



APPLYING BEHAVIOUR CHANGE THEORIES:

Real World Examples From The Get
Healthy Get Active Projects



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INTRODUCTION

Changing behaviour is crucial in helping inactive people become active, which is why it’s been at the heart of all our Get Healthy Get Active projects

Make no mistake, understanding and influencing people’s behaviour is a challenge – we can all be creatures of habit. But it’s a challenge we believe is worth taking on, because doing so can change individuals, communities and society as a whole.

The retail and health sectors have been using established thinking on why people behave the way they do, how we can change behaviours and how we create and maintain habits, for years.

A lot of this thinking is relevant to the sport and physical activity sector. And growing evidence, alongside understanding from what’s working with our Get Healthy Get Active projects, means we are learning more than ever before about inactive behaviours.

In particular, we have learned a lot about how people want to be engaged and the type of customer experience they’re looking for – information we want to share.

This guide sits alongside our [Tackling Inactivity Design Principles resource](#) and provides information to support partners in implementing principle 2: Use behaviour change theories. It gives an overview of the behaviour change techniques that are being employed by our current Get Healthy Get Active projects to good effect.

The information contained in this guide is intended to support you to:

- Improve the customer journey and experience
- Drive up demand and improve take up for your activities and services
- Improve outcomes for your community and individuals within it
- Support system change
- Potentially increase your income over time.

We'll explore what we mean by behaviour change in the context of inactive people and why it's so important to use these approaches so you're working with human nature, not against it.

These approaches are not a golden ticket to success, but they could help you navigate some of the theories and apply them, maximising what you're doing and its impact on people's lives.

We would recommend that the start point for all behaviour change approaches is to understand:

- The nature of the behaviours that you are trying to change
- The lives, attitudes, beliefs, perceptions and needs of the audience you are wanting to work with
- The customer journey and experience that you want to create to support people to become active.

We don't recommend that you apply the end solutions in this guide as a broad-brush approach. Rather, that you use your local audience insight to identify which will be of most use to you in meeting the needs of your target populations and overcoming the challenges of getting inactive people active.



UNDERSTAND THE COMPLEX NATURE OF INACTIVITY

29% of the adult population are inactive. These are people who don't achieve a total of 30 minutes of at least moderate intensity physical activity in a week. This means they are not undertaking walking, cycling, or any kind of sport or exercise where their heart rate increases and they are mildly out of breath for at least 30 minutes a week. **But there are three distinct behaviours.**

7% (3.1M)

Doing Nothing

(no activity at all in the last 28 days)

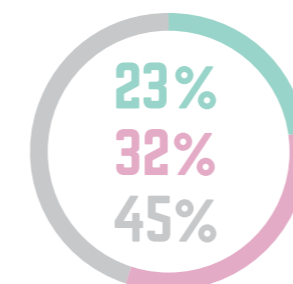
Demographics

Closest fit to inactive stereotype:

- older profile
- over half with a limiting illness/disability
- 58% female / 42% male

Behaviours

- size of this group varies depending on the time of year (8% of the population in winter, 5% in summer).
- a high proportion cite health/disability/injury/age as the main reason for doing less activity



3% (1.4M)

Not Doing Enough

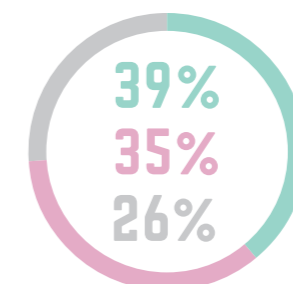
(some moderate activity but less than 30 minutes)

Demographics

- Younger profile than the other inactive groups – most representative of society
- 57% female / 43% male
- 27% have a limiting illness/disability

Behaviours

- Low levels of overall activity (even including light intensity):
- relatively few 'active' sessions in a week and short average duration
- gardening and walking are often the main activities



19% (8.2M)

Missing the Intensity

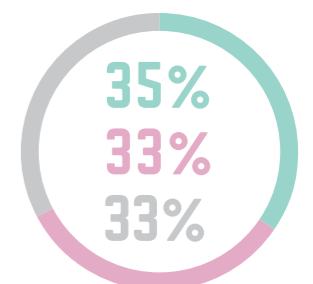
(only light intensity activity in the last 28 days)

Demographics

- 58% female / 42% male
- 22% limiting illness/disability
- more even spread of ages

Behaviours

- The largest group is already quite 'active'
- on average 4.5 hours per week of usually just one lifestyle activity e.g. walking
- For the small number engaged in some sport, it's almost eight hours per week of light activity



Age: ● 16-44 ● 45-64 ● 65+

Different messages and approaches will be needed to successfully target these different behaviours.

Data source: Active People Survey (April 2015 - March 2016)

WHAT DO WE MEAN BY ‘BEHAVIOUR CHANGE’?

Behaviour refers to the way we act or ‘behave’ in any given situation or to any given stimulus.

If you have ever tried to give up a particular habit or start a new one, you will know that it is a journey where we have to make choices about what we will and won’t do regarding our current and future behaviours.

