

Achieving Behaviour Change

A Guide for Local Government and Partners

Webinar Transcript

February 19th 2020

Slide 1



Public Health
England



Achieving behaviour change
A guide for local government and partners
Launch webinar
Wednesday 19th February, 2020

Dr. Tim Chadborn *Public Health England Behavioural Insights*
Prof. Susan Michie *UCL Centre for Behaviour Change*
Prof. Robert West *UCL Centre for Behaviour Change*
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Access the guide: bit.ly/abcguide1  #abcguide

Dr. Tim Chadborn: Good afternoon everybody and welcome, my name is Dr. Tim Chadborn, I'm Head of Behavioural Insights and Evaluation Lead at Public Health England.

Lots of people are joining us today and a few more people just coming along, I would very much ask you just to please mute your microphones, we've tried to do that from our end and it's very important that people can all hear what we're saying.

We've got a very exciting webinar for you this afternoon, one hour on the new ABC guide to behaviour change commissioned by Public Health England and written by UCL Centre for Behaviour Change.

We're calling this the ABC guide as we hope it will be the first in a series of guides for Achieving Behaviour Change (ABC). The guide is available at bit.ly/ABCguide1 and we will be tweeting at #ABCguide.

Please note the recording is open to the public and we will be making this available shortly afterwards. We've got 35 minutes of presentations followed by questions from attendees.

We will have a brief introduction from me and then with great pleasure and huge thanks to the lead authors of the guide, we have Professor Susan Michie who is director of the Centre for Behaviour Change and Professor of Health Psychology at University College London. She will be giving a bit of a background to the Behaviour Change Wheel, talking about the need for the guide, and how the guide was developed.

Then we have Professor Robert West who is Professor of Health Psychology at University College London, and world expert on smoking

cessation and addiction. He'll be going through the underlying principles within the guide, the content, and how to use the guide.

And then thanks again to Dr. Michelle Constable, Head of the Behaviour Change Unit at Hertfordshire County Council, and Chair Elect of the Behavioural Science and Public Health Network. She'll be sharing some reflections from local government.

And finally we will have questions for the panel from attendees, and again please submit these ideally through the instant message function on Skype, that'll be the most useful way that we can collect your questions and put them to the panel.

Slide 2

Improving People's Health:

Applying behavioural and social sciences to improve population health and wellbeing in England

Dr Tim Chadborn

For the Writing Group



Public Health
England



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BSPHN



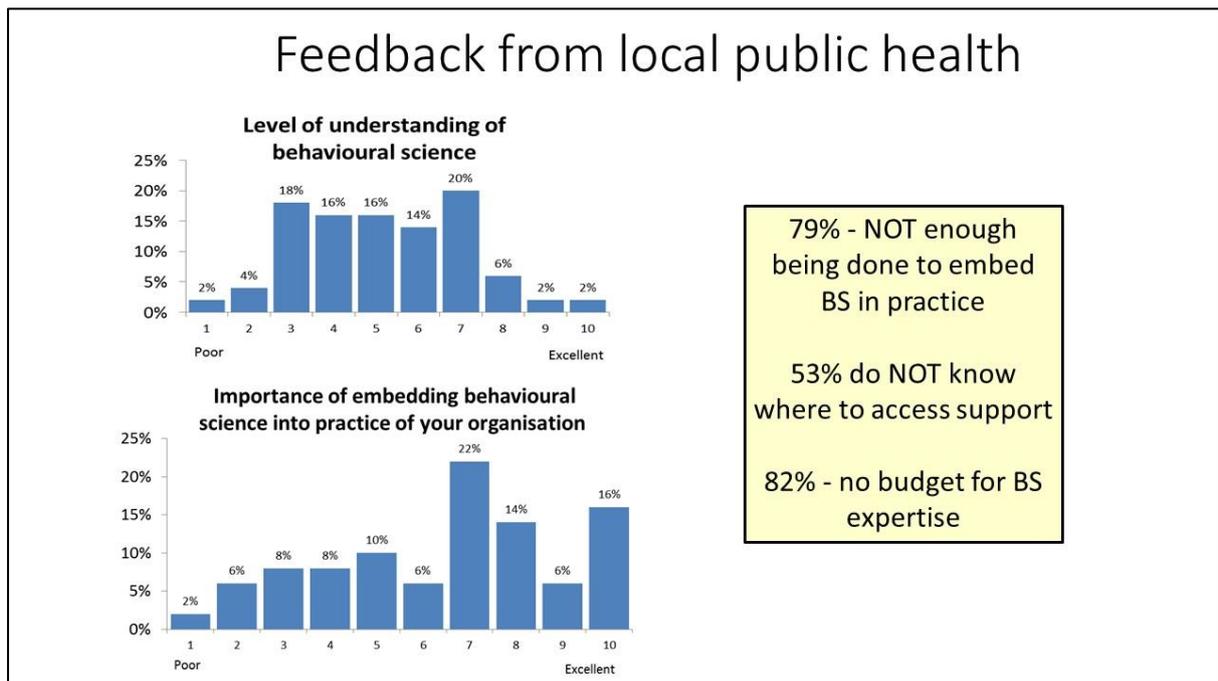
Local
Government
Association

Dr. Tim Chadborn: Fantastic, right, through to the first slide. So firstly, I just want to give a very brief background of the context in which we're working on this. In October 2018, Public Health England published a Behavioural and Social Science Strategy for population health and wellbeing in England.

It was very much a collaborative piece of work with a number of different organisations, about 40 organisations in total, who contributed content.

We primarily had the Association of Directors of Public Health, the Faculty of Public Health, the Behavioural Science and Public Health Network, and the Local Government Association as core partners in the writing group.

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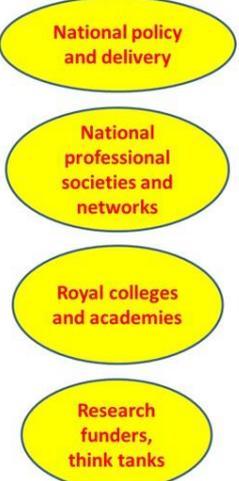


Dr. Tim Chadborn: This really was in response to feedback from local public health around the mixed levels of understanding of behavioural science, and the high importance that was placed in terms of embedding behavioural science into the practice of their organisations. But there was not enough information on how to embed this behavioural science in practice, where to access support, or resources to do so.

