are set out in the final report: *Behavioural Insights and Healthier Lives*.<sup>37</sup> Some of the trials (on the pricing of sugared drinks) are set out in the Health and Wellbeing chapter of this report, given the connection with the wider programme of work we have undertaken on obesity.

One set of evaluations that we ran with VicHealth are of particular interest, not just for health but for any area which involves motivating individuals to achieve a goal. The evaluations involved teaming up Timboon and District Healthcare Service to look at which targets would motivate their staff to undertake the most physical exercise. We used FitBit devices to monitor how many steps people took and ran a trial that varied the kinds of targets they were set and the incentives that they received.

Half of the eight teams received personalised targets based on their historic average daily steps, plus 2500 steps. The other teams were given a group average target based on the historic average of the whole group, plus 2500 steps (in this case it was 13,300 steps). We also tested the effectiveness of incentives to motivate behaviour. Massage vouchers to the value of \$50 each were used as incentives. In order to receive the reward, everyone in the group had to hit their target five out of seven days in the week.

The evaluations showed that participants in the personalised target condition were found to have achieved 587 more weekly steps than those in the group target condition. However, the incentives were even more effective, increasing workers' walking efforts by more than 2,100 steps per week.

Figure 10.1: Steps per day, by type of target set (personalised or group)



In addition to the trials, one of the most innovative elements of the partnership was supporting VicHealth’s Citizen’s Jury on Obesity. Around 100 Victorians were randomly selected to be the jurors and put through a multi-stage process to ensure that they were a descriptively representative sample. Jurors were given access to more than 60 background papers on obesity from a range of interest groups, including papers prepared especially for the jury that set out some of the behavioural evidence on the drivers of obesity. After six weeks of online deliberation, the jurors were brought together for a weekend of discussion in the city of Melbourne. The jurors themselves were able to choose and vote on experts that they particularly wanted to hear from.

Towards the end of the weekend, jurors drafted, and then voted on ‘asks’ that they would like to make. To make it into the final report ‘asks’ had to achieve at least 80 per cent support among the group. The jury’s report contained 20 ‘asks’ of government, industry and civil society. These were presented to a stakeholder steering group for a direct response.

VicHealth's Citizens' Jury on Obesity proved effective, decisive and moving. The Victorians that were selected for the process came from all walks of life and from across the state. During the weekend of face-to-face deliberations, the jurors threw themselves into the topic with seriousness and diligence. The 20 plus 'asks' that made it through, far from being the confused or weak list that some had feared, were coherent and strong.<sup>38</sup> It is too early to conclude whether these recommendations will be fully implemented, but the process showed policymakers, retailers and producers that they may be substantially misreading, and perhaps underestimating, public support for interventions like a sugar tax. It also laid to rest the arguments that issues like obesity are too complex for the public to understand and that a jury of citizens would act in a narrow and self-interested way. Perhaps, even more importantly, it has shown governments across the world how such an approach can be used to consult the public using behavioural evidence, whilst pushing the frontiers of combining both online and in-person debate.

### Encouraging people to get more active

The work with VicHealth helped to inspire a larger programme of trials aimed at unpacking various aspects of group motivation to exercise more. In this context, we were fortunate to be contacted by the Movember Foundation, which since 2003 has raised £402 million and funded around 1,000 projects focused on tackling prostate cancer, testicular cancer, poor mental health and physical activity.

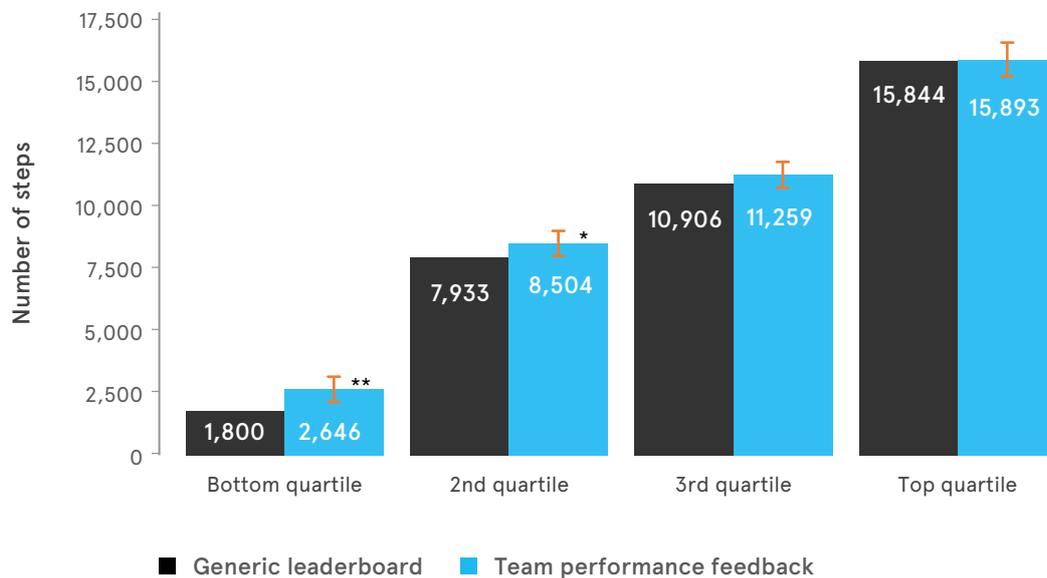
Movember put BIT in touch with Lendlease, who offer employees subsidised FitBits to help them track their performance. They are then encouraged to take further exercise. Our challenge, for Movember 2015, was to devise new ways of increasing levels of physical activity and to use the FitBit devices to measure individuals' daily step count.