This could affect anything from whether we use a voucher to try a new brand of food, try a new route into work, or to the choices we make about risky behaviours, including those that affect our health and well-being.

We are constantly trying to determine what is best for us based on our reflective (slow or rational) and reflexive (fast or gut reaction) thinking.

Behaviour change is at the forefront of marketing, health promotion and sales approaches across a wide range of sectors.

There appear to be three key ingredients to creating behaviour change:

1. The person’s capability to change
2. The person being given an opportunity to change
3. The person having the motivation to change

These play a factor in many of the behaviour change theories that have been developed.

Behaviour change is at the heart of our Towards an Active Nation 2016-2021 strategy, focusing on the three behavioural challenges set out in diagram 1.

Diagram 1: The Sport England three behavioural challenges and their alignment to the Transtheoretical model of behaviour change



This guide focuses on the learning we have to date from the Get Healthy Get Active projects to support the future delivery of challenge one, tackling inactivity.

WHAT ARE BEHAVIOUR CHANGE THEORIES AND HOW CAN THEY BE APPLIED IN PRACTICE?

A number of theories have been developed to try to explain and make sense of how and why our behaviours change.

Some of the best known theories include *Social Cognitive Theory*, *Theory of reasoned action*, *Self Determination Theory*, the *COM B model* and the *Transtheoretical (stages of change) model*. However, this is not an exhaustive list.

When seeking to change behaviours, it is advisable to use a theory as a guide. The reason for this is that theories are, in themselves, based on evidence. This means that they will steer you towards solutions in a way that gives you greater confidence in their chances of having a successful impact. On top of that, using a theory to shape your ideas introduces rigour into the process, and can help to avoid one of the biggest intervention design mistakes: ‘it seemed like a good idea at the time!’

Many of the Get Healthy Get Active projects utilise behaviour change theories and approaches to generate change in participants. The first example comes from **Macmillan Cancer Support** and the approach and tools they have developed to support people living with cancer to become active. The second example comes from **Leicester-shire and Rutland Sport** who support people from two estates with high health inequalities to get active.

Macmillan Physical Activity Care Pathway

More people are living with and beyond cancer than ever before; however, many are not living well. There is a strong evidence base for the importance of leading an active life during and after cancer. Being active can help in reducing cancer related fatigue, minimise many of the side effects of treatment, and in some cases reduce the chances of recurrence as well as improving quality of life and helping people take back control. Despite this, only 23% of people living with cancer are active to recommended levels.

Macmillan’s Insight

Macmillan’s “*What Motivates People with Cancer to Get Active*” report shows that people living with and beyond cancer have their own unique barriers and motivators to physical activity. However, many are also shared with the general population. Some of these shared motivators take on a greater meaning following a cancer diagnosis, such as spending time with family and friends, increasing their quality of life, proving they still can and staying fit and healthy. Likewise, some of the barriers shared with the general population take on a greater meaning, such as a lack of confidence and motivation, embarrassment and fear, and the need to look after a family member.

There are various drivers of physical activity behaviour in people living with and beyond cancer. If an individual is motivated, confident, focusing on positive achievements and regaining control, with a social network in place, then they are likely to find ways to become active and overcome physical symptoms and limitations in their physical environment. Conversely, if they are not motivated, confident and suffering from anxiety or depression with no social network, even with few physical symptoms, with plenty of opportunities within their physical environment, they are unlikely to become active.

People living with and beyond cancer and their family members need to know that it is safe to become and stay active, at a level that is right for them – listening to their body, starting slowly, building gradually, and planning around treatment cycles and physical limitations. These messages need to come from trusted healthcare professionals. Messages should be delivered sensitively, with useful examples and information, and people should be signposted on for more support in their local area.

People living with cancer want to get support from appropriately trained staff and not fear social stigma. The terminology used when communicating with people living with cancer about physical activity is likely to be important and could affect whether people are engaged or put off. Language could focus on ‘moving more’, ‘increasing everyday activities’ and ‘reducing sedentary time’. Use of the phrase ‘increase physical activity’ could be off-putting for some people who were not engaged in formal exercise or sports before their diagnosis.

Developing the Physical Activity Behaviour Change Care Pathway

Macmillan created a map of all the key stakeholders that might be involved in making a change in the physical activity levels in people living with cancer. A comprehensive description and illustration was created of how and why change is expected within this particular context, across these identified stakeholder groups, including (but not limited to) people living with cancer; their family members, carers and friends; and healthcare professional.

To bring about change, Macmillan created the Physical Activity Behaviour Change Care Pathway, a series of evidenced-based behavioural change interventions, developed following the medical research council’s guidance. Starting in healthcare, Macmillan’s framework helps people with cancer to become active and to stay active at a level that’s right for them, with support provided for at least 12 months.

The evidence reviewed by Macmillan included peer-reviewed articles from the general population, and those with long term conditions and cancer; NICE guidance for physical activity and behaviour change; and learning from the NHS Adult physical activity care pathway (Let’s Get Moving).