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Vision and aims

- Framework for the broad PH system to increase impact via greater and integrated use of behavioural and social sciences
 - improve health and wellbeing outcomes
 - reduce health inequalities
 - improve value to the public purse
- To help coalesce and coordinate efforts of national organisations to support professionals at local level



National policy and delivery

National professional societies and networks

Royal colleges and academies

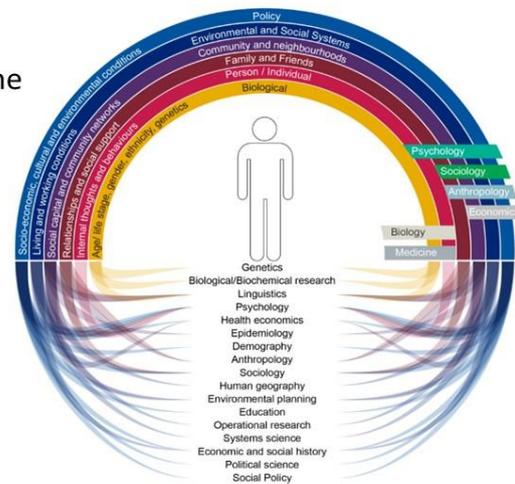
Research funders, think tanks

Dr. Tim Chadborn: So it provided an overall vision of aims in terms of a framework for the broad public health system to increase the impact and integration of behavioural and social sciences, very much aiming to deliver improved health and wellbeing outcomes, reduced health inequalities, and improved value to the public purse.

The strategy was very much helping to coalesce and coordinate efforts of national organisations to support professionals at the local level. You can see on the right of the slide we've got the multiple different types of organisations that were supporting and engaging with this from national policy and delivery, professional societies and networks, colleges and academies, and research funders and think tanks.

Key messages

- High-level guide with suite of evidence and theory-informed resources and more to come
- Scope: systems and organisations acting on the social and structural environment that affects the population and not only interventions focused on individuals
- Strong and vibrant behavioural and social science community
- Foster further growth in transdisciplinary approaches



Dr. Tim Chadborn: The key messages in the strategy were – it provided a high-level guide, with a suite of evidence and theory-informed resources, and this ABC guide to behaviour change is one of those resources that followed from that. The scope was very much around the systems and organisations acting on the social and structural environment that affects the population, and not just on individual behaviour change. And the strategy aimed and has been working to develop a strong and vibrant behavioural and social science community, and integrated transdisciplinary approaches have been key to this.

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Priority Theme	Examples of Actions
Evidence and theory	Call for case studies and share on knowledge hubs Funding for trials such as the LGA behavioural insights programme
Wider system leadership	Continue work to embed behavioural science into MECC
Access to expertise	Contact directory of behavioural science experts and public health professionals  bsphn.org.uk
Tools and resources	Guidance for local public health commissioners 
Capacity building	<ul style="list-style-type: none"> • Guide to employing behavioural & social scientists in public health with template JD • Behaviour Change Framework and toolkit NHS Health Education England  bsphn.org.uk 
Research and translation	Continue to embed in various research funding streams
Communities of practice	Create online forum with resources and tools  bsphn.org.uk

Dr. Tim Chadborn: It provided a bit of a road map. We had eight priority themes that we had identified that were needed to support the system to better use behavioural science. Some of the actions or products are there on the right-hand side of the table, and just to identify a few of those, the Behavioural Science and Public Health Network has been developing a contact directory of behavioural science experts and public health professionals to meet that need of where to access expertise.

The EQUIP project led by Coventry University has been developing guides for local public health commissioners. Health Education England has been developing a Behaviour Change Development Framework and toolkit, and the Behavioural Science and Public Health Network has been developing, or will be developing, a guide to employing behavioural

and social scientists in public health. And finally there is also an online forum for resources and tools.

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The Guide: Development and Content
Professor Susan Michie & Professor Robert West

Dr. Tim Chadborn: So a number of products are coming out to meet those needs that we identified and that just hopefully provides you with a little bit of a context for this piece of work and this guide, hopefully helping to meet some of that need for local public health and other local organisations in terms of actually accessing evidence-based theory and guidance for implementing behavioural science and behaviour change in your local areas.

So with that I'm very much excited to hand over to Professor Susan Michie who's going to take us through the next set of slides.

Understanding and changing behaviour

- Increasing recognition that human behaviour lies at the heart of national **Government** and **Local Authority** policies aimed at
 1. promoting good health and well-being in the population
 2. preventing and managing ill-health
 3. delivering high-quality, evidence-based and equitable services
- Generally recognised need to factor in behaviour in **designing, implementing and evaluating policies and interventions** amongst policy-makers and planners
- Also a **need for tools** to support this work

Professor Susan Michie: Thank you I hope you can hear me now, fantastic. The background to this guide is that there's increasing recognition that human behaviour lies at the heart of national government and local authority policies that are aimed at promoting good health and wellbeing in the population, also preventing and managing ill health, and delivering high-quality evidence-based and equitable services. So as well as needing to factor behaviour into designing, implementing and evaluating policies and interventions amongst policymakers and planners, we also need tools to support this work.

Frameworks

- Working with the Dept of Health, policy-makers expressed a desire for a framework they could use that was
 - **comprehensive, coherent** and **useable** by a wide range of people
- Conducted a systematic review of frameworks of behaviour change that covered many domains
 - e.g. culture change, social marketing and the environment
- Identified **19 frameworks**
 - None comprehensive on their own
 - Considerable overlap between them
 - Two levels – interventions and supporting policies

Professor Susan Michie: For many years I worked with the Department of Health, and indeed I'm currently with the Department of Health and Social Care in the Behavioural Sciences Policy Research unit. I worked with policy makers who expressed a desire for a framework they could use but one that was comprehensive, (many of the ones they came across were partial), that was coherent, and very importantly was usable by a wide range of people.

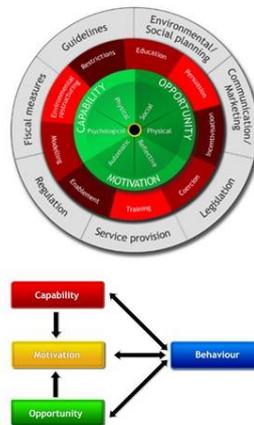
So I set about looking to see whether such a framework existed and conducted a systematic review of behaviour change across many domains including culture change, environmental change, social marketing etc. And I identified 19 and noticed a couple of things: that none were actually comprehensive and also there was considerable

overlap between them. And what were in those frameworks could generally be thought of at two levels: direct interventions, but also the longer-term and higher-level policies that support those interventions.

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Bringing frameworks together

- Synthesis of 19 frameworks:
[Behaviour Change Wheel](#)
- Linked to the simplest but comprehensive model of behavior change: [COM-B](#)



Professor Susan Michie: So it made sense to bring those together into one framework synthesising the 19 frameworks. And we did this and presented it, as you can see, as what we would call the Behaviour Change Wheel.

