NICE National Institute for Health and Care Excellence

NICE Pathways

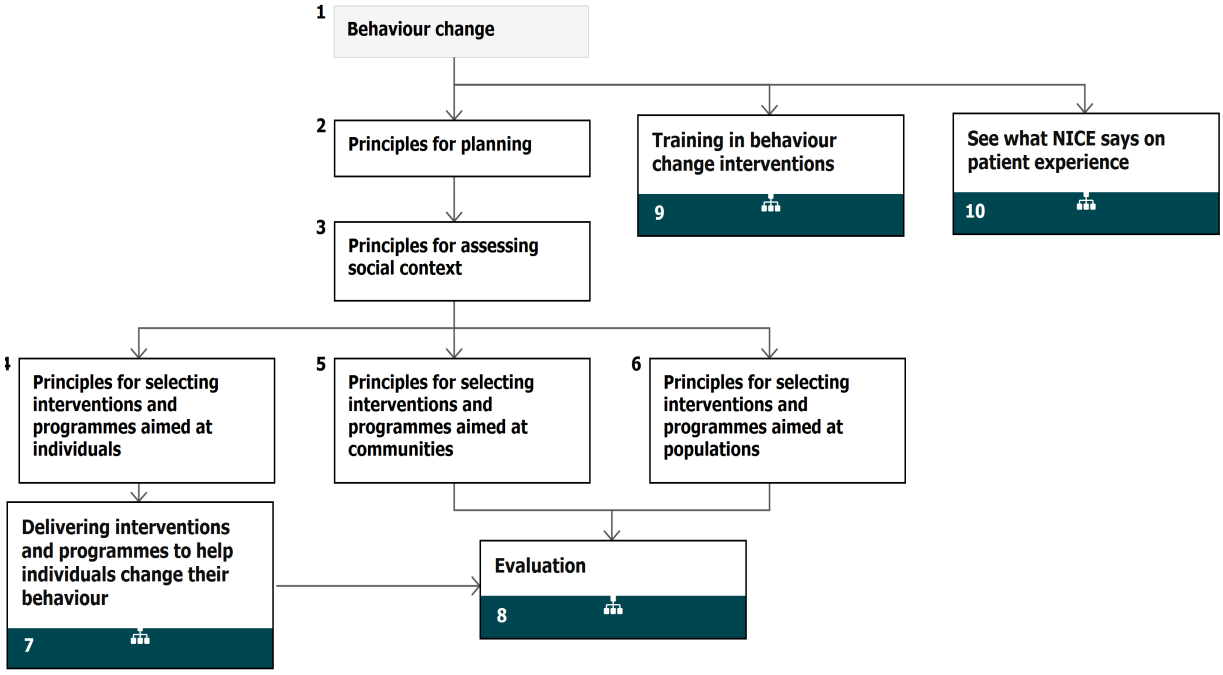
Behaviour change overview

NICE Pathways bring together all NICE guidance, quality standards and other NICE information on a specific topic.

NICE Pathways are interactive and designed to be used online. They are updated regularly as new NICE guidance is published. To view the latest version of this pathway see:

http://pathways.nice.org.uk/pathways/behaviour-change
Pathway last updated: 17 May 2017

This document contains a single pathway diagram and uses numbering to link the boxes to the associated recommendations.



1 Behaviour change

No additional information

2 Principles for planning

Policy makers, commissioners, service providers, practitioners and others whose work impacts on, or who wish to change, people's health-related behaviour should:

- Work in partnership with individuals, communities, organisations and populations to plan interventions and programmes to change health-related behaviour. The plan should:
  - be based on a needs assessment or knowledge of the target audience
  - take account of the circumstances in which people live, especially the socioeconomic and cultural context
  - aim to develop – and build on – people's strengths or 'assets' (that is, their skills, talents and capacity)
  - set out how the target population, community or group will be involved in the development, evaluation and implementation of the intervention or programme
  - specify the theoretical link between the intervention or programme and its outcome
  - set out which specific behaviours are to be targeted (for example, increasing levels of physical activity) and why
  - clearly justify any models that have been used to design and deliver an intervention or programme
  - assess potential barriers to change (for example, lack of access to affordable opportunities for physical activity, domestic responsibilities, or lack of information or resources) and how these might be addressed
  - set out which interventions or programmes will be delivered and for how long
  - describe the content of each intervention or programme
  - set out which processes and outcomes (at individual, community or population level) will be measured, and how
  - include provision for evaluation.
- Prioritise interventions and programmes that:
  - are based on the best available evidence of efficacy and cost effectiveness
  - can be tailored to tackle the individual beliefs, attitudes, intentions, skills and knowledge associated with the target behaviours
  - are developed in collaboration with the target population, community or group and take account of lay wisdom about barriers and change (where possible)

  - are consistent with other local or national interventions and programmes (where they are based on the best available evidence)
  - use key life stages or times when people are more likely to be open to change (such as pregnancy, starting or leaving school and entering or leaving the workforce)
  - include provision for evaluation.