The health belief model of behaviour change suggests that a cancer diagnosis might offer a teachable moment in which patients are more receptive to changing lifestyle behaviours. This theory suggests that if someone perceives a threat to their health from a particular condition, that if the benefits of changing their behaviour can help reduce this threat, and that if this change is within their control, then change could occur.

Backed by Macmillan’s insight, which highlighted the importance of advice from a trusted healthcare professional, the first part of the Physical Activity Behaviour Change Care Pathway aimed to capitalise on that teachable moment, making every contact count. This involves changing the behaviour of healthcare professionals towards giving advice on physical activity and signposting onwards for more support.

Macmillan identified that the COM-B model of behaviour change, which suggests that for behaviour change to occur, one needs the capability, opportunity and motivation to do so, had been used in previous interventions to influence the practice of healthcare professionals. A review against the COM-B components confirmed that the following approaches were needed for health professionals to make every contact count:

CAPABILITY:

Health practitioners need the knowledge of what to say, the skills on how to say it and the memory and attention to remember to give very brief advice.

Health practitioners need to understand the importance of physical activity for people living with cancer.

Health practitioner should be aware of the guidelines for physical activity.

OPPORTUNITY:

Health practitioners have limited time and need the resources to hand to signpost on for more support.

Health practitioners need the support of workplace processes and systems.

MOTIVATION:

Health practitioners must believe that this is the right thing to do, that it is within the interests of their patients and have the confidence to deliver advice.

Delivery of very brief advice needed to become a habit and a routine part of consultations.

An intervention was developed to influence these identified areas using the Behaviour Change Wheel, an intervention design framework that matched the COM-B components to relevant intervention functions and policy categories to support intervention development.

The resulting intervention aimed to increase the delivery of very brief advice on physical activity to people living with cancer, signposting on to more intense behavioural change support. This support came in the form of a 30 to 60 minute consultation with a professional trained in physical activity and cancer rehabilitation, and motivational interviewing. This professional supports the cancer survivor to first prepare to become active, then facilitates participation in an activity that they enjoy. Ongoing support is provided by the professional at a level determined by the person living with cancer, with tools and guidance provided to help maintain a change in physical activity behaviour, or indeed overcome a relapse into inactivity. The aim is to support people throughout their stages of change.

The Behaviour Change Techniques Employed

The Macmillan Move More guide was developed to support the delivery of the Macmillan Physical Activity Behaviour Change Care Pathway. This is a printed resource to help people living with and beyond cancer become and stay more active, supported by online tools. The Behaviour Change Technique Taxonomy, a database of behaviour change techniques, was reviewed and behaviour change techniques selected for inclusion in the Move More guide, based on an evaluation of their affordability, practicability, effectiveness, acceptability, side effects and safety, and equity.

Selected behaviour change techniques included:

Setting goals and planning

Monitoring and feedback

Increasing social support

Shaping knowledge

Understanding the consequences of change

Creating a social norm, instructions and demonstrating behaviours

Providing prompts and cues

Making use of a ‘credible source’

Thinking of two possible futures

Using decisional balance tables

Reframing physical activity.

Some of the approaches used are summarised in the table on the next page.

Almost 3,000 people living with and beyond cancer have benefited from the six physical activity behaviour change pathway sites that Sport England has invested in, with almost 2,000 people taking part in more physical activity as a result of the approaches being taken.

“The sooner you start being physically active, the easier it is to cope with the cancer and treatments. It worked for me and gave me a feeling of being in control of my body rather than others taking control. It’s 30 mins of ‘me’ time.”

Participant in the Shropshire Macmillan project who was diagnosed with breast cancer in 2011



Behaviour Change approach	The evidence and delivery techniques.
<p>Training health professionals to advocate the benefits of activity by providing brief or very brief advice to their patients at every opportunity, signposting onwards for more support – making every contact count.</p>	<p>Understanding and building the capability, opportunity and motivation of professionals to advise patients and signpost them on for more support.</p>
<p>An initial consultation with a level four cancer rehabilitation specialist, trained in motivational interviewing.</p>	<p>Following the NICE guidance, deliver a high intensity behaviour change intervention, delivered in a face to face setting lasting 30 to 60 minutes, with multiple sessions delivered if necessary. The techniques used include providing support to set goals and plan, think of possible futures and understand the consequences of change.</p>
<p>Encouragement and support with the completion of the Macmillan Move More guide, a printed resource, tailored e-newsletters, an online forum and access to online case studies.</p>	<p>Developed based upon multiple behaviour change frameworks to improve attitudes towards physical activity; information on others approval, and improving self efficacy, putting change within their control. This approach aims to lead people living with cancer through the stages of change, with behaviour change techniques included to support this process. These include use of a decision balance table, goal setting, use of a diary to monitor achievements, barrier identification and plans to overcome these barriers. The resources available include flyers about popular types of activity and a Move More DVD with gentle activity videos you can do at home. There are also online support tools available. These all help to reframe physical activity and provide credible sources of information.</p>
<p>Regular follow-up sessions over the course of a year that use motivational interviewing techniques to explore wants, needs, perceptions and challenges.</p>	<p>Following NICE guidance by helping people maintain their behaviour change in the long term (more than one year) by ensuring they:</p> <ul style="list-style-type: none"> • receive feedback and monitoring at regular intervals for a minimum of one year after they complete the intervention (the aim is to make sure they can get help if they show any sign of relapse) • have well-rehearsed action plans that they can easily put into practice if they relapse • have thought about how they can make changes to their own immediate physical environment to prevent a relapse • have the social support they need to maintain changes • are helped to develop routines that support the new behaviour. <p>This is delivered either face to face or over the phone, with regular follow-ups tailored to meet the needs of the individual.</p>