The red rim round the wheel are nine different intervention types, very broad intervention types, and the grey outer wheel, or rim, is our seven policy options supporting those. And in the middle, we put what is the simplest but also a comprehensive model of behaviour, which we called COM-B, on the basis that the three general influences on behaviour that

needed to be in place if behaviour is to happen are Capability, (people need the psychological and the physical capability), they also need the Motivation to enact the behaviour, and importantly they need the Opportunity (so both the physical but also the social opportunity) to enact the behaviour. So this model is very much behaviour in its context, and as you can see, it's in itself a little system so that these influences interact with each other to bring about behaviour.

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Training and BCW Guide

- Extensively used, Centre for Behaviour Change not able to keep up with demand for training workshops, so www.behaviourchangewheel.com



Professor Susan Michie: And we find that this tool was very extensively used both in the UK but also internationally and we were a small group at the Centre for Behaviour Change. We used to run workshops just for this, to understand and implement it, but the demand far outstripped what we could offer, and so we put together a lot of our materials into a guide.

However there was a real need for people working on the frontline, busy everyday jobs, that didn't have time to read the book, to have a much shorter much more streamlined guide with case studies that illustrated the application of it to their own worlds of work.

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Briefer Guide commissioned by PHE

Achieving Behaviour Change
A guide for local government

Achieving Behaviour Change
A guide for national government

- Written for a wide range of audiences
 - with stakeholder and PHE feedback (Anna Sallis and Tim Chadborn)
- Case studies relevant to local and national government respectively



Professor Susan Michie: Public Health England therefore commissioned the Centre for Behaviour Change to produce two guides: one for local government and one for national government, and we've written it for a very wide range of audiences and are very grateful to all the stakeholder feedback, and feedback from Public Health England from both Anna Sallis and Tim Chadborn. And the case studies were given to us by the network of people we work with, so we're very grateful for that.

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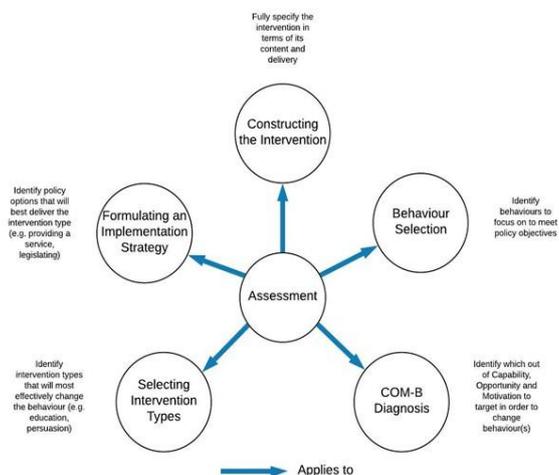
The Writing Team

- Prof Robert West 
- Prof Susan Michie 
- Dr Paul Chadwick 
- Dr Lou Atkins 
- Dr Fabi Lorencatto 

Professor Susan Michie: And finally in the next slide I'm going to present the writing team, so both Robert and I, as Tim mentioned, but also importantly Paul Chadwick, Lou Atkins and Fabi Lorencatto who are all colleagues at the Centre for Behaviour Change.

So that's something about the background to it, why we did it, and why this brief guide has been commissioned, and now I'll hand over to Robert West to take you through what's actually in the guide. Thank you.

Processes involved in developing behaviour change interventions



1. Develop interventions from scratch
2. Build on or modify existing interventions
3. Choose from existing or proposed interventions

Professor Robert West: Thanks very much Susan and so if you could just go to the next slide I'll start to do that. So the book that Susan refers to obviously has a lot of stuff in it and I think what a lot of people found is that it's quite a lot to get your teeth into, in particular if you're not an expert or specialist in the area. And so what we've tried to do with this guide is to distill the key elements in a way that hopefully, even if one isn't a behavioural scientist, one can understand the principles and work with them. But ultimately, as with any area of expertise, it is good to have an expert involved in the process.

So what this slide shows is an attempt to capture the six key processes that need to be undertaken in order to arrive at an effective intervention, recognising that there are three main use cases for this kind of

approach. One of them, which is the kind that is emphasised in the Behaviour Change Wheel book, is if you're starting from scratch, you've got a blank sheet of paper, and you need to develop an intervention to solve a particular problem.

But of course many people working in local government, central government or other sorts of practitioners are not starting with a blank sheet of paper, they've already got interventions that they may either want to decide whether to continue with, or they need to modify it in some way because it's changing context, or they've got an intervention that is working in one area and they want to apply it to a related area, so they're not starting with a blank sheet of paper - that's the second use case.

And in the third use case, quite often you may be in a situation where you're commissioning a service which involves behaviour change, or someone's coming to you with an idea and what you want to be able to do is to say which of these approaches that's being put forward to us or that are being proposed is the one that's most likely to deliver what we want. So those are the three main use cases that we see.

The six processes that are involved you can see on the screen. At the heart of the process is assessment and I'm going to go through each of these six processes in order, but one of the reasons why they are presented in this way as a sort of hub and spoke model is that assessment really applies to every part of the rest of the process, whether it's the initial coming up with the idea, all the way through to constructing the intervention and eventually delivering it. So I'm going to talk about assessment first.

Then if you were starting from scratch, one of the things you would do, very importantly, is to identify the behaviour. Now that seems like a really simple task, how hard can that be? Actually it turns out to be a really crucial task and by no means obvious.

Another part of the process that Susan alluded to is what we call a COM-B diagnosis - that's to say working out what needs to change in the system for the required behaviour to occur, and the COM-B model breaks this down to Capability, Opportunity and Motivation.

Now having got a COM-B diagnosis, you then can go and say, "well, what kind of intervention is going to be most relevant in our case in order

to be able to achieve that change?" - that's the selecting the intervention type.

Then you have the strategic issue of formulating an intervention strategy, which if you were going sort of clockwise around this thing, this would be in the top left quadrant here. And it's really important to separate out the kind of intervention content that you're interested in from the strategy, and I'll show you why in a minute.

And then you've got to build the intervention, whether it's an app or whether it's a service or whether it's a piece of legislation or some other kind of policy you've got to build the details of it. Now I'm just going to go through each of those six processes very briefly before handing over to the next speaker.

Assessment

Evaluating the appropriateness of existing or proposed interventions in terms of the 'APEASE' criteria:

Acceptability

Practicability

Effectiveness

Affordability

Side-effects

Equity

Professor Robert West: We'll start with the assessment. How do we go about assessing interventions? So one of the key insights that we try to put across in this guide is that although it's very natural to focus on effectiveness, that is only one of the criteria which we have to use when we're determining whether or not to go ahead with an intervention or an intervention concept. The others are Acceptability, Practicability, obviously Effectiveness (which would include cost effectiveness, and also includes reach, so we're really talking about the overall impact in achieving the goals that we're setting out for ourselves within the population that we're interested in), then the fourth one is Affordability (can it be delivered to scale with the budget that we are interested in or we have available to us?) and then the fifth one is Side effects, (which can also be thought of as spillover effects, because they could be

positive or negative; obviously if you've got a drug intervention we talk about side effects but it's very important when you're designing behaviour change interventions to think - what other consequences are there going to be down the line for this intervention?) and then last, but very much not least, we have the issue of Equity - is this going to increase or decrease inequalities in our society? So you apply all of those criteria and the guide goes through these in some detail so that you can see how it can be done.