Fifty teams (totalling 646 individuals) had been competing in a step challenge. We randomly assigned the teams into two groups, who each received different kinds of feedback. The first group received generic leaderboard information that told them which teams were in the lead. The second group received personalised team performance information that told them what their current rank was as a team, how far they were from the lead team and who the most active individuals in the team were.

The participants' progress was then monitored over three weeks, with one message sent at the beginning of each week. We were interested in the number of steps reached, the amount of energy expended and the number of active minutes.

The personalised team feedback intervention significantly outperformed the generic leaderboard information against each of the outcome measures. It was particularly effective at increasing the activity of women and the effect was strongest for those who were least active.

Figure 10.2: Effect of intervention (by quartile distribution of prior exercise level)



N=14,725

\*\* p&lt;0.01, \* p&lt;0.05, + p&lt;0.1

### Improving cancer screening rates

Detecting breast cancer early, before any symptoms are noticed, maximises the chances of successful treatment. The best way of doing this is through a regular breast screen, not least because it enables you to compare previous X-rays with a current breast screen.

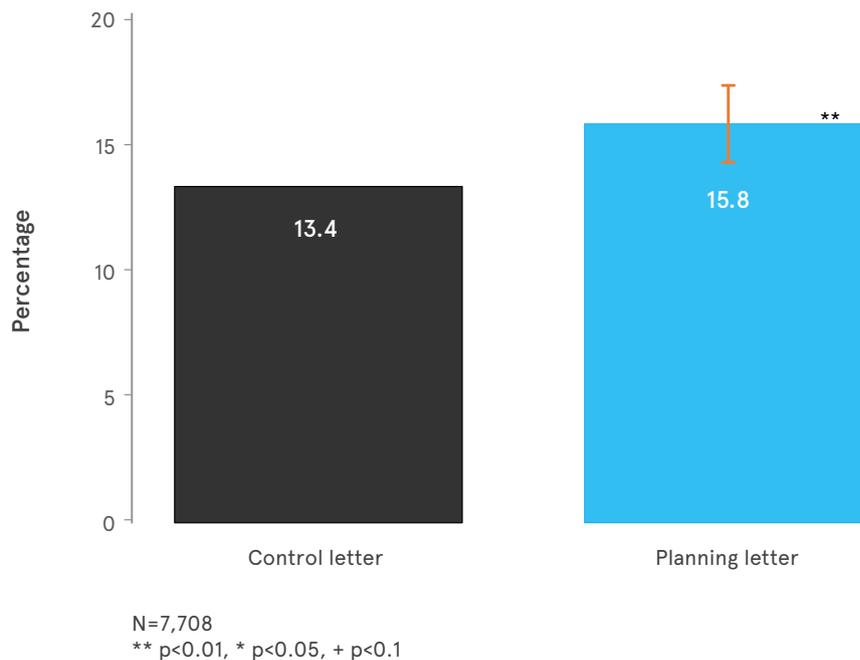
Over the course of the last year, BIT Australia has undertaken a programme of work with BreastScreen Victoria to test different ways of encouraging people to attend breast screening sessions. This included two large scale trials.

The first trial drew on a classic behavioural intervention – encouraging people to plan ahead. Around 7,700 women received one of two letters. Both letters informed the recipients about the risks of breast cancer and about the free breast screening service offered by BreastScreen Victoria.

The second letter was identical to the first but included a simple planning prompt: at the bottom of the letter, recipients were encouraged to write down the time and date of their breast screening appointment. This was intended to prompt people to think about when they might be able to attend, the practicalities involved in getting there, and then

once booked, to remember to turn up for the appointment. As shown in the graph below, the planning letters significantly increased the number of women who booked the breast screening appointment from 13.4 to 15.8 per cent. In addition, this effect carried through, with two percentage points more women ultimately being screened in the treatment group.