Leicester-shire and Rutland Sport's Get Healthy Get into Sport project

Leicester-Shire and Rutland Sport's Get Healthy Get into Sport project utilised the Transtheoretical model of behaviour change alongside insight into the needs of people living in the two socially deprived communities to determine the approaches they took. The project has supported more than 500 people from two estates with high health inequalities to get active. It delivers physical and mental well-being outcomes, alongside individual and community development ones.

This behaviour change model combines elements of many behaviour change theories. It recognises that behaviour change is a journey. That people move through the stages at different paces and that relapsing to an earlier stage is completely normal. The approaches being taken by the project and how they align to the theory are set out on page 14-16.

The project used the learning from previous initiatives, including Food and Activity Buddies, the b-active women programme, the Ride Leicester Neighbourhood cycling model and Leicestershire's Active Together, to develop the Get Healthy Get into Sport approaches.

The Insight Used

- The experience and independent evaluations of some of the aforementioned projects collectively suggest that people who are most inactive and from areas of high deprivation require more personalised buddying support. This is recognised by the Department of Health in their Healthy Foundations segmentation research which asserted that the 'unconfident fatalist' target group require long term relationships to support behaviour change.
- A less restrictive, more open approach to physical activity and sport is important to enable the project to respond to user preference.

- Evidence from local programmes suggests that approximately six 1:1 mentoring sessions is the minimum amount to support those with the greatest need with a high willingness to change, to overcome barriers to participation through additional personalised support. This is flexible depending on the individual's needs though.
- Barriers to sport in these communities included: cost to access opportunities and facilities, having no one to participate with, no initial motivation or confidence to attend mainstream activities and a feeling of limited incentives to getting active. The project seeks to overcome these by promoting low or no cost activities, reductions in costs to access local leisure facilities, including family and friends in the offer and providing a wide range of activities and incentives to help engage people.
- The involvement of families and friends within the sessions is fundamental to engaging the most inactive. By involving people close to those participating, a support network is created that can help keep motivation and participation rates high. By being involved in the sessions, there is a strong chance of changing the behaviours of those in the family also, a continued impact as they share experiences and information with people in their social network.
- Local Experience has highlighted that empowering people to be involved in the design and development of local projects through the formation of local steering groups is a successful approach to embedding and supporting individuals and communities to continue with behaviour change in the longer term.

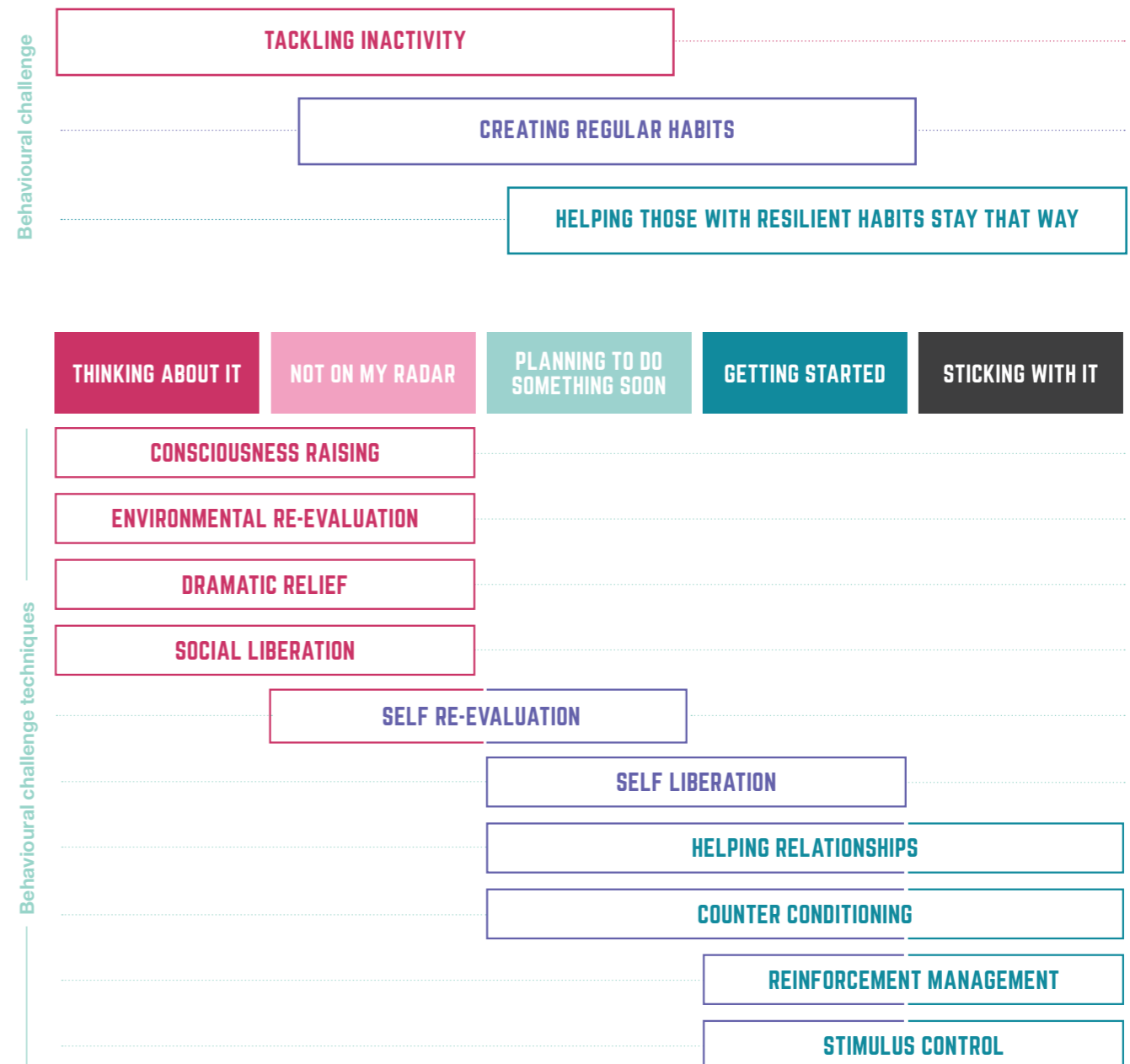
This insight has been used to develop the solutions to the inactive behaviours found in the two estates that the project is working in.