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APEASE grid example						
Options for reducing adult obesity in a Local Authority						
Option	Acceptability (0 to 10)	Practicability (0 to 10)	Effectiveness (0 to 10)	Affordability (0-10)	Spillover (-5 to +5)	Equity (-5 to +5)
Weight management service	7	7	3	5	0	+2
Subsidised gym membership	3	6	1	4	+1	+2
Healthy meals media campaign	7	8	2	3	0	+2

Professor Robert West: If you go to the next slide you'll see an example of how it might work in a very simplified situation. Let's say your target is to reduce adult obesity in your area and your local authority, and there are a number of different ways in which you can do it but you're considering three possible options.

One would be setting up a weight management service (or continuing to fund one if you already have one), one might be subsidised gym membership which you might make available to target groups for example, another one might be a healthy meals media campaign that you would launch through local papers, local radio, through various other sources.

So the point here is we are applying the APEASE criteria not to fully fledged interventions, but right at the beginning of the process, to the concept, and even at this stage before we've even decided what behaviours we're going to be looking at, because as you can see a weight management service might look at diet and exercise behaviours, gym membership might be focusing on exercise, and healthy meals is obviously focusing primarily on diet.

Now what you would do (and we've done this in London for identifying high-priority areas to look at for a pan-London smoking cessation programme) is you take each of these and you use whatever resources you have available to you, whether it's literature reviews, whether it's direct evidence, whether sometimes all you've got is local knowledge or discussion, or you may commission some research, whatever your

resources are available, to quantify or semi-quantify where each option lies on these.

And so you can see on the example you've got Acceptability, which you could rate from nought to ten - there are lots of different ways of doing this, this is really just to structure thinking in this area. You can see that when we're looking at Spillover effects we're looking at minus five to plus five because we want to take account of the fact that there may be negative or positive ones, and ditto with Equity where it's a bidirectional thing.

And just for the sake of argument, what might happen here is you pull together the evidence, you get an expert group where you get people in a room... each one might independently use whatever their knowledge base is to come up with a sort of broad brush figure for this.

And then what we did in the London programme is we actually just looked to see what the consensus was, where the areas of uncertainty were and sort of totted up the scores, and what was really interesting about it was it's not going to give you the absolute fine-grained answer because a lot of these things, of course, are going to be subject to uncertainty or differences of opinion. But it very quickly shows you

which are the “no-hopers”, which are the ones that you know, really, “this is not going to have enough impact” or “this one is going to have lots of impact if only we could do it, but seriously it's not affordable or it's not going to be practicable with the resources that we've got available”, for example. So that just gives you an example of how it might work, and there are other examples in the guide.

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Behaviour selection

Identifying and selecting behaviours to focus on in order to achieve policy objectives: what, who, where, when, how long?

Target behaviours
Other behaviours

Professor Robert West: So that's the assessment process which as I say, that structured process could be applied all the way through the development and implementation of the intervention, and one of the reasons why you want to do that is because you may start with a concept and you may decide halfway through or at a fairly early stage of that concept that it actually isn't going to run. New information becomes

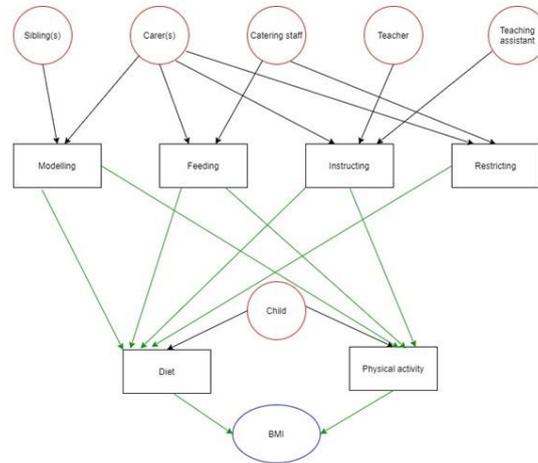
available where you will actually think “this particular thing is not going anywhere, we need to have a rethink about it”.

Or you make it all the way to the end and do a randomised controlled trial or some very formal evaluation which can give you information that's much more detailed on what you've developed.

Right, now let's look at the other five key processes here. The first one is behaviour selection and in some cases it is pretty obvious, in other cases it's very far from obvious. What you're trying to decide is the classic questions of who needs to do what, where, when, and even for how long, but you've also got to think not only about the behaviour you're interested in, for example you're going to the gym, or increase walking or whatever it might be, but also about other behaviours that could impact on that, so if you go to the next slide...

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Simple systems map using draw.io



Professor Robert West: What we're recommending in in the guide is, (and I've just used a simple program draw.io to do this because it's free, we tend to use Lucidchart which for large-scale use you have to pay for but it's a bit more powerful, but you could do it on a piece of paper or a flip chart with patterns and so on) but essentially the key is to identify certain things like who are the people who are involved in this behaviour?

Let's say in this particular case that you're trying to change the BMI of children in a particular school. And they could do this by increasing their physical activity, they could do this by changing their diet. So some of these lines, the green ones are, influence type relationships. The black lines are property type relationships. So you've got the child, they may

change diet, increase physical activity, change BMI. What you can see here is that there are lots of other actors in this situation who may be playing a role.

Now what it helps you to do when you do this is to say - well, where are the key levers? What's the thing that's going to make the most difference, that is most practicable that's affordable etc. in order to achieve our objective? So you draw this kind of simple systems map. It doesn't have to be fancy, although obviously the more informed it is, the better. If you go on to the next slide...

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COM-B diagnosis

Working out what will most likely bring about the desired behaviour in terms of changes in the target group's:

Capability
Opportunity
Motivation

Professor Robert West: So once you decide on whose behaviour you're going to target and what kind of behaviour it is, then then you go onto what Susan was talking about which is this COM-B diagnosis, and

you start with the basic, very fundamental principle of any behaviour which is that in order for behaviours to occur, those people who are involved have to have all three of the Capability, the Opportunity (which is the environment in which they are sitting), and the Motivation to be able to do it, and if any of those is missing it won't occur. And so the target here is to see which of these (it may be all three, it may be one, it may be another) is going to give us the best options of enabling and motivating and giving the right opportunity for this behaviour to occur, so you do that COM-B diagnosis, and the guide tells you how to do that.