- Stop investing in interventions or programmes if there is good evidence to suggest they are not effective.
- Where there is poor or no evidence of effectiveness (or the evidence is mixed) ensure that interventions and programmes are properly evaluated whenever they are used.
- Help to develop social approval for health-enhancing behaviours, in local communities and whole populations.

3 Principles for assessing social context

Policy makers and commissioners planning behaviour change interventions or programmes for communities or populations, especially disadvantaged or excluded groups, should:

- Identify and attempt to remove social, financial and environmental barriers that prevent people from making positive changes in their lives, for example, by tackling local poverty, employment or education issues.
- Consider in detail the social and environmental context and how it could impact on the effectiveness of the intervention or programme.
- Support structural improvements to help people who find it difficult to change, or who are not motivated. These improvements could include changes to the physical environment or to service delivery, access and provision.

4 Principles for selecting interventions and programmes aimed at individuals

Commissioners, service providers and practitioners working with individuals should select interventions that motivate and support people to:

- understand the short, medium and longer-term consequences of their health-related behaviours, for themselves and others
- feel positive about the benefits of health-enhancing behaviours and changing their behaviour
- plan their changes in terms of easy steps over time
- recognise how their social contexts and relationships may affect their behaviour, and identify and plan for situations that might undermine the changes they are trying to make

- plan explicit 'if-then' coping strategies to prevent relapse
- make a personal commitment to adopt health-enhancing behaviours by setting (and recording) goals to undertake clearly defined behaviours, in particular contexts, over a specified time
- share their behaviour change goals with others.

5 Principles for selecting interventions and programmes aimed at communities

Policy makers and commissioners planning behaviour change interventions and programmes for communities or subgroups in the population should invest in interventions and programmes that identify and build on the strengths of individuals and communities and the relationships within communities. These include interventions and programmes to:

- promote and develop positive parental skills and enhance relationships between children and their carers
- improve self-efficacy
- develop and maintain supportive social networks and nurturing relationships (for example, extended kinship networks and other ties)
- support organisations and institutions that offer opportunities for local people to take part in the planning and delivery of services
- support organisations and institutions that promote participation in leisure and voluntary activities
- promote resilience and build skills, by promoting positive social networks and helping to develop relationships
- promote access to the financial and material resources needed to facilitate behaviour change.

6 Principles for selecting interventions and programmes aimed at populations

Target audience

National policy makers, commissioners and others whose work impacts on population-level health-related behaviour.

Recommended action

Deliver population-level policies, interventions and programmes tailored to change specific, health-related behaviours. These should be based on information gathered about the context, needs and behaviours of the target population(s). They could include:

- fiscal and legislative interventions
- national and local advertising and mass media campaigns (for example, information campaigns, promotion of positive role models and general promotion of health-enhancing behaviours)
- point of sale promotions and interventions (for example, working in partnership with private sector organisations to offer information, price reductions or other promotions).

Ensure population-level interventions and programmes aiming to change behaviour are:

- consistent with those delivered to individuals and communities
- based on the best available evidence of effectiveness and cost effectiveness
- have assessed the risks, costs and benefits for all target groups.

7 Delivering interventions and programmes to help individuals change their behaviour

See Behaviour change / Delivering interventions and programmes to help individuals change their behaviour

8 Evaluation

See Behaviour change / Behaviour change: evaluation

9 Training in behaviour change interventions

See Behaviour change / Training in behaviour change interventions

10 See what NICE says on patient experience

See Patient experience in adult NHS services

Glossary

assets

the skills, talents and capacity that individuals, associations and organisations can share to improve the life of a community. An assets approach focuses on the strengths rather than the weaknesses (or deficiencies) found in groups or communities

behaviour change competency frameworks

describe the knowledge and skills required to deliver interventions to people to help them change their behaviour (Dixon and Johnston 2010)

brief intervention

involves oral discussion, negotiation or encouragement, with or without written or other support or follow-up. It may also involve a referral for further interventions, directing people to other options, or more intensive support. Brief interventions can be delivered by anyone who is trained in the necessary skills and knowledge. These interventions are often carried out when the opportunity arises, typically taking no more than a few minutes for basic advice

capability, opportunity and motivation

for any change in behaviour to occur, a person must: be physically and psychologically capable of performing the necessary actions; have the physical and social opportunity (people may face barriers to change because of their income, ethnicity, social position or other factors; for example, it is more difficult to have a healthy diet in an area with many fast food outlets, no shops selling fresh food and with poor public transport links if you do not have a car); be more motivated to adopt the new, rather than the old behaviour, whenever necessary. This is known as the COM-B model (Michie et al. 2011d)

co-produce

ensure public services are developed and delivered by professionals, people using the services, their families and their neighbours working together in an equal and reciprocal way to agree what is needed, where and how

community

social or family group linked by networks, geographical location or another common factor

communities

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extended brief intervention

similar in content to a brief intervention but usually lasts more than 30 minutes and consists of an individually-focused discussion. It can involve a single session or multiple brief sessions