The diagram below sets out the stages of change that feature in the Transtheoretical model of behaviour change and its alignment to the behavioural challenges that Sport England is seeking to influence with its partners. The diagram also sets out the

behaviour change techniques that can be employed to move people through the stages of change.

A full description of these techniques and examples of how these have been employed through the Leicester-Shire and Rutland Get Healthy Get into Sport project are detailed in the table that follows overleaf.

Diagram 2: The Transtheoretical model of behaviour change, its alignment to the Sport England behavioural challenges and the behaviour change techniques that are employed to move people through the stages of change.



Technique	What it means	How this has been delivered by Leicester-Shire and Rutland Sport's Get Healthy Get into Sport project
Consciousness Raising	Get and promote the facts	The project marketing focuses on connecting with its audience's identity and the benefits they are interested in. This may be a healthy way to spend time with family, de-stress after work, a bit of me time etc., thereby creating salient communications to those it is trying to attract. People taking part in the project can access up to six mentoring sessions with health mentors who provide support to make a plan for those who want to get active. This includes providing information on the benefits of physical activity.
Environmental Re-evaluation	Notice the effect your behaviour has on others	The health mentors use motivational interviewing approaches to help people recognise the impact of their inactivity on themselves and others, such as family, friends and colleagues. They also provide support in determining what the benefits of them adopting an active lifestyle would be.
Dramatic Relief	Pay attention to feelings and emotions	The health mentors recognise the fear and anxiety that may come with change and the project looks to create new social norms for people by providing socially focused activity opportunities. The mentors support people to explore what to expect from the changes they are making to aid motivation. The project champions who volunteer, and in some cases lead sessions, also understand these feelings of anxiety and lack of confidence and provide support to overcome these. They are people who have either been through the programme or who are from the local area and want to support people in their community to get active. These approaches are all designed to inspire people and to support them in creating new social networks and norms that will aid their behaviour change.
Social Liberation	Notice public support	The project uses social networks and social media to highlight that people like them are benefiting from the projects activities. Photos of real people from the two estates the project targets are used in the imagery to encourage people to engage with the experiences that the project offers. People are encouraged to share their experiences and gain support of their family and friends to help them create their new active habits.

Technique	What it means	How this has been delivered by Leicester-Shire and Rutland Sport's Get Healthy Get into Sport project
Self Re-evaluation	Create a new self-image	The health mentors use motivational interviewing approaches during the six mentoring sessions to explore individual's values and help them understand how they would feel if they became more active and how it can help them achieve the things they want. This approach supports them to develop an 'active person' identity, meaning that they are more likely to respond to cues and triggers to be active. Often this means delivering an activity by stealth approach whereby, activity is used to deliver more relevant aims for people such as "more quality time with my family", "some me time after work", "keeping up with the grandkids", "meeting likeminded people to have fun with". The project also uses health champions that have already been through the project as trustworthy role models so that new participants can benefit from real life examples and experiences.
Self Liberation	Make a commitment	The health mentors support people to make a plan, which includes the setting of appropriate, realistic goals for creating their new habits. These goals are written down to help people have clarity on what they want to achieve. People are encouraged to tell others about their goals and commitments to help gain support for what they are doing from friends and family to help them develop their new active habits. This recognises the role that friends and family can play as enablers and supporters of change.
Helping Relationships	Get support	The health mentors provide support to participants to identify who in their family and friendship groups will support them in the changes they are making.
Counter Conditioning	Use substitutes	The health mentors and coaches support participants to find active substitutes for times when inactivity was the previous default as part of the person's plan, and in the delivery of the activity sessions. For example, family time being a bike ride rather than watching a film.