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Selecting intervention types

Identifying the broad types of intervention matched to the COM-B diagnosis:

- Education
- Persuasion
- Incentivisation
- Coercion
- Training
- Environmental restructuring
- Modelling
- Enablement

Professor Robert West: Having identified where you want to make your change (for example, is it the case that all you need to do is to increase someone's Motivation because everything else is in place? Or that, what you need to do actually, Motivation is already there, it's the Capability

that's the problem, you need to help to build their skills or build their knowledge base in order to do it?), once you've decided that, then you move on to the next stage in which you're looking at the intervention types, and that's what Susan was talking about when she was talking about the red inner or middle ring of the Behaviour Change Wheel. And there's a mapping (it's a rough mapping, none of these things are set in stone, each situation may be different) but we provide an indication in the guide as to which of the COM-B elements fits better on to the kind of intervention type that you're going to use, whether it's Education, Persuasion, Incentivisation, Coercion and so on.

A word of warning about the terms that we're using – we're using those terms in a somewhat sort of technical way, so you have to look at the guide to make sure that you understand it. So, for example Coercion, it's not about physically forcing people to do something, it's about the kind of punishment and avoidance learning that you might put in place, or the threat of it, or the promise of it. Whereas Incentivisation is very much about providing positive incentives in order to do things and sometimes one is going to be appropriate and sometimes others.

And this is intended to cover the full gamut of those different types of broad approaches you might be doing, so at this stage you're not fine-

tuning your intervention, you're just getting “what is the broad area that we want to be working in?” and sort of tick off which of these you think is going to work. Having done that you then go onto the stage which is the strategy of how are you going to deliver that.

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Formulating an intervention strategy

Choosing how to deliver interventions using:

- Guidelines
- Legislation
- Service Provision
- Fiscal Measures
- Environmental/social Planning
- Communications and Marketing
- Restriction
- Regulation

Professor Robert West: So for example let's say that you feel that what you need to do is better Persuasion, that is get people to feel differently about things in order to try and influence their behaviour. You can do that in many different ways, you could produce Guidelines, you could provide a service (Service Provision) for example, or you could use an existing service with health care professionals in order to deliver that persuasive Communication, and in smoking cessation there's a classic example where you've got potentially GPs, practice nurses, other healthcare professionals delivering brief advice, which is a form of

Persuasion in many cases, or you could use mass media, or you could ideally have these things working in concert with each other so they reinforce each other.

So Guidelines, Legislation, you can provide a service, if you're in central government or if you've got some opportunity to take Fiscal policies through taxation through, that kind of thing then you could try that, Environmental and Social Planning, obviously you've got town planning, you've got a whole range of different ways in which you can change people's environments, you've got your Marketing campaigns, you could introduce Restrictions short of legislation, and you can Regulate so those are all the different ways in which you might deliver it and the guide gives you mapping as to which of these is most likely to be relevant for what kind of intervention type.

Constructing the intervention

Deciding the details of the intervention content and delivery:

Content: Behaviour Change Techniques

Delivery: Source, Mode, Schedule

Professor Robert West: And then finally you've got to the point, now you've got the details of the intervention that you need to put together, whether it's an app or whether it's a leaflet or whether it's a service or whatever, and you can divide this detail into two components - the content (which is what we call the behaviour change techniques, the specific kind of things that you want to include in the intervention) but of course there are many different ways of delivering that. And you've got different sources (should it be coming from this source, should it be coming from a GP, should it be coming from a practice nurse, or midwife, should it be delivered through a Public Health England document?), you've got the mode of delivery which would be in person, face to face, group, again through social media and so on, and then you've got the schedule of delivery - is it a one-off, is it something you

want to do over a period of time and so on. So what this does is it gives you the structure that helps you to think about all these different types of things.

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Intervention content	
Normal	We do things that we see being done and approved of by people with whom we identify
Easy	We do things if they are simple, within our capabilities and require little by way of resources, time or effort
Attractive	We do things if we think they will be enjoyable, serve a purpose or avoid something bad happening
Routine	We do things if they are part of our routine so we don't have to think about them

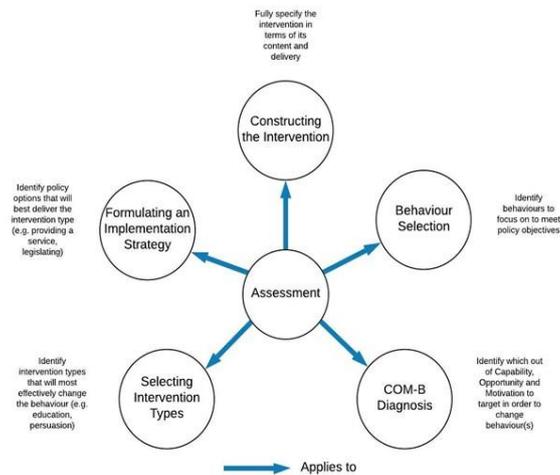
Professor Robert West: What we do in the guide is to wrap this up into a relatively simple framework. Now many of you will be familiar with the EAST framework or MINDSPACE - this isn't that different but the key difference for this framework, which is called NEAR, is that it is specifically linked to all the content that I've said before, so it gives you an idea about which of these you're trying to apply in order to achieve your goal, and it probably makes a lot of sense to you - is it Normal, is it Easy, Attractive, Routine? You've got to try and make it all of those things.

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Intervention delivery	
Source	Who is delivering the intervention? (e.g. PHE)
Mode	The channel through which the intervention is being delivered (e.g. face-to-face, letter)
Schedule	Timing of the intervention and components (e.g. start point, frequency of contact)

Professor Robert West: And then when it comes to the delivery we've got to think about who the source is, who's delivering it should be a credible source, it should be a trusted source or authoritative source, that kind of thing, what channel is most relevant and particularly cost-effective and when is it best to do it? Do you want to frontload the intervention or do you want to spread it out over time?

Back to the overall plan



1. Not a substitute for specific expertise
2. A structured way of applying that expertise

Professor Robert West: And then just pulling it back all together and to make a couple of key points – one is this guide is not a substitute for topic-specific expertise because there's no substitute for that. What it is, is a way of helping you if you've got that expertise or access to it, to structure the way that you develop and evaluate interventions so that you cover all the bases and make sure that stuff doesn't get forgotten about, and then it's done in ideally the most efficient and economic way possible. So that's all I've got to say and now I will hand over to Michelle.

Slide 26

Reflections from a Local Government Perspective

Michelle Constable
Head of Behaviour Change Unit, HCC
Chair Elect – Behavioural Science and Public Health Network

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Slide 27

Challenges and goals in LAs

- Increasing demands on services
- Budgets being squeezed
- Resources declining
- Ageing population
- Environmental issues
- Increasingly diverse population
- Increasing uncertainty - Brexit??
- Outcomes often rely on people changing their behaviour:
 - Residents
 - Staff
 - Partner organisations
 - Stakeholders

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Dr. Michelle Constable: The remit of local authorities is very broad and we are working at a time of increased pressures and limited resources. We have a legal responsibility to use our resources and funding in the most effective way, which is actually written into law for local

government. Many of our aspirations and strategic aims rely on people changing their behaviour, and typically when we think about behaviour change, we think of residents, so we might think of recycling behaviours or reducing water consumption. However we also might need to focus on our staff or the partners that we're working with. We might want to increase integrated working between teams. Behavioural science could be applied to each of these areas to support this work.