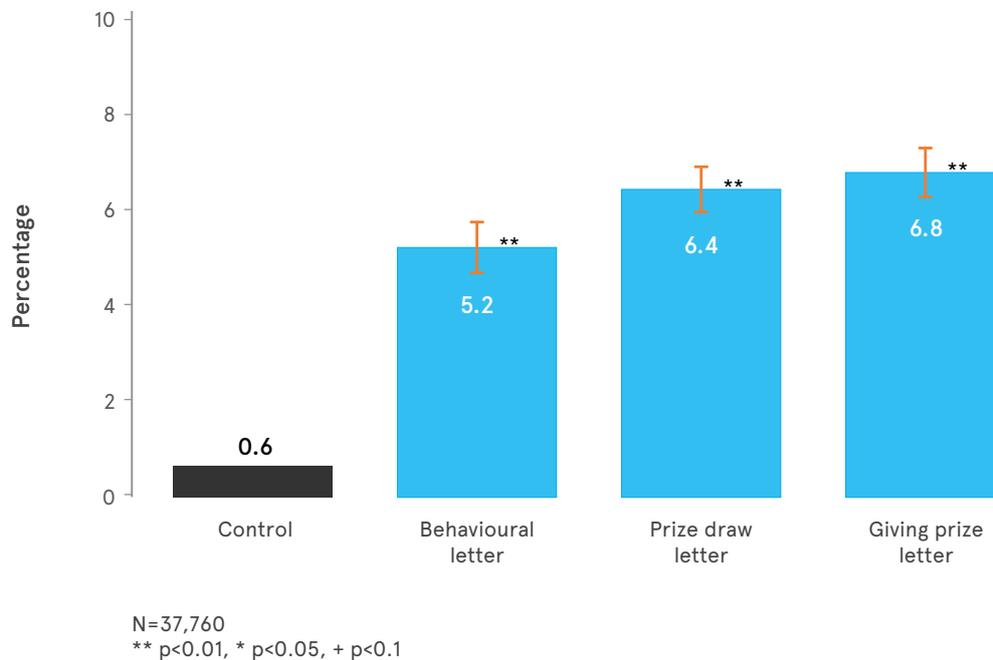
Figure 10.3: Percentage of women booking appointments, depending on what letter they received



In the second trial, we tried a more complex idea. We tested different ways of encouraging women who had not previously responded to two postal invitations. In the control condition, no invitation was sent. This was compared with one of three letters. First, a behaviourally-informed letter. Second, a letter which entered respondents into a prize draw to win an iPad. Third, a letter that included a pro-social twist: recipients were told that they could give the prize to a valued other person ('giving prize'). In total 38,000 women were randomly allocated into the four groups.

The behaviourally-informed letter led to a significant increase in bookings. We also found that both prize draw conditions were more effective than the letter alone. The highest rate of bookings was for the giving prize draw, but there was no statistically significant difference between this and the standard prize draw.

Figure 10.4: Percentage of previously non-responsive women booking, depending on what letter they received



An important question is how much the iPad prize draw cost per person relative to sending a behavioural letter, when the cost of giving out the prizes is factored in. We estimate a cost of AU\$1.50 per additional booking – a highly cost-effective intervention, in other words. We estimate that if the best performing arms in all of the trials we ran with BreastScreen Victoria were used, it would have resulted in 4,100 more women booking appointments than a ‘business-as-usual’ approach.

### Capability building across Australia and New Zealand

Alongside our project work, a major focus of BIT Australia’s efforts is on supporting other organisations to build their internal capacity and capability. Part of BIT’s wider mission is to help develop a greater understanding of behavioural science so that increasingly, it becomes a standard part of the policymaker’s toolkit.

Over the past year in Australia and New Zealand we have run around 30 separate workshops for more than 500 regional and federal government officials. Alongside this programme of introductory workshops, we have developed a suite of executive training programmes with the Australia and New Zealand School of Government (ANZSOG).

BIT Australia has also been working for more than a year with the Australian Department of Employment to help build its internal capabilities on behavioural sciences and the associated evaluation methodologies. As part of this collaboration, BIT and the Department have been co-designing and implementing a number of trials.

Outside of the UK, Australia was one of the first countries to test and adapt behavioural insights methods and approaches. It is no coincidence that NSW hosted the first Behavioural Exchange Conference in 2014, and the depth and sophistication of its application continues to grow at an impressive rate.