Tecnique	What it means	How this has been delivered by Leicester-Shire and Rutland Sport's Get Healthy Get into Sport project
Reinforcement Management	Use rewards	The project uses intrinsic (looking good and feeling better) and extrinsic (social interaction, incentives) to encourage people to keep up their changed behaviour. For example, participants in the project have been able to access mass participation events with other participants, such as Color Runs and Santa Runs, as an incentive for regular participation in the project's activities. These have proven very popular and aid a feeling of community and supporting people to build their active identity.
Stimulus Control	Manage your environment	As part of the planning support offered by the project's health mentors, people are supported to plan cues and triggers that will help them keep active. This could be as simple as leaving their kit in the car so they are reminded to go to sessions after work, or a text from an activity buddy to remind them of the session tomorrow.

You can access more information about the Transtheoretical model of behaviour change on its dedicated [website](#).

Applying behaviour change theory to session delivery

Understanding the attitudes, perceptions and behaviours of the people that the project is targeting is key to appropriately using the behaviour change techniques already mentioned, alongside others that can help to remove barriers and aid motivation. For instance when developing a specific activity session the project team recognised the role of the geographical comfort zones that people living in the Greenhill area of North West Leicestershire have. Talking to inactive people living in the community quickly identified that whilst there was a high quality local leisure facility within a 20 minute walk of where they lived, those consulted did not perceive it as being for them. It was outside of where they considered their community boundaries to be and was not somewhere they were likely to visit.

A local community centre had previously tried to get some commercial organisations to deliver activity sessions in the area but, due to

low take up and lack of profit potential, these had unfortunately not been embedded into the local offer. However, insight told them that people felt comfortable at the centre.

The project co-ordinator developed a partnership between the local leisure centre staff and the community centre to develop an outreach activity session within the Greenhill Community boundaries. The session has been running for more than 18 months and regularly has 10-12 people taking part.

The good news is that once people have felt more comfortable with being active, the instructors and mentors have been able to stretch their community boundaries to include the local leisure facility and other sporting offers further afield, such as parkruns and Santa Runs. Initially, this is often with the project's mentors providing dedicated support by organising transport and going to activities with them.

The table below summarises the behaviour change intentions and solutions to highlight how behaviour change is being supported:

Behaviour Change Intention	Solution Being Used
Take activity to where people feel most comfortable and in a social comfort zone (remove the hassle factor)	The project co-ordinator developed a partnership between the local leisure centre staff and the community centre to develop an outreach activity session within the Green Hill Community boundaries.
Develop new community physical activity boundaries over time through new social norms within the group	Once people felt more comfortable with being active, the instructors and mentors were able to stretch their community boundaries to include the local leisure facility and other sporting offers further afield, such as parkruns and Santa Runs.
Remove practical barriers when motivation exists	The project's mentors provided dedicated support to people by organising transport and going to activities with them.

TAKING THE FIRST STEPS TOWARDS EMBEDDING BEHAVIOUR CHANGE APPROACHES IN YOUR DELIVERY

If all of this information feels like a lot to take in and you feel that your head is spinning a little with all the ideas you could consider using, don't worry! There is a simple way to think about how you can start on this behaviour change journey. It is helpful to imagine this like a consultation with a doctor:

1. Examine the problem – do a behavioural analysis

- a) Distil the problem into a set of behaviours – e.g.
 - Following retirement, the lack of structure in a person's day may mean that they do not prioritise activity despite seemingly having more time available to them than when they worked full time.
 - Many people with long term conditions are worried that physical activity would exacerbate their condition and is felt to be something in the past for them so they don't see the relevance of getting active.
 - Some inactive people perceive that they are 'active enough' as they are always on the move with kids or job commitments, but the intensity of the activity is not enough to accrue health benefits (i.e. it is low level rather than moderate level intensity).
- b) We know that resources are not infinite and you will need to be realistic about the outcomes that can be achieved. We realise that this is a balancing act. As such it is important to prioritise the behaviours you have identified, taking into account the resources that you have available. You can do this by considering;

- How much the behaviours you have identified can impact on the overall outcomes you want
- How likely you are to be able to change the behaviours based on the resources you have available. This includes thinking about the funding, staff capacity, staff skills and knowledge etc that you have or will need.
- Whether the behaviours are measurable so you will know what scale of change you have achieved.