Slide 28

The role of Behavioural Science

- Can support the delivery of effective and efficient services/workstreams
- Behavioural aspects sometimes overlooked
- Behavioural Science as a complementary skill set/evidence base
- Low levels of skills and confidence
- BCW offers useful, practical tools for LA Officers

Dr. Michelle Constable: There's a huge opportunity to embed behavioural science across the system, to enhance and support local authorities to deliver effective and efficient services. When we're developing programmes of work, we're very good at drawing together a range of evidence, so we might use the JSNA, Epidemiology, what's worked in other organisations and programme evaluations.

However behavioural science and behavioural aspects of programmes can be overlooked. Sometimes our interventions don't work because we don't explore what influences people's behaviour or use good frameworks to design appropriate interventions, and that runs the risk of jumping to conclusions about solutions. By taking a behaviourally informed approach we enhance the chance of success as we're taking into account how people behave in a given situation, as well as the barriers and facilitators to them carrying out what we're actually asking them to do, what we want to achieve.

There are some excellent examples of behavioural science being applied in local authorities across the country, but I've been having a number of conversations with local authority officers since the launch of the strategy, and the feedback that I've received is that people don't have the confidence to apply these skills in practice.

The ABC guide aims to fill that gap by offering an evidence- and theory-based framework to understand behaviour and links that explicitly to intervention design. It provides a useful and practical approach to embedding behavioural science in practice to maximise efficiency, equity and effectiveness.



Dr. Michelle Constable: Since the launch of the Behavioural and Social Science strategy, there's been a growing interest and momentum around the application of behavioural science, and different approaches have been taken around the country in how we go about applying this. In some areas, Behaviour Change Leads have been recruited, and in other areas there are teams of behaviour change specialists. I'd like to share with you the approach that we've taken in Hertfordshire, and just some of the work that we've been involved in.

Areas of application

- Behaviour Change Unit
- A formal enabling programme in corporate transformation
- Campaigns - e.g. It's never too late to be active
- Intervention development – Cross directorate approach - BCW consulting model
- Light touch consultancy – advice and support
- Training of front line staff: LA Teams, Primary Care, Partner orgs.
- Competency frameworks

Dr. Michelle Constable: In Hertfordshire, we recognise that in order to create a meaningful change we would need a team to support embedding behavioural science across the organisation. We're working across directorates, supporting a range of projects including fostering, SEND, use of recycling centres, as well as working with our adult care services.

We're an enabling programme for the wider transformation programme of work, and fundamentally we're using the Behaviour Change Wheel as our consultancy model. We're using this to understand the behavioural aspects of the issues that we're trying to work with, to identify which parts of the system we should be targeting, and developing interventions based on this work.

We've worked closely with our Comms team to develop campaigns, as well as working with colleagues across the organisation on specific pieces of work, as well as giving light-touch advice and support to colleagues across the organisation.

We've delivered a range of training to organisations using COM-B to help front line staff consider key components of behaviour change in their practice as well as developing competency frameworks to support this. The support for the team within Hertfordshire and the use of behaviour change has been very well received as a way of approaching this work. It is early days and the interest continues to grow and we're now creating a pipeline of work to be taken forward over the coming months.

Slide 31

Behavioural science in practice:
It's never too late to be active



IT'S NEVER TOO LATE
TO BE ACTIVE

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Hertfordshire
Year of Physical Activity 2018

Hertfordshire

Hertfordshire

Dr. Michelle Constable: The Behaviour Change Wheel can be applied to different types of work that we're involved in. It can be used for intervention development, it can be used for reviewing existing programmes and services but I wanted to briefly share one example where we've used it in a campaign that was called "It's Never Too Late To Be Active."

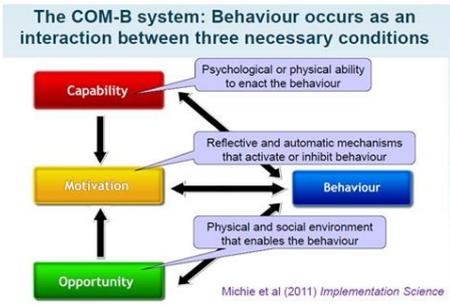
The programme aimed to move inactive older adults to performing some physical activity, and those who are doing some physical activity to move them nearer to the national guidelines.

Behavioural science



- COM-B model of behaviour change (Michie, 2011)
- Focus group
- Identify key behaviour change techniques (BCTs):
 - action planning
 - graded tasks
 - prompts and cues
 - behavioural practice/rehearsal (Howlett et al., 2018)
- Embedding and mapping key BCTs in campaign resources, website, messaging and training

The COM-B system: Behaviour occurs as an interaction between three necessary conditions



Michie et al (2011) Implementation Science

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Dr. Michelle Constable: There isn't time to go into any detail but we embedded behavioural science in all aspects of the campaign. The COM-B model was used to understand the barriers and facilitators to physical activity, and it was mapped across the resources to ensure that we took a comprehensive approach, so thinking about Capability, Opportunity and Motivation within the work.

We used the behavioural science evidence base to identify key behaviour change techniques and these were embedded in resources, messaging and training.

Findings



- 3649 registrations - 68% were aged 55+
- 74% who signed up for motivational messaging found it useful
- 8% post intervention surveys completed
- No activity to >30 mins = 93.3%
- <90 mins to > 90 mins = 78.6%
- 51.5% of participants met or exceeded their physical activity goals

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Dr. Michelle Constable: Some of the findings are on screen for you but suffice to say that the campaign exceeded our expectations in terms of engagement, and over 50% of the people who responded at the post-intervention point met their physical activity goals, and we were so pleased with the outcomes that we're now developing this campaign and it will be relaunched in May this year.

Things to consider....

- What are the opportunities to apply behavioural science in your organisation?
- Using the ABC guide to support planning, decision making, and service development
- Use a broad evidence base including behavioural science
- Access expertise where needed, UCL, local universities, Behavioural Science and Public Health Network
- Guidance for LA employers coming soon!

Dr. Michelle Constable: So finally, just some things to consider: I'd ask you to think about what opportunities there are for applying behavioural science within your organisation. I'd encourage you to use the ABC guide to support your planning and programme development so that you can consider the behaviours, the influences on behaviour for the groups that you're actually targeting. This is a new area for many people are working in the public sector and so we're developing guidance for employers to support managers to think about their skills and competencies they might want to think about when they're employing Behaviour Change Leads.