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feedback and monitoring

a specific behaviour (for example, alcoholic drinks consumed) or outcome (for example, changes in weight following changes to diet) is recorded. The person trying to change their behaviour is given feedback on the recorded behaviour or outcomes (for example, measurement of weight) or comment on progress towards a set goal. Monitoring can be done by a third party, or by the person themselves ('self-monitoring')

goals and planning

a group of behaviour change techniques that help people to set goals for their behaviour or for an outcome of the behaviour (such as weight loss) and plan how these goals will be met. Action plans include a description of what will happen in what situation or at what time; how often it will happen, for how long; and where it will take place. Behaviour goals are reviewed regularly in the light of experience and further plans are made according to past progress towards goals

independent evaluation

conducted by someone who is not involved in commissioning or delivering an intervention and does not have a vested interest in the outcome. Evaluations can look at process or outcome and answer such questions as: was an intervention delivered according to the plan or service

specification? what changes were there in the behaviour of, or health outcomes for, service users? why did the planned intervention lead (or not lead) to changes in behaviour or health outcomes?

individual-level behaviour change interventions

action that aims to help someone with a specific health condition, or a behaviour that may affect their health. It can be delivered on a one-to-one, group or remote basis, but the focus is on creating measurable change in a specific person. A nutritional intervention offered to anyone with a specific biomarker (for example, a specific body mass index) or health status (for example, obesity) is an example. However, a nutritional intervention offered to everyone in the country, or a particular city, is not. Although delivered to an individual, the intervention may affect a whole group or population. The interventions referred to throughout the guidance include one or more behaviour change technique

intervention fidelity

intervention fidelity is the degree to which the planned components of an intervention have been delivered as intended

logic model

a narrative or visual depiction of real-life processes leading to a desired result. Using a logic model as a planning tool allows precise communication about the purposes of a project or intervention, its components and the sequence of activities needed to achieve a given goal. It also helps to set out the evaluation priorities right from the beginning of the process

motivation

the process that starts, guides and maintains goal-related behaviour, for example making changes to diet and exercise to lose weight. It involves biological, emotional, social and cognitive forces

national organisations

Includes, Health Education England, Public Health England, Local Government Association, NHS England, Department of Health, Office of National statistics, and national organisations responsible for research funding

outcomes

the impact that a test, treatment, policy, programme or other intervention has on a person, group or population. Outcomes from interventions to improve the public's health could include changes in their knowledge and behaviour leading to a change in their health and wellbeing

population

the aggregate of individuals defined by membership of a social, geographic, political or economic unit (for example, members of a state, a region, a city or a cultural group)

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population-level

population-level interventions are national policies or campaigns that address the underlying social, economic and environmental conditions of a population to improve everyone's health. This type of intervention could include, for example, distributing leaflets to the whole population highlighting the importance of being physically active, adopting a healthy diet and being a healthy weight

proportionate universalism

in a proportionate universalist approach, interventions are delivered to the whole population, with the intensity adjusted according to the needs of specific groups (for example, some groups may need more frequent help and advice). This type of approach can help to reduce the social gradient and benefit everybody

resilience

the ability to withstand or even respond positively to stressors, crises or difficulties

social support

involves friends, relatives, or colleagues providing support for people who want to change their behaviour (for example, to quit smoking). It can take the form of: practical help (for example,

helping someone to free up the time they need to get to a service or use a facility, or helping them to get there); emotional support (for example, a partner or friend could go walking or cycling with the person on a regular basis if they want to get physically fit); praise or reward for trying to change, whatever the result. (For example, a partner or friend could make sure they congratulate the person for attempting to lose weight or stop smoking.)

taxonomy

a system of naming, describing and classifying techniques, items or objects. For example, a website taxonomy includes all the elements of a website and divides them into mutually exclusive groups and subgroups. An example of a behaviour-change technique taxonomy that can be applied across behaviours is described in Michie et al. 2013[1].

very brief intervention

a very brief intervention can take from 30 seconds to a couple of minutes. It is mainly about giving people information, or directing them where to go for further help. It may also include other activities such as raising awareness of risks, or providing encouragement and support for change. It follows an 'ask, advise, assist' structure. For example, very brief advice on smoking would involve recording the person's smoking status and advising them that stop smoking services offer effective help to quit. Then, depending on the person's response, they may be directed to these services for additional support

Sources

Behaviour change: general approaches (2007) NICE guideline PH6

Your responsibility

The guidance in this pathway represents the view of NICE, which was arrived at after careful consideration of the evidence available. Those working in the NHS, local authorities, the wider public, voluntary and community sectors and the private sector should take it into account when carrying out their professional, managerial or voluntary duties. Implementation of this guidance is the responsibility of local commissioners and/or providers. Commissioners and providers are reminded that it is their responsibility to implement the guidance, in their local context, in light of

[1] Michie S, Richardson M, Johnston M et al. (2013) The behaviour change technique taxonomy (v1) of 93 hierarchically clustered techniques: building an international consensus for the reporting of behaviour change interventions. Annals of behavioural medicine March 20 [Epub ahead of print]

their duties to avoid unlawful discrimination and to have regard to promoting equality of opportunity. Nothing in this guidance should be interpreted in a way which would be inconsistent with compliance with those duties.

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