2. Make a behavioural diagnosis – what is causing the problem?

- Here is where a behaviour change theory or framework comes in handy. It provides you with a lens through which to identify the things you need to address to change the behaviour in question.
- We believe that sensible behaviour change frameworks are those that are easy to understand and explain (because a good theory should be a vehicle to reach quality solutions and not baffle people!). Some of you may already be comfortable with a specific model that works for you and your partners. If you are not familiar with behaviour change models, and you're wondering where to start, we recommend the 'COM - B' model and accompanying 'Behaviour Change Wheel' created by University College London's Centre for Behaviour Change. This is a recent and well evidenced model which helps you to diagnose the problem and design a solution. You can access the [COM-B and Behaviour Change Wheel resources](#) on its dedicated website.

- Clearly define what you understand to be causing the problem.

3. Prescribe a treatment – design an intervention

- a) Identify the potential solutions to overcome the issues you've spotted through diagnosis.
- b) Think broadly about the range of options that you have for intervention – examples from successful Get Healthy Get Active projects are given below.

You do not need to have all of the answers yourself at the outset. The purpose of research is to gather insight from people you want to involve in your sessions/project to arrive at the answers to these questions.



FURTHER EXAMPLES OF HOW GET HEALTHY GET ACTIVE PROJECTS HAVE USED BEHAVIOUR CHANGE THEORIES.

This chapter explores how Get Healthy Get Active have used simple behaviour change techniques and insight to develop and adapt their delivery to meet the needs of their audience, which is something that everyone can do.

Us Mum and Us Mums to Be

Our project with Hull City Council and their partners is making it easy for new mums to get involved in activity by holding some of its sessions alongside Health Visitors weighing sessions at the local children's centre where mums feel comfortable.

Us Mums and Us Mums to Be prompts women to think about their lifestyle and behaviour at this unique stage of life, when they may be responsive to making changes that they feel will benefit their family's health and well-being.

By enabling the babies and young children to be included in the activity sessions, mums do not need to worry about babysitters or paying for crèches, further reducing the hassle

factor to participating, and it stops the mums worrying as they are right there if their baby needs them.

They use This Girl Can approaches with slogans designed to capture the attention of mums and make an emotional connection with them.

The project uses the power of local Mums and Toddler groups and Children's Centres networks to help recruit into sessions, recognising the importance of word-of-mouth in communities.

Family activities also form part of the offer with dads and older children getting involved.

The table below summarises the behaviour change intentions and solutions to highlight how behaviour change is being supported:

Behaviour Change Intention	Solution Being Used
Making an emotional connection	Using This Girl Can-style slogans to capture attention.
Tapping into people's motivations at key transition points	Engaging mums and mums to be at a unique stage in life to make changes that they feel will benefit their family's health and well-being.
Creating the right opportunities in the right environment	Holding some of its activity sessions alongside Health Visitors weighing sessions at the local children's centre where mums feel comfortable.
Social support from wider family	Family activities also form part of the offer with dads and older children getting involved.



Fun & Fit, Active Norfolk

The Fun & Fit Project focuses its attention on the effects of different recruitment methods in supporting inactive people into activity. It will come as no surprise that for many people, sport has a lot of negative baggage.

In Norwich they picked out the most prevalent Sport England market segments and came up with a marketing strategy to effectively target them. For example, Kev is one of the market segments whose primary motivation is to get out and socialise with his mates.

For people like Kev, health is not a motivator at all, and any hard sell around improving health or losing weight would not work at all. We know that Kev likes to get out and have

fun socialising with his mates, so having a go at football again at the local development centre in Norwich was timed to coincide with televised matches. Kev could stay on after the session with his mates and watch football on the big screen whilst having a beer and pie.

As Kev says, he just wants to have a laugh with his mates. With the draw card of the big screen and a chance to socialise afterwards, Kev and his mates now regularly play in their own league.

The table below summarises the behaviour change intentions and solutions to highlight how behaviour change is being supported:

Behaviour Change Intention	Solution Being Used
Harnessing people’s motivations and meeting their needs	Kev likes to get out and have fun socialising with his mates, so having a go at football again at the local development centre in Norwich was timed to coincide with televised matches to meet this need. Kev can stay on after the session with his mates and watch football on the big screen whilst having a beer and pie.
Working with and developing new social norms	As Kev says, he just wants to have a laugh with his mates. With the draw of the big screen and a chance to socialise afterwards, Kev and his mates now regularly play in their own league.

Another example of how insight is driving their project delivery is their approach to supporting inactive people to get into running.

Parkrun is a great example of an accessible community activity. However, the idea of running 5km is a challenge for many people who have been inactive and can be really off-putting. In Norfolk, they are changing the way people are introduced to the parkrun experience to make it easier and more fun for inactive people to take part.

They have developed beginner running groups that use the Couch to 5k running app to introduce people to the parkrun.

The beginner runner group meets at 9.45am on a Saturday at the same café in the local

park where parkrun finishes. By meeting at 9.45am they see the later finishers and not the speedy runners who whizz around in 20 minutes. Those finishing between 9.45am and 10am are often walkers, buggy pushers and those with family members supporting them, which provides a nice community feel.