And finally, think about working collaboratively with local experts and academics, consider getting involved in broader networks, such as the

Behavioural Science and Public Health Network to support you to embed behavioural science in your programmes of work

Slide 35



Public Health
England



Achieving behaviour change
A guide for local government and partners
Questions and Panel Discussion

Dr. Tim Chadborn *Public Health England Behavioural Insights*
Prof. Susan Michie *UCL Centre for Behaviour Change*
Prof. Robert West *UCL Centre for Behaviour Change*
Dr. Michelle Constable *Hertfordshire County Council & BSPHN*

Access the guide: bit.ly/abcguide1  #abcguide

Dr. Tim Chadborn: Thank you that was fantastic, thank you Susan, Robert and Michelle, that's great. We have had a number of questions coming in and I'm sure more might follow as we talk.

I'm going to start, if I may, with one probably focused on the tools themselves, so probably direct these to Robert and Susan. How about using the intervention ladder from the Nuffield Council of Bioethics for the policy categories, have you got anything to say about the alignment of those two different frameworks?

Prof. Robert West: Yes, so the Nuffield ladder focuses on a particular dimension of interest which is just the extent to which the interventions are seen as somewhat coercive or reducing someone's agency, and the purpose of it is to help to guide people in terms of the acceptability. So that's the key here, is that the Nuffield ladder is focusing on one aspect of APEASE, which is the acceptability to the key stakeholders and to society at large, and it actually raises, I think, a really useful point about the whole raison d'etre of the Behaviour Change Wheel guide, is that there are lots of these models around, and the TARPARE model as well, which focuses on certain other aspects, there are all these great frameworks but what they do is they focus on certain aspects and if you look at them and compare them with the Behaviour Change Wheel, what you can see is that they don't consider other aspects.

What we tried to do in this guide, and you know it's not an easy task, but is to say “well, what if you only had one model that would cover all of these things including acceptability, effectiveness and so on - what would that model look like?”, so that you've got a one stop shop for this kind of intervention development, so that that's the main difference.

Dr. Tim Chadborn: Fantastic Robert.

Prof. Susan Michie: I'm happy to take another couple of questions that I've seen come in on behaviour change techniques, so one question was about "how do you choose which behaviour change techniques to use in designing an intervention?". If one's taken the strategy we've been outlining, so you've identified one or more types of intervention that are likely to be effective given what needs to change in terms of Motivation and/or Capability and Opportunity, you will then have identified probably quite a large number of behaviour change techniques, because each intervention type has many different types of techniques that could be used - if you think about Persuasion as an intervention type there are many techniques you can use to persuade.

So then the question is - we can't use all the behaviour change techniques in our intervention, we've got a long list here, how do we narrow it down? And I think that's where the APEASE criteria also come in helpful for thinking about which of these techniques is most relevant for your situation; you will be the expert in the population you're targeting, the particular setting that you're involved in, and so you can run through these criteria, and that's a very good way of narrowing down the breadth of behaviour change techniques that you include.

There's another question about behaviour change techniques which was that most interventions have a large number of behaviour change techniques and if one conducts an evaluation and has a result that it was effective to whatever extent it was effective, the question then is “which of those behaviour change techniques are the ones that are doing the work?”, because some may be doing a lot of work and being very effective, some may be doing nothing and others might actually be counterproductive and you might be better off without them there.

There's also the issue of interactions between the behaviour change techniques. There's a very interesting methodology for trying to tease out these techniques, developed by Linda Collins in the states that's referred to as MOST (standing for Multi-phase Optimisation Strategy). What that means is that you basically do a factorial experiment where you think about all the different combinations of behaviour change techniques that there could be that were being effective, and then you just pull out certain ones and the design of your experiment means that you can actually identify which. So theoretically combine clusters of these techniques of the ones that are being effective and which ones aren't. And we use this successfully, the idea of a factorial experiment looking at an alcohol reduction app called Drink Less that Claire Garnett and other colleagues developed at UCL.

Finally I'll just say that in terms of the behaviour change techniques, if you're interested, both on iPhone and on Android, there is an app with all the behaviour change techniques and their definitions and the groupings and we will, in the coming months, also add to that by putting in the intervention type so you can very easily, instead of looking up tables in the guides, you can go from the intervention type to the behaviour change techniques that are likely to be effective.

Because this guide is relatively brief we haven't gone into all that detail, but there is the detail about the behaviour change techniques in the longer guides and one person said "oh, even this guide is too long, we wanted a two-page version of it" - Robert and I have produced some very brief two-page versions covering some of this material which you can find on a website called unlockingbehaviourchange.com.

Dr. Tim Chadborn: Thank you Robert and Susan, that's great you've covered a number of questions there. Just on that last one I'm just going to ask Michelle if she could maybe come in on one of the questions - for people are listening to this later who can't see the questions on the screen, the question was feedback from a colleague in local government who said their colleague had said that as a manager in local government they didn't believe that anyone had the time to or to read or engage with

a guide like this and they need a two-page summary as Susan has said, so I wonder if Michelle, given that you're working in local government yourself, what's your perspective on that?

Dr. Michelle Constable: I think there is a perception that if we are applying behaviour change that we're adding a whole load of work to things and making it more difficult, and as I've said already confidence can be quite low in doing that. I don't think that's necessarily the case and I also think that there is something really important in making sure that we are developing programmes that are really effective, and if we're not thinking about how people are going to behave and interact with that, then actually we are missing a trick and we're running the risk of running programmes that are not as effective as they might have been otherwise.

I would say have a look at the ABC guide, I'd be very happy to speak to colleagues working in local government about the approach that we've taken, and I think that the Behaviour Change Wheel is really flexible and even if you know people, consider how people are interacting, think about COM-B, often that's a big step forward from where we've been in the past.

Dr. Tim Chadborn: So one of the questions linked to that was that changing perspectives or engagement to the use of behaviour change and behavioural science in local government or other organisations is a behaviour change problem in itself, and that's something we've discussed. What can we do, maybe Michelle as well and then maybe Robert and Susan, you might have a perspective - what can we do to change perceptions about the role of behavioural science in our organisations that otherwise might ignore this sort of approach?

Dr. Michelle Constable: I think we need to be sharing best practice, I think we need to be developing really good case studies that evidence how important this is and the difference that it makes, and that actually a lot of this stuff is intuitive, there is a lot of really good work going on in local authorities already, so it's about sharing that, building confidence around this agenda

Dr. Tim Chadborn: Thank you, Robert, Susan, did you want to add?

Prof. Susan Michie: In my experience people use things when they find that they are useful, because then that reinforces their use, so I think the main thing is to provide people with the Opportunity, Capability for doing this and then hopefully the Motivation will come with that, and I think if

people feel that it is too complicated, then find somebody who's already using it, somebody who's been on one of our training courses etc., work alongside them. I think working in pairs or in small teams on things makes it much more rewarding and usually much richer experience.

