



Uned Gwyddor Ymddygiad
Behavioural Science Unit

BICI: Behaviourally Informed Communications Initiative

WORKBOOK

→
START HERE



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Wales

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Behavioural Science Unit

The Behavioural Science Unit at Public Health Wales provides specialist expertise, support and capability building around the use of behavioural science, to improve and protect health and reduce inequity in Wales. The Unit is part of the Policy and International Health Directorate/World Health Organisation Collaborating Centre on Investment in Health and Wellbeing.

For further information, or support around the application of behavioural science to improve and protect health and wellbeing in Wales, please get in touch.

Mae'r ddogfen hon ar gael yn Gymraeg / This document is available in Welsh

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Introduction

Your Communication

Specify

Consider

Assemble

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Learning and Reflections

Introduction

Behaviourally Informed Communications Initiative

The Behaviourally Informed Communications Initiative (BICI) aims to implement behavioural science theories, principles and frameworks in order to optimise direct communication efforts.

Throughout this initiative we'll draw on different models, frameworks and theories rooted in behavioural science. The structure of BICI is based on 'Developing Behaviourally Informed Communications' which is a tool the Behavioural Science Unit published in March 2023, you can download it from the box opposite.

We follow 5 essential steps, summarised as SCALE (specify, consider, assemble, layout and evaluate). We'll also be providing links to helpful resources that you may want to read or use alongside each step too.

Ashley Gould, Public Health Consultant and Programme Director of the Behavioural Science Unit, Public Health Wales



Click on each resource to view online

Click here to watch the video



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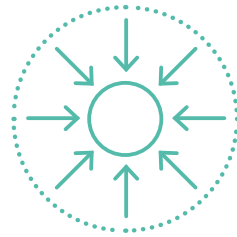
Assemble

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BICI: The Process



Specify

- During this step you'll identify and refine your target behaviour by developing a 'behavioural specification'.
- **What** do you want **who** to do differently, **when** and **where**?



Consider

- During this step you'll conduct a behavioural diagnosis using the COM-B model to help identify the barriers and facilitators to your target behaviour.
- This might be a rapid desk-based review, or you may be able to gather insight from your target population using surveys or focus groups.



Assemble

- This step involves identifying the barriers and/or facilitators you'd like your communication to address.
- Then, you'll identify the relevant Behaviour Change Techniques you can use to address them.
- You'll have some draft content by the end of this step.



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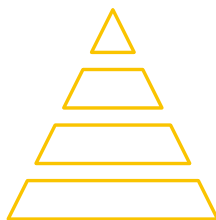
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BICI: The Process (continued)



Layout

- Once you have your draft content, you'll consider things like hierarchy, timing and importance.
- Is the target behaviour (the call to action) clear?



Evaluate

- This final stage will help you to plan how to gather feedback on your newly developed communications.
- You'll also consider how we implement your communications – what data do you have to understand the impact of the changes you're making?



Dr Alice Cline,
Principal Behavioural
Science Specialist,
Public Health Wales

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Behavioural Science Support

Throughout the workbook, you'll find regular opportunities to check-in with our Behavioural Science Unit. We're on hand to offer guidance, sound-boarding or sense-checking – whatever you need.

Before we get started, how would you rate your current knowledge when it comes to developing behaviourally informed communications?

No Knowledge

High Level of Knowledge

0 1 2 3 4 5 6 7 8 9 10

What about your confidence when it comes to developing behaviourally informed communications?

No Confidence

High Level of Confidence

0 1 2 3 4 5 6 7 8 9 10

For more information about BICI, including how it was developed and case studies from previous cohorts, you can access our 'learning and development' report [here](#).



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Your Communication

We'll start by reflecting on your current communication

Follow the [link](#) to upload a copy of your communication or if you don't currently have a piece of communication then try to jot down the key points you want your communication to include.

What is/are the objectives of your communication? It's okay if you only have one objective.



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What sort of data do you have to understand how your communication is performing?

If you do have data, how are you using the data to inform your communication?



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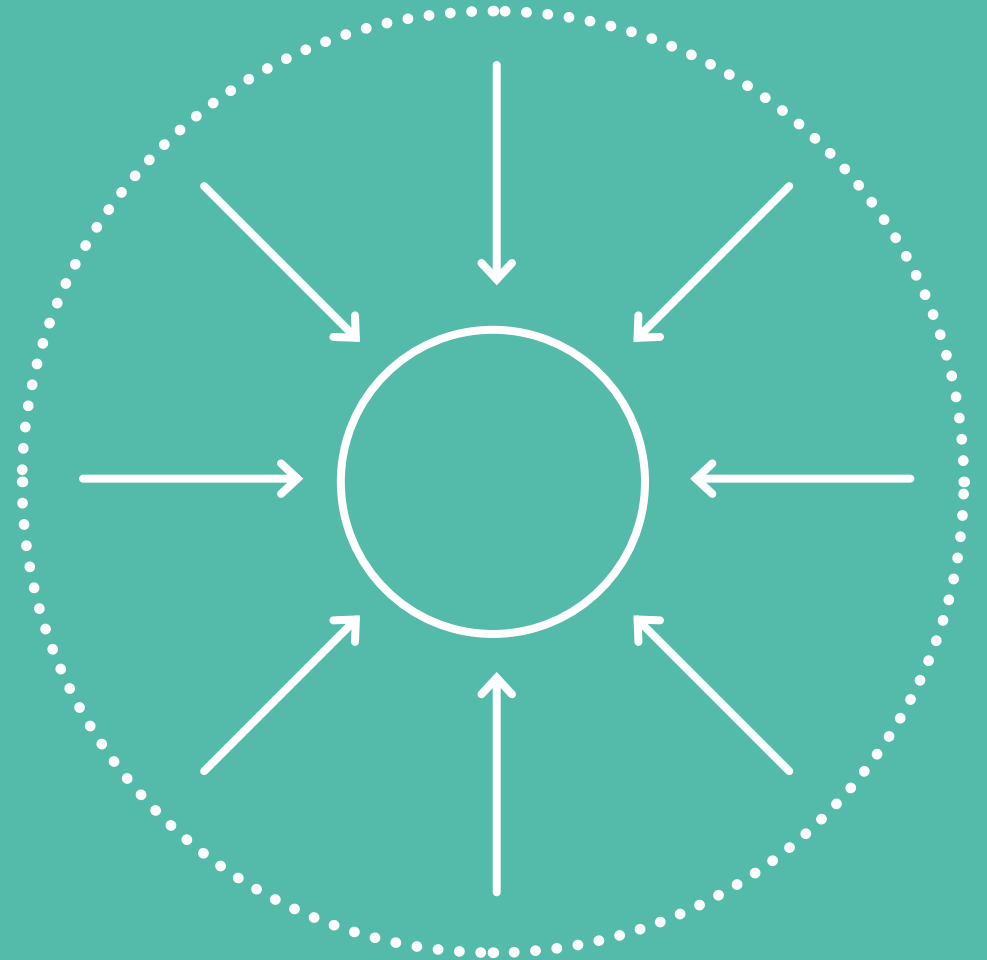
Do you have any reflections on how your communication is performing right now?

Have you noticed an unhelpful trend? Are things stubbornly not improving? Has something changed recently? Or are things just not where they need to be? Are there definitive patterns – by group, time, geography?



Specify

Be specific about what you are asking people to do



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Specify

This first step will help you to be as specific as possible about the behaviour your communication is going to address.

Addressing a specific behaviour (e.g., if you're 65 or over, click the link below to book in for your flu vaccination before the 30th of September) is more effective than describing a general behaviour (e.g., it's important to get vaccinated).

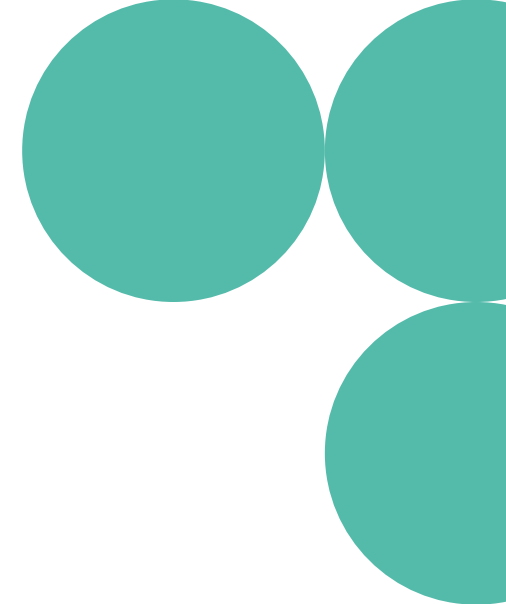
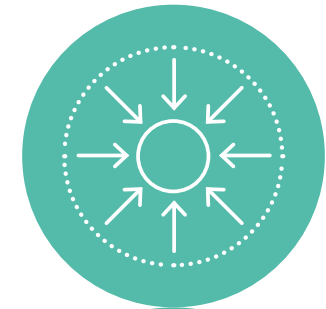
It's important to be really clear on **who** needs to do **what** differently, **where** will they do it and **when**?

Considering health equity here is key – are there segments of the population who experience health/social inequalities and therefore warrant targeted consideration?



Dr Nicky Knowles,
Principal Behavioural
Science Specialist,
Public Health Wales

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to watch
the video**



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Who needs to adopt the behaviour?

Who is the target population? Gender? Age? Ethnicity? Disabilities?



A behaviour is an observable, measurable action



Describe the target group in as much detail as possible, usually a combination of characteristics is best, but what are your data telling you? - e.g. over 65 year old males, from C2DE social grades, that have never attended 'our service' before - are the priority group of focus for this communication.

What is the behaviour you want them to do?

What do you want them to do after reading?



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How will they do it?

Are there multiple steps to doing the behaviour? What are they?

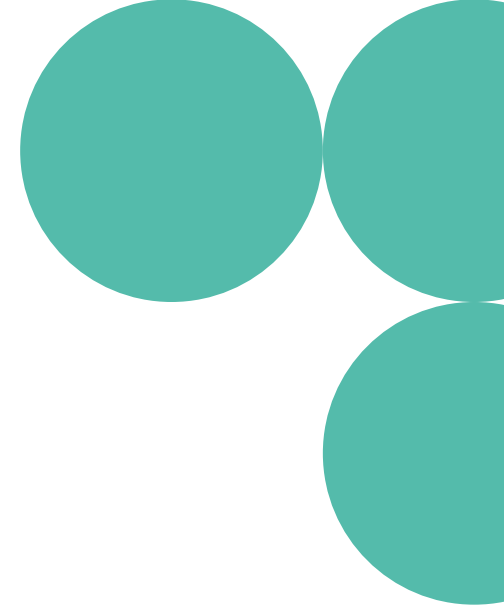
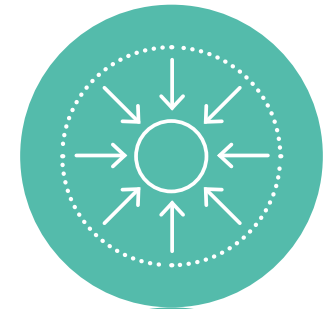
Step 1

Step 2

Step 3

Step 4

Step 5



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Where will they do it?



This helps in thinking through the physical and social environment around your target audience, the contexts they are living/ thinking in (that can influence behaviours) - so describe the time/place for undertaking that target 'observable measurable action' (behaviour).

When will they do it?



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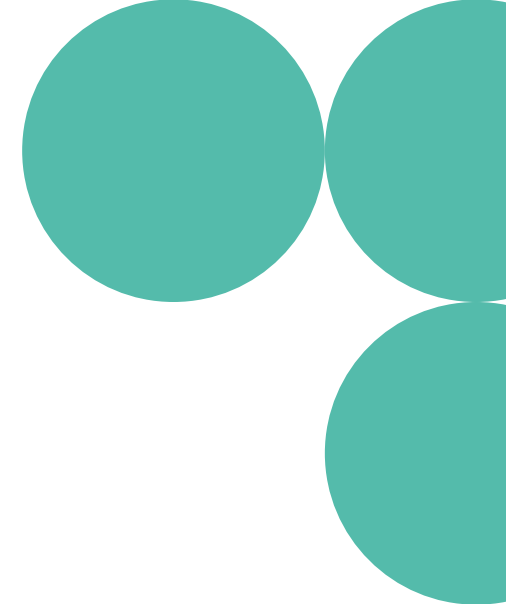
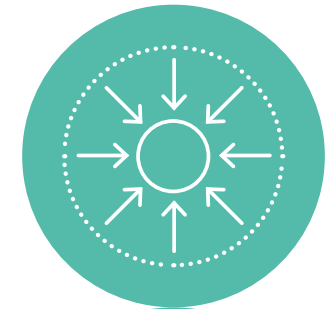
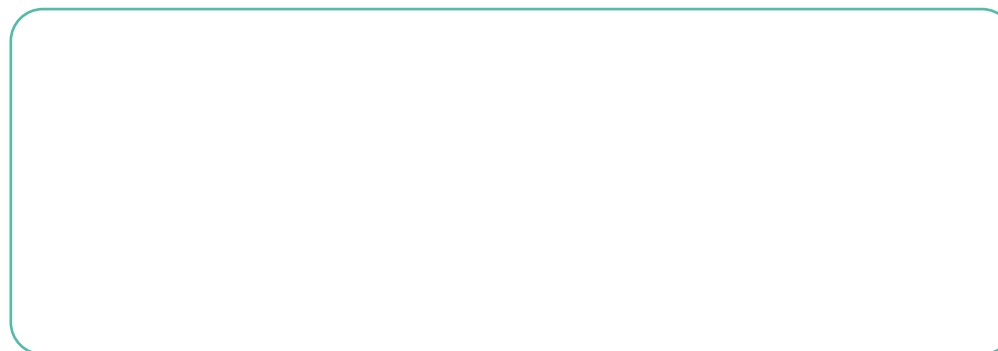
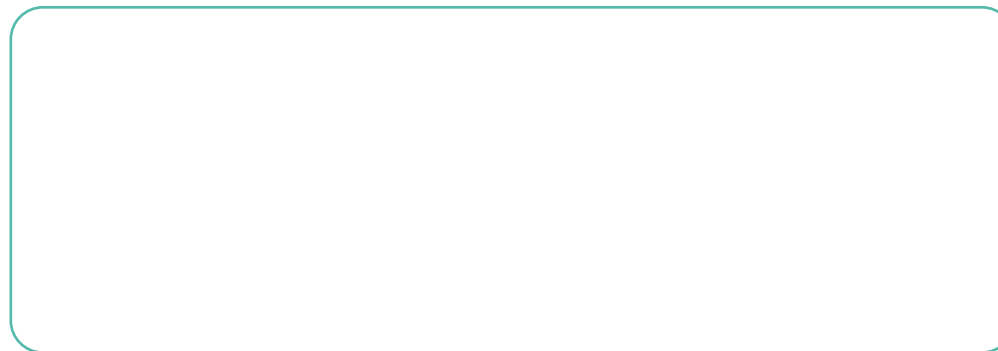
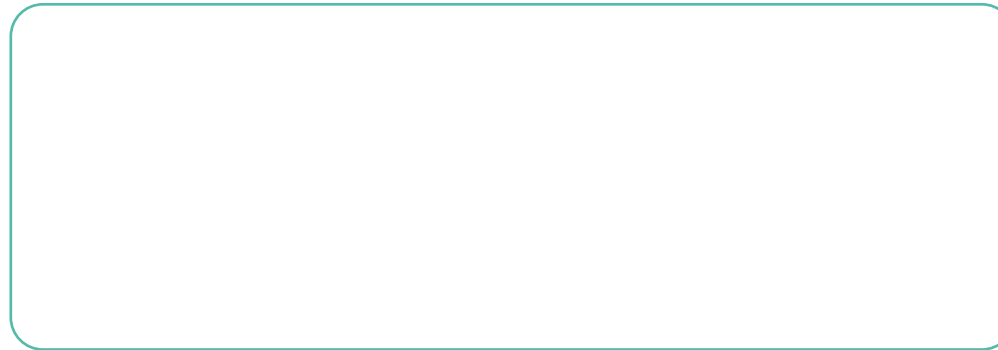
Assemble

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Why should they do it?



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The objective of the communication is for:

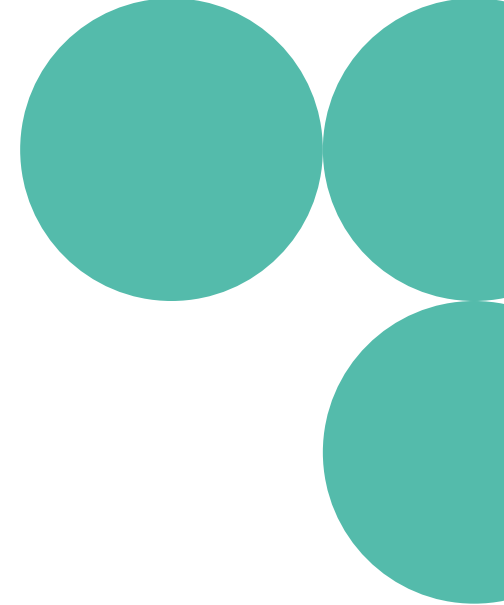
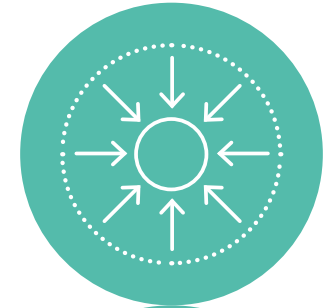
[target audience]

to...

[behaviour]

by...

[how/where/when]



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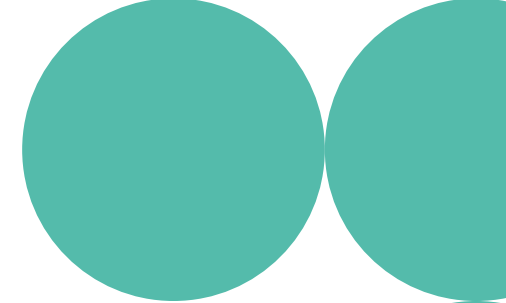
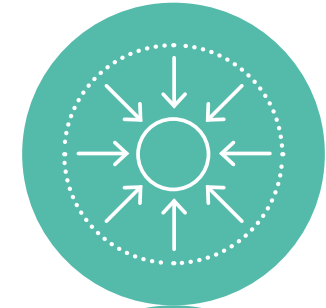
Resources



This tool is a deep dive into building a solid behavioural specification, with useful hints and tips.



The TARPARE framework is a useful tool to use when considering different segments of a population.



Consider

Consider the barriers
and facilitators



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Consider

To elicit the target behaviour amongst your target population it is important to understand what is/will stop them from engaging in the desired behaviour.

A behavioural diagnosis will help to identify the key aspects that our communication should focus on.

The scale of our diagnosis will depend on available resources including time, and the quality/needs around the communication being designed.



Dr Melda Lois Griffiths,
Senior Behavioural
Science Specialist,
Public Health Wales

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to watch
the video**



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We may choose to...

Less rigour/accuracy OR Less time/resource

Discuss what our **collective experiences** tell us about the barriers and facilitators experienced by the target audience when adopting the behaviour

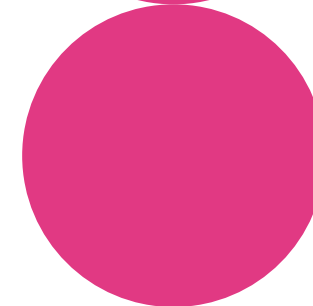
Research what local sources (research, guidance, reports) reveal about the barriers and facilitators your target audience experience when attempting to do the behaviour

Collect insight from our target audience via appropriate networks

Commission a piece of research to gather insight data on a larger scale

More rigour/accuracy OR More time/resource

The method you choose will likely depend on the time/resource you have.



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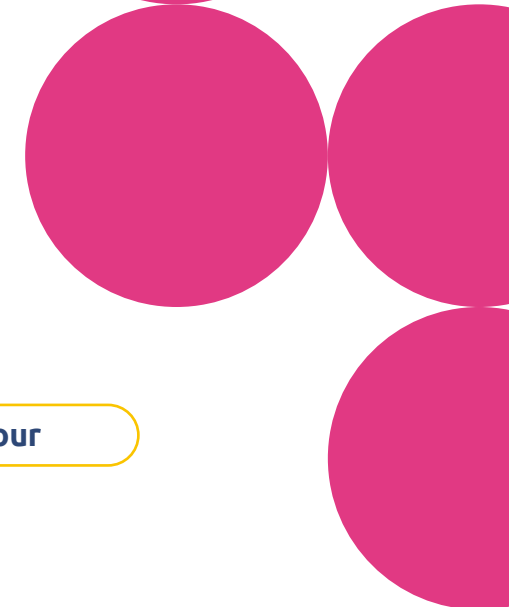
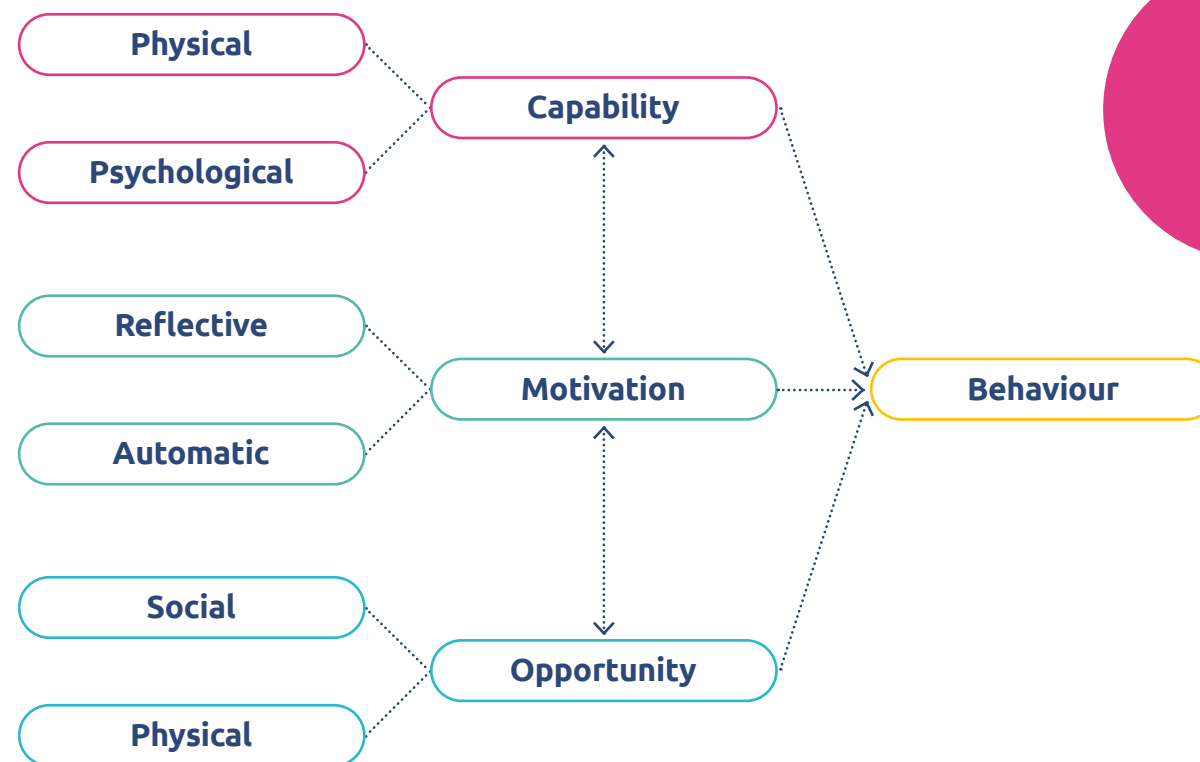
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Learning and Reflections

The COM-B Model

A behaviour change framework, such a COM-B, can support your behavioural diagnosis.

The model suggests that there are three conditions that need to be met before a behaviour takes place: capability, opportunity, and motivation.



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Capability refers to an individual's psychological and physical capability to engage in the behaviour

In communications, capability typically refers to the audience having the awareness, knowledge, and skills to enact the intended behaviour. A “capability barrier” occurs when a person cannot enact a behaviour due to not possessing the necessary awareness, knowledge, or skills.

Communications that intend to encourage behaviour by promoting awareness or providing educational information aim to address capability barriers. Generally, capability barriers may be the easiest to address using communications; it feels like informing and educating audiences is the natural job of communications.

To explore capability, we may want to ask...

- How aware are they of the behaviour and what constitutes it?
- How well do they know how to do it?
- How well do they understand the benefits of doing it or costs of not doing it?
- How confident are they that they can do it?
- How far do they have the cognitive, perceptual and psychomotor skills to do it?
- How far do they have ability to make the judgements needed to do it?
- How far do they have the self-regulatory capacity for it?
- How far do they have the physical strength and stamina for it?



It's helpful to not jump to conclusions here – it's easy to assume people will **act** if they **know** – but humans don't always do this. Are you really dealing with a knowledge gap?



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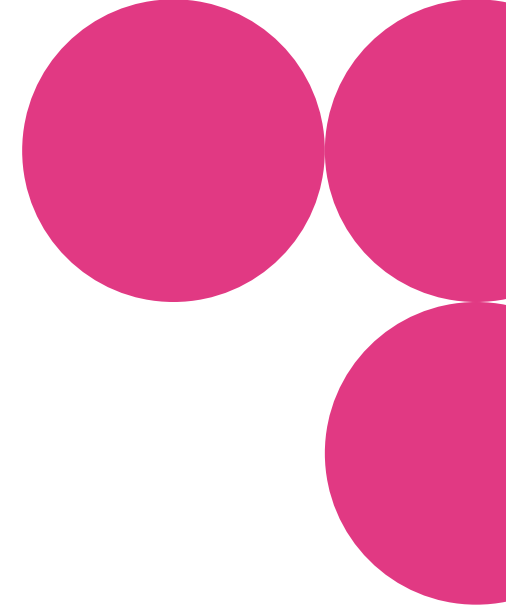
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What sort of capability barriers have you identified?



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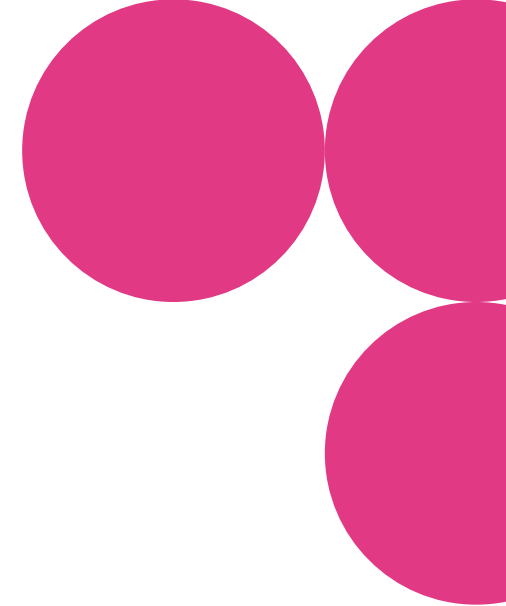
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What sort of capability facilitators have you identified?



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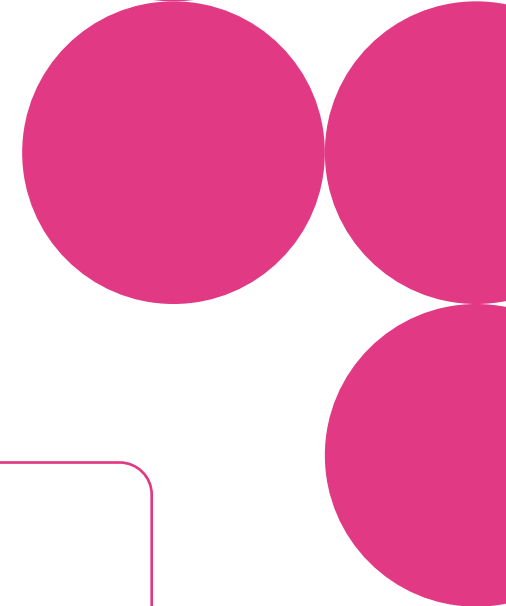
Opportunity refers to the external factors that make the behaviour possible or prompt it – such as the physical or social environment

In practice, this refers to things like having the time, resources, tools, and money to enact the desired behaviour. An “opportunity barrier” occurs when a person cannot, and so does not, adopt a behaviour due to something outside their control – for example, lacking the money to pay a fee for a service, or lacking the access to a computer to use an online tool, or not doing a behaviour because ‘no one else like them’ is doing it.

Typically, communications alone cannot easily address physical opportunity barriers. It’s important to spend time exploring opportunity barriers, so that we can build a better understanding of the additional interventions we may need to consider to help illicit a behaviour.

To explore opportunity, we may want to ask...

- How far is it considered ‘normal’ within their social environment?
- How far are there formal rules stipulating the behaviour?
- How much support do they have in their social networks to do it?
- How many prompts, cues and reminders for them to do it are they exposed to?
- How well can they afford it?
- How far do they have access to resources or equipment that facilitate or enable it?
- How far do they have the time to do it?
- How easily do they have access to places where they can do it?



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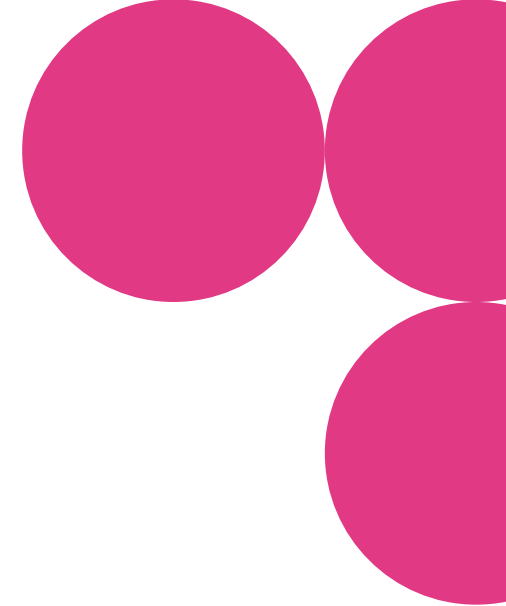
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What sort of opportunity barriers have you identified?



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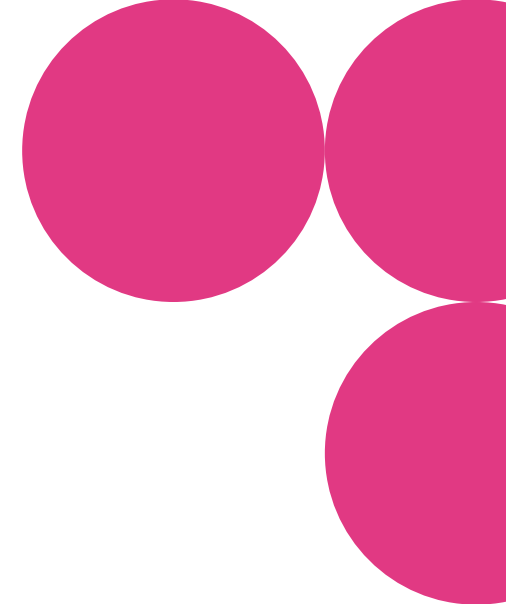
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What sort of opportunity facilitators have you identified?



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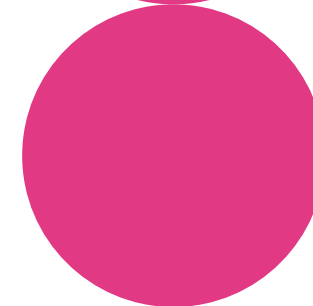
Learning and Reflections

Motivation refers to the thoughts and feelings that direct behaviour

It is helpful to think of motivation as the beliefs, emotions and attitudes that drive enthusiasm, or lack of it, to enact a behaviour. A “motivation barrier” occurs when a person does not enact a behaviour due to not wanting to do it, or not believing that they should do it. Communications that intend to encourage behaviour by evoking emotion, highlighting risks of inaction, or changing opinion about the importance of a behaviour will typically be aiming to address motivation barriers. Motivation barriers can be addressed using communications, to encourage people to change their beliefs or attitudes towards a behaviour.

To explore motivation, we may want to ask...

- How worthwhile do they think it is?
- How much enjoyment or satisfaction do they expect to get from it?
- How far does it provoked by an emotion or a drive state?
- How far do they expect it to reduce any mental or physical discomfort?
- How well does it fit with their self-identity?
- How strong is their intention to do it?
- How far is it a habit or routine?
- How strong a priority is it over other things they could be doing?



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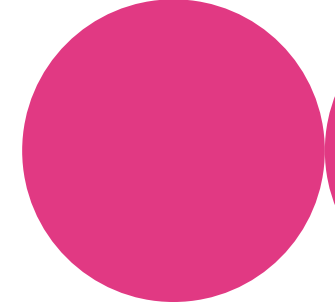
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What sort of motivation barriers have you identified?



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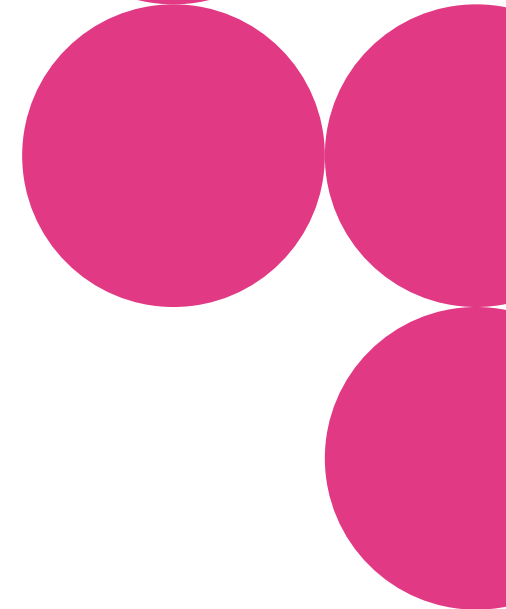
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What sort of motivation facilitators have you identified?



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Identifying barriers/facilitators to address:

- We may have identified a whole range of different barriers and/or facilitators, relating to all three COM-B domains
- We now need to summarise and prioritise which barriers to address and/or facilitators to include in our communications
- The space below can be used to highlight the barriers and/or facilitators you'll work to focus on in your improved communication

Capability	Opportunity	Motivation



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Resources

Improving health and wellbeing: A guide to using behavioural science in policy and practice

Authors: Professor Robert West and Ashley Gould



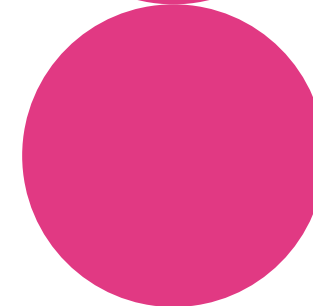
Page 23 has additional questions you can ask focused on COM-B.

'Improving health and wellbeing: a guide to using behavioural science in policy and practice'

Behavioural Diagnosis: How to collect behavioural insights



This tool walks you through how to complete a behavioural diagnosis in more detail.



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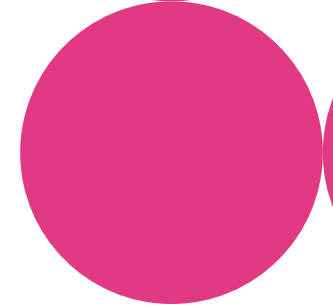
Key Action

If you'd like to discuss your behavioural specification and behavioural diagnosis, now is a good time to reach out to the Behavioural Science Unit.

Send them a copy of your workbook so far and one of the team will be in contact.



PHW.BehSciUnit@wales.nhs.uk



Assemble

Draft and amend
your content



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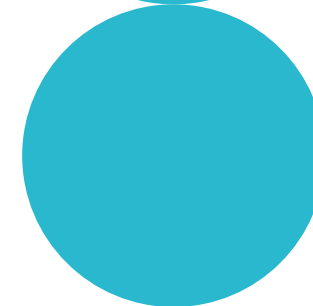
Assemble

Prioritise Key Information

Within any piece of communication, there will most likely be **key pieces of information** that must be included e.g., an appointment time, a contact number or a referral number.

The aim is to keep the piece of communication as short as possible, sign-posting to additional information where appropriate.

In the boxes on the next page, make a note of the key information that needs to be included in your piece of communication.



James Smolinski,
Senior Behavioural
Science Specialist,
Public Health Wales

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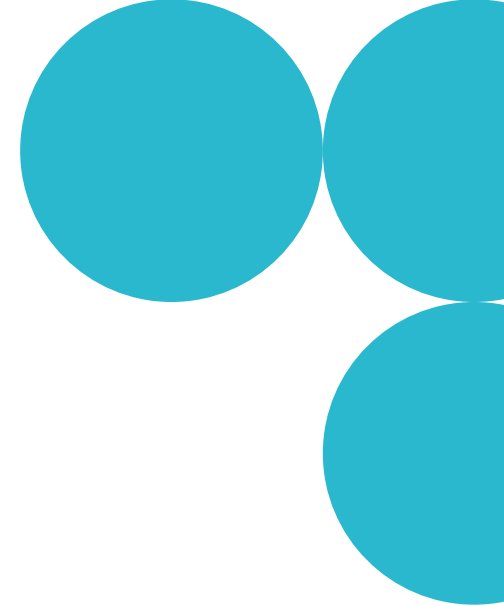
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Key Information to Include



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Behaviour Change Techniques

Once we have identified the key information to include, we can begin to think about the Behaviour Change Techniques (BCTs) we may want to use within our communication. BCTs are the ‘active ingredients’ of an intervention – they help bring about the target behaviour.

BCTs that help to address opportunity barriers are different to those that help to address capability barriers. Therefore, it’s important that we use the behavioural insights we gathered during step two ‘consider’ to help us decide which BCTs to include.

Review the Literature

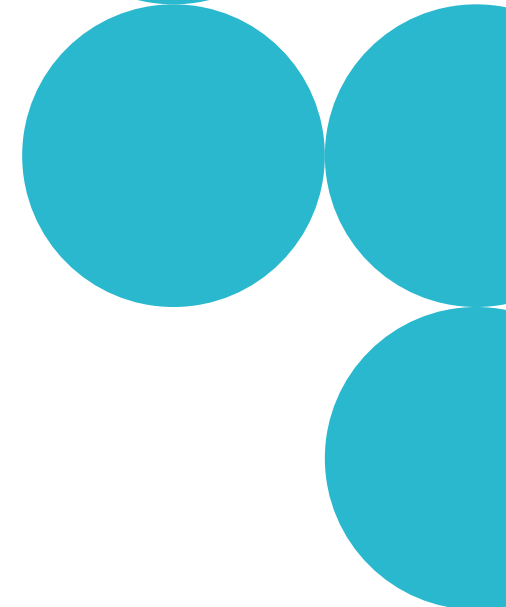
Now is also a good time to explore the existing literature to help identify ‘what works’ when it comes to your specific behaviour, target population and communications.

Sometimes, there will be published evidence about the effectiveness of specific Behaviour Change Techniques used within communications. Be sure to include your behaviour, population and ‘Behaviour Change Techniques’ within your search strategy.

In addition to the literature, the boxes on the next page will help you to identify relevant BCTs, based on the insight you’ve gathered.



You may have identified barriers that relate to ‘capability’ - in the next section we’ll break down each COM-B domain (capability/opportunity/motivation) into sub-domains. We’ve included a description of each subdomain to help you determine where your barrier/facilitator will fit.



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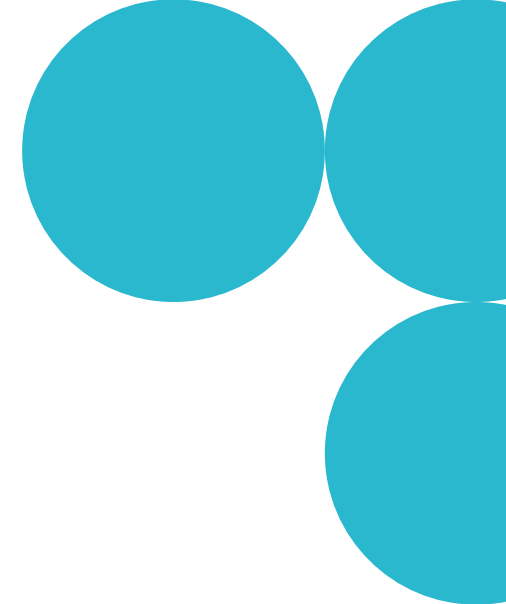
Evaluate

Learning and Reflections

Physical Capability e.g., physical skills

Barriers Identified/Prioritised:

You can copy these from your work on page 31.



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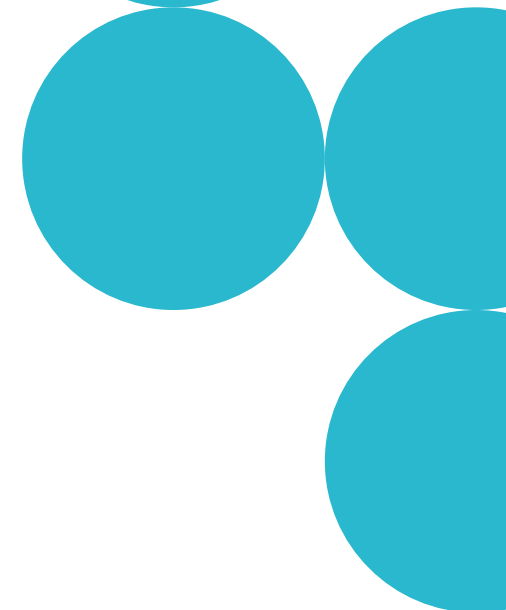
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Psychological Capability e.g., knowledge, cognitive and interpersonal skills, memory/ attention/decision processes, behavioural regulation

Barriers Identified/Prioritised:

You can copy these from your work on page 31.



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Potential Behaviour Change Techniques

Psychological Capability e.g., knowledge, cognitive and interpersonal skills, memory/ attention/decision processes, behavioural regulation

Behaviour Change Technique

Include?

Clearly describe who needs to do what differently, when and how

Give clear, step by step instructions on how to do the behaviour

Provide information about the benefits of doing the behaviour

Provide information about the health consequences of doing the behaviour

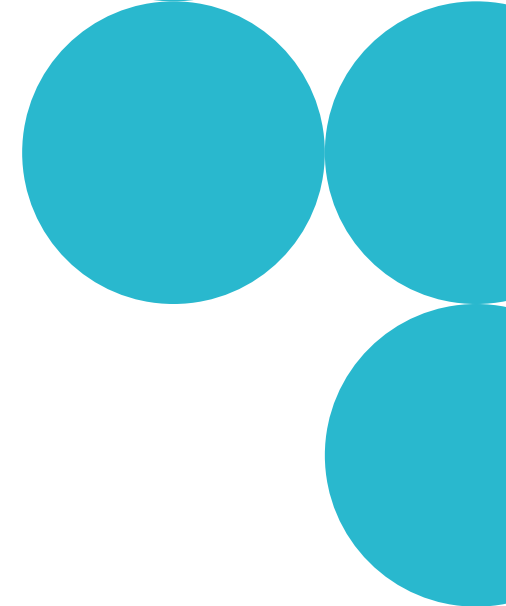
Emphasise the consequences of doing the behaviour enough to make them memorable

Explain the consequences of not doing the behaviour

Provide information about the social and environmental consequences of the behaviour

Provide information about the emotional consequences of the behaviour

Provide a demonstration of the behaviour



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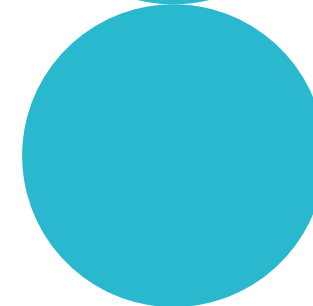
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Potential Behaviour Change Techniques

Physical Capability e.g., physical skills

Behaviour Change Technique

Barriers relating to physical capability can be difficult to address through a communication, and therefore we haven't included any BCTs here. If barriers relating to physical capability have been identified, it may be worth considering additional interventions that could be implemented to help address and/or reduce the impact of physical capability barrier(s).



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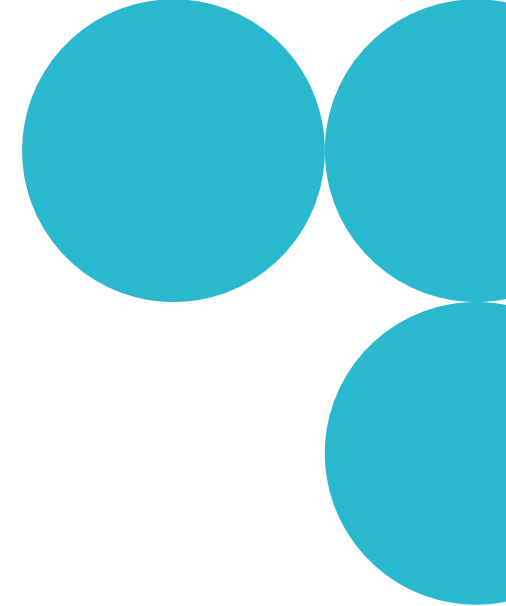
Evaluate

Learning and Reflections

Social Opportunity e.g., social influences

Barriers Identified/Prioritised:

You can copy these from your work on page 31.



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Potential Behaviour Change Techniques

Social Opportunity e.g., social influences

Behaviour Change Technique

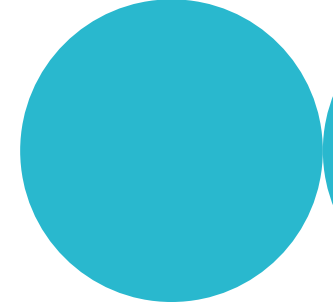
Include?

Provide information about what other people 'like them' are doing

Make it clear that most people are doing the behaviour

Include statistics/figures that help to demonstrate a social norm

Provide information about others' approval of the behaviour



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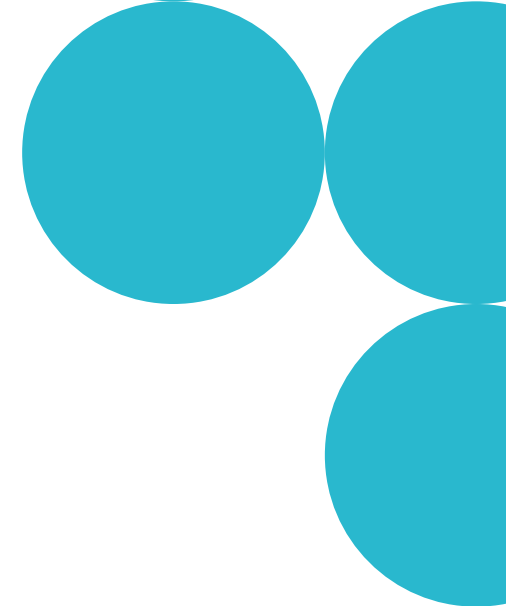
Evaluate

Learning and Reflections

Physical Opportunity e.g., environmental context, resources

Barriers Identified/Prioritised:

You can copy these from your work on page 31.



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Potential Behaviour Change Techniques

Physical Opportunity e.g., environmental context, resources

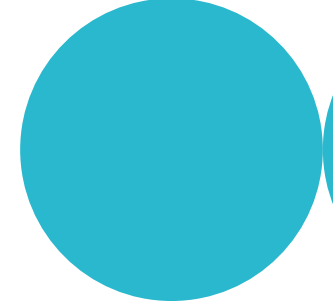
Behaviour Change Technique

Include?

Encourage the reader to use a prompt or cue to do the behaviour

Make the preferred option the default option

Reduce the 'hassle factor' of completing the behaviour



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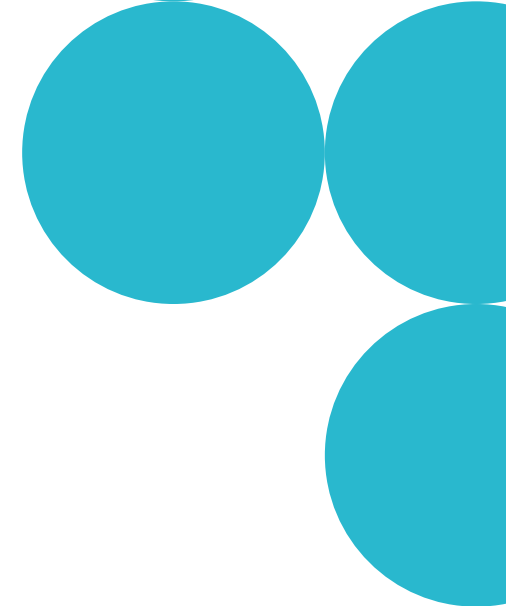
Evaluate

Learning and Reflections

Reflective Motivation e.g., intention, goals, social/professional role and identity, beliefs about capabilities and consequences, optimism

Barriers Identified/Prioritised:

You can copy these from your work on page 31.



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Potential Behaviour Change Techniques

Reflective Motivation e.g., intention, goals, social/professional role and identity, beliefs about capabilities and consequences, optimism

Behaviour Change Technique

Include?

Include information about why people should complete the behaviour

Explain the immediate benefits of doing the behaviour

Using language that makes people feel empowered to act

Ensure the audience will know the message is meant for them

Use familiar language and words to the target population

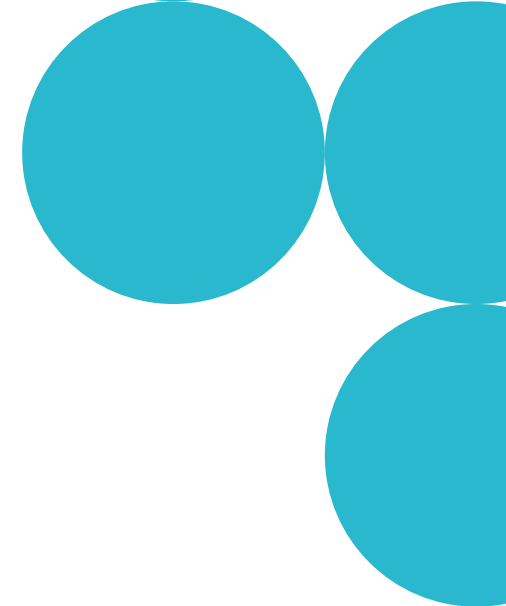
Prompt planning of the behaviour

Use trusted/credible sources, messengers and/or logos

Clearly describe who, needs to do what differently, when and how

Give clear, step by step instructions on how to do the behaviour

Provide information about the benefits of doing the behaviour



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Potential Behaviour Change Techniques (continued)

Reflective Motivation e.g., intention, goals, social/professional role and identity, beliefs about capabilities and consequences, optimism

Behaviour Change Technique

Include?

Provide information about the health consequences of doing the behaviour

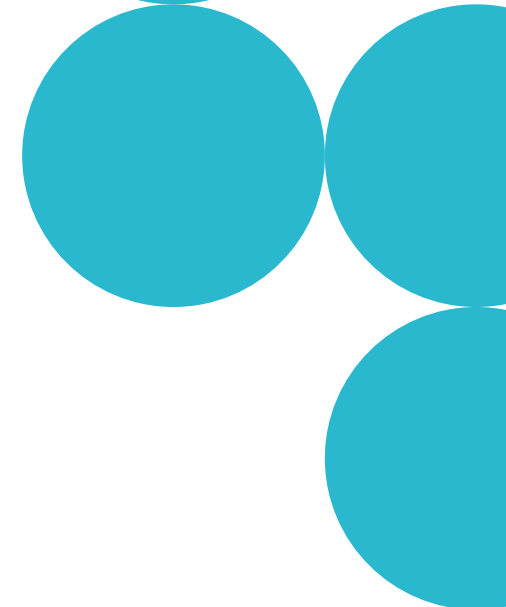
Emphasise the consequences of doing the behaviour enough to make them memorable

Explain the consequences of not doing the behaviour

Provide information about the social and environmental consequences of the behaviour

Provide information about the emotional consequences of the behaviour

Provide a demonstration of the behaviour



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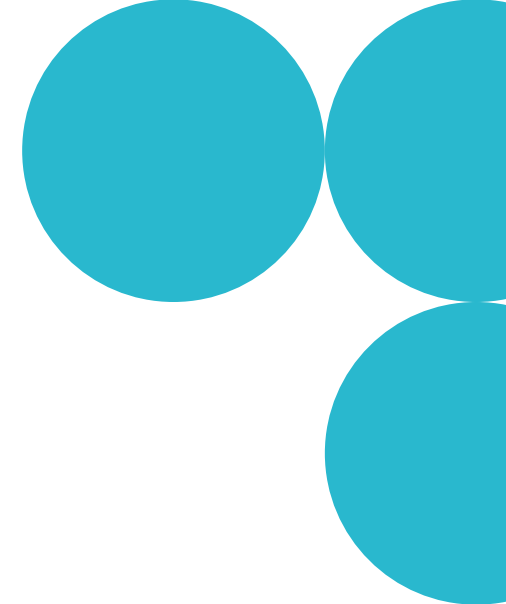
Evaluate

Learning and Reflections

Automatic Motivation e.g., reinforcement, emotions

Barriers Identified/Prioritised:

You can copy these from your work on page 31.



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Potential Behaviour Change Techniques

Automatic Motivation e.g., reinforcement, emotions

Behaviour Change Technique

Include?

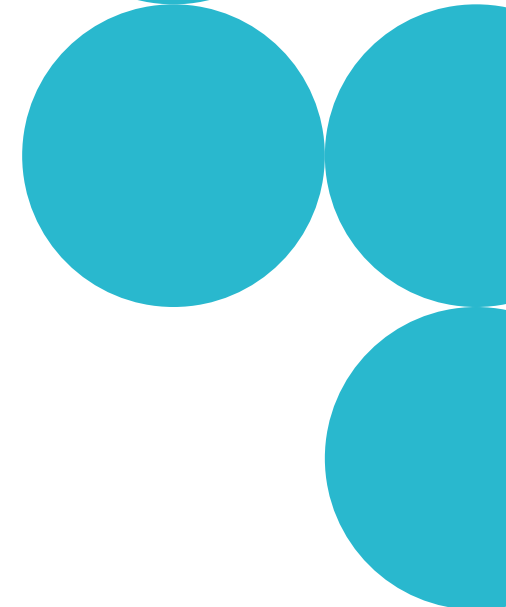
Reduce negative emotions towards the behaviour

Include logos/signatures from trusted sources

Raise awareness of potential future regret of doing/
not doing the behaviour

Explain how doing the behaviour can help to set an
example for others

Suggest adoption of a different/new perspective about
the behaviour



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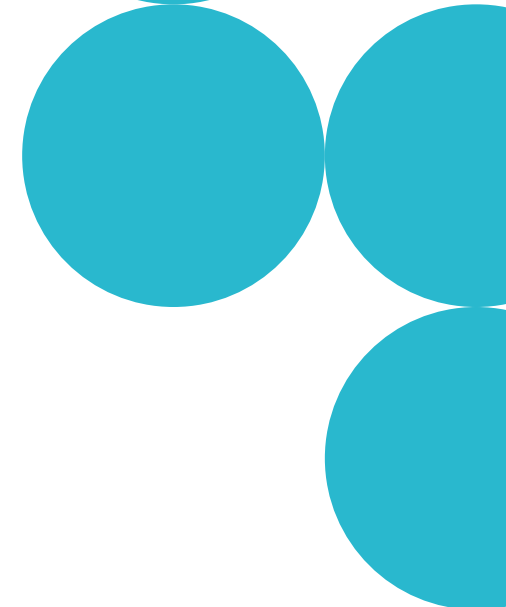
Layout

Evaluate

Learning and Reflections

Identified Behaviour Change Techniques

Which BCTs are you going to use, to tackle which barrier/facilitator?
What may they look like when included within your communication?



Layout

Consider your
layout and design



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Instructions

Is the required behaviour clear (who, what, when, where and how)?

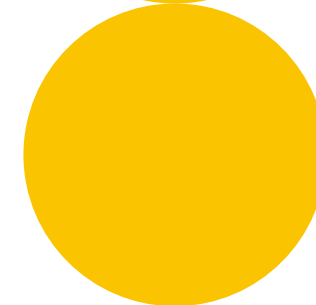
Does the communication include one or multiple BCTs?

Is the language simple and easy to understand for someone new to the topic?

Is there a checklist of steps and/or is the next step to take clear and prominent?

Is there a clear deadline for response?

Is the text concise, including only the necessary information included?



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Tone and Personalisation

Is the communication personalised beyond just the recipient's name?

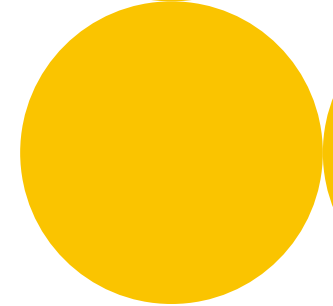
Is the sender's name included with title and contact information?

Is the sender a person who the recipient will recognise and respect?

Is the communication written in language/words familiar to the target audience?

Hierarchy

Is the most important information at the top of the page or emphasized using colour, size variation, and/or additional formatting (e.g., in a box)?



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Importance

Have you explained why the action should be taken?

Have you highlighted what the reader could lose if they do not take action?

Does the language and tone help the reader identify as someone who would adopt the behaviour?

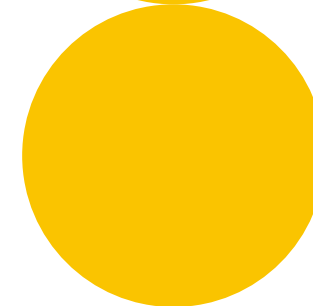
Timing

Are you sending the communication at a time when the audience is likely to have the mental and financial resources to act?

Have you allowed enough time to allow the audience to complete the task?

Is the timing relevant to a calendar event?

Do the number of communications align with the difficulty and urgency of the task?



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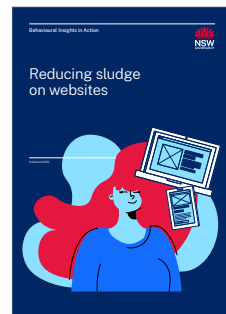
Assemble

Layout

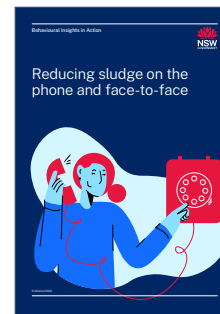
Evaluate

Learning and Reflections

Additional Resources/Notes:



Design/layout
guidance for
websites



Design/layout
guidance for
**phone calls/
face to face**



Design/layout
guidance for
forms



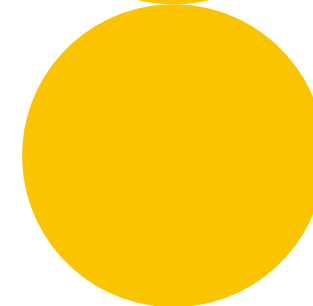
Design/layout
guidance for