The beginner running group meets every week alongside the parkrunners, gradually building up the amount they run, often interchangeably with walking, up to the 10th week where the entire group then completes the 5km parkrun together.

People report feeling a sense of achievement, well-being and, more importantly, they enjoy being part of a wider social group.

The table below summarises the behaviour change intentions and solutions to highlight how behaviour change is being supported:

Behaviour Change Intention	Solution Being Used
Creating new social norms and using the “someone like me” factor to help inspire and motivate	The beginner runner group meets at 9.45am on a Saturday morning at the same café in the local park where parkrun finishes. By meeting at 9.45am they see the later finishers and not the speedy runners who whizz around in 20 minutes. Those finishing between 9.45am and 10am are often walkers, buggy pushers and those with family members supporting them, which is often a nice community feel.
Chunking goals and building intensity and progression over time	The beginner running group meets every week alongside the parkrunners, gradually building up the amount they run, often interchangeably with walking up to the 10th week where the entire group then completes the 5km parkrun together.
Supporting people to self-monitor and recognise the rewards/benefits of taking part	People report feeling a sense of achievement, well-being and, more importantly, they enjoy being part of a wider social group.

Lancashire Sports Challenge Through Sport Initiative

The Challenge Through Sport initiative in Lancashire works with and through the networks that are supporting people in recovery from drug and alcohol misuse to deliver a sporting offer that meets the needs of this community, helping their recovery journey and long term opportunities.

The project uses the “someone like me” factor by recruiting, training and supporting a range of peer support workers and volunteers who lead the sessions and help people to get involved.

One of the project’s support workers feels that “Being part of the recovery community, I know what they are going through, the challenges they are facing and get where they are coming from.” He believes that he and the other volunteers on the project are “good role models for what getting involved in sport can do for recovery from addiction...We are still recovering ourselves and understand how hard it can be to change things but we are proof that people can do it.”

Each volunteer is supported to have a few people that they look after at sessions. “It starts to feel like a bit of a family...I check up on them, make sure they are OK and have a chat about how things are going. I like feeling like I belong to something and it makes me feel good when that I am doing something good to help others. It is helping me in my recovery too.”

The project aims to provide participants and volunteers alike with the skills required to gain employment. Additionally, it offers a pathway into paid employment via the peer support worker roles involved in the delivery of the project. The support given to the volunteers is a really important part of the project planning, to ensure that their stress is minimised so as not to compromise their own recovery journey.

Participants in the sessions are encouraged to bring their families and friends along to weekly Zumba, walking and orienteering sessions to provide wider social support for the positive changes they are making in theirs and their family’s lives.



The table below summarises the behaviour change intentions and solutions to highlight how behaviour change is being supported:

Behaviour Change Intention	Solution Being Used
Peer support from recovery community – the “someone like me” factor	The project uses the “someone like me” factor by recruiting, training and supporting a range of peer support workers and volunteers who lead the sessions and help people to get involved.
Social support from family and friends	Participants in the sessions are encouraged to bring their families and friends along to weekly Zumba, walking and orienteering sessions to provide wider social support for the positive changes they are making in theirs and their family’s lives.
Personalisation and tailoring of the support offered to support workers and volunteers	The support given to the volunteers and support workers is a really important part of the project planning, to ensure that their stress is minimised so as not to compromise their own recovery journey.

Black Country in Motion

The Black Country in Motion project looks to train up local people to deliver sports sessions in their own terms, in their own community.

This approach is specifically designed to help people get active within their own geographical and social comfort zones. A great example of this in practice was the training and support that was provided to a local lady from Sandwell so that she could deliver exercise to music sessions at her local temple, where other ladies of her faith felt comfortable and at home.

She removed the hassle factor for people and ensured their cultural needs were at the heart of her delivery, from the music she chose to the dance steps used and the way the session was promoted. Ladies at the temple knew and trusted her and this made it easier for them to join in and have fun with family members and friends.

The table below summarises the behaviour change intentions and solutions to highlight how behaviour change is being supported:

Behaviour Change Intention	Solution Being Used
Take activity to where people feel most comfortable and in a social comfort zone (remove the hassle factor)	A local lady from Sandwell received training and support so that she could deliver exercise to music sessions at her local temple, where other ladies of her faith felt comfortable and at home.
Meet cultural identity needs	She ensured their cultural needs were at the heart of her delivery, from the music she chose to the dance steps used and the way the session was promoted.
Peer support and developing new social norms	The lady who was trained was someone that the ladies at the temple knew and trusted. This made it easier for them to join in and have fun with family members and friends.

CONCLUSION

It is hoped that this guide has provided you with some useful insight into how the Get Healthy Get Active projects have used behaviour change approaches to influence their delivery and create significant impacts for the inactive people that they are supporting.

We will continue to learn from the projects as they develop and refine their approaches. This will help us to add to the evidence base for behaviour change approaches to tackle inactivity as we implement our Towards an Active Nation Strategy with partners. We are working on other resources, which will be made available in future, to further demystify behaviour change for the sport and physical activity sector