Prof. Robert West: Yeah and I think one of the things, and Michelle can probably comment on this, but what we've observed in local authorities where they'd get behavioural scientists involved in work that's going on is those people come into huge demand and they become rather like the IT services, everyone wants a piece of them because once you they recognise that they can add value to whatever it is they're doing, whether it's in waste management or whether it's in health, people start to see the value and eventually quite quickly they begin to think "well how on earth did we manage without this?".

Dr. Michelle Constable: I think that's exactly right and speaking on behalf of my own team I know that we've been, in order to meet the demand, we've been running surgeries, so say four hours where people can just drop in and come and speak to us and we weren't sure when we started whether this was going to be a bit of a tumbleweed experiment but actually we are absolutely overflowing with people and the requests are coming in continuously so I think that's absolutely right, people are

really, really interested, they want to learn, they want to use this they see the value of it and it's really just sharing that message.

Dr. Tim Chadborn: Brilliant, thank you we've got about five minutes left, I think one of the important questions to take (and I'm sorry we're not going to be able to take all of them, I know people are messaging and I think that's great that you're sharing some of your own experiences and resources), and I think one of the important questions to take is - when do people who you want to change the behaviour of, so the target population, when do we get them involved in the process?

Prof. Susan Michie: Yes, I think ideally we work with those people right from the beginning, that we should set up partnerships and networks, and always be checking back with the people that we're working, so to speak, for - that we work with instead of for. I think that's for several reasons. One is that the work we do is going to be so much better if we really understand the people and the contexts that we're aiming to enable change with, the other is that when we work in that way we also will make the whole community identify, engage more, and it will be "we are thinking about and addressing problems together" and coming up with solutions, and that will just be so much more enabling for everyone than having parallel streams and then just occasionally you know

dipping in and dipping out. Now having said that, that's a difficult thing to achieve in practice but I think that's what we should be aiming for.

Dr. Tim Chadborn: Fantastic, maybe the last question - there's been a number of questions about some other great resources things like the BASIC framework, Cards for Change developed by Manchester University and a few other things. I know this is, I think I said at the beginning, this is one guide and potentially it could become the first of a set of guidance for local government and other partners and organisations - does anyone have any perspective in terms of keeping it simple for people in terms of the message, versus kind of having a plethora of pieces of guidance, to add a menu of guidance that we make available?

Prof. Susan Michie: Yes I'd like to mention the Cards for Change developed by Jo Hart and Lucy Byrne-Davies at Manchester University that are based on the behaviour change techniques, and they've adapted them for training and they're a small deck of cards, very visually attractive with what the technique is and then how to deliver it in practice, and they're using these cards to help train people all over the world especially in lower and middle-income countries, so I think the more that we can have these tangible tools to support the work that

we're all doing, the better, because otherwise things can seem very abstract.

If people are familiar with the evidence and theory and the way of thinking, but somehow just having either smartphone app or packs of cards make the whole thing come to life and make it much more tractable and tangible to people. So quite a few of us are trying to get resources to develop this further and I think developing resources for people, and again developing them alongside people who want to use those resources will make them as effective as possible, but I think really that's something we should be looking to over the next few years to make our evidence, our theories, the potential we have in behavioural science much more useful and usable by, actually, everybody across society.

Dr. Tim Chadborn: Thank you Susan. Robert and Susan do you have any sort of final brief remarks to make, anything you have noted from the questions being messaged across?

Prof. Robert West: Yes, I think one of the things that's coming up in the questions that we've sort of alluded to but I think it's worth emphasising is around the fact that there are multiple frameworks and that is always

going to be the case, there's always going to be lots of frameworks, and when you're looking at which one to use whether it's EAST or MINDSPACE or TARPARE or any of the others, the key thing to try and bear in mind is to what extent does it cover all of the bases that you need covered? Can it be used in conjunction with another one?

I mean there is a risk that if one has too much stuff out there then one goes for one which looks easiest, even though it might not necessarily deliver, and what we tried to do in this guide, is to pull together the frameworks so it should be possible. And certainly from the ones that we've worked with, we see that that framework fits nicely within because it was used to build the Behaviour Change Wheel process. But there are lots of different perspectives and ultimately it's got to be something that's usable and it's always a tension between how comprehensive you can be and how useful it is, but don't be put off looking at other guides but obviously we think that this one is probably the most comprehensive.

Prof. Susan Michie: Could I just add that all of my work is work in progress and this guide and also work previously has been the result of huge interactions with thousands of people over training courses, over research collaborations etc. and it's really important that we see this as an ongoing process, a collaborative process.

I think in the guide there's an email address for any feedback, if there isn't please do feel free to give me any feedback about the guide because we'll always be bringing out new things, so your feedback about what works, what doesn't, what's missing, what you would like added etc. will be invaluable for future work so keep in touch and it's been great to talk with you, albeit rather remotely today.

Dr. Tim Chadborn: Thanks very much, last couple of minutes so Michelle, last comments from you.

Dr. Michelle Constable: I think that the work that we're doing in local authorities in the public sector relies so heavily on behavioural science of behaviour change, you know that we really, really need to think about this and take it seriously, we need pragmatic approaches to embedding this into the work that we do, so I think guides like this are really, really important. Have a look at it, have a go with it, don't be afraid to try, and actually do think about working with your local academic colleagues, behavioural scientists working in your area, and get involved to talk to other people to share best practice. There's so much good work going on out there, if we can share that and learn from each other then that would be an amazing way forward.

Dr. Tim Chadborn: Brilliant thank you so just a brief comment, there was a question about targeting public health commissioners so that new services are developed using these tools as part of the planning, again I'm just going to mention the EQUIP project led by University of Coventry and University of Hertfordshire, Katherine Brown is doing exactly that with a small commission to support that, working with local government from Public Health England.

There are a few suggestions that I've noted down from the feedback around engaging local authority comms with this, maybe producing basic guides for elected members, and there are a couple of questions around linking to evaluation that we have thought about, we know it's not the focus of this guidance but I think there is a lot of overlap and links between behavioural science, behaviour change and evaluation that we could think about for subsequent guides.

So I just want to wrap up by saying thank you very much everyone for dialing in, huge thanks to Robert and Susan for leading the authoring of the report and sharing this with us today, thanks to Michelle for advising on the report and showing her perspective from local government, thanks to Lucy Porter in my team here at Public Health England for arranging the webinar and sorting it out, and the recording will be

available shortly online. We will email that to everyone who attended or expressed an interest in this and will tweet the link too, we are tweeting around #ABCguide and you can see the link to the guide on the website there so please do share. Thanks very much for attending, I hope you found it very useful, bye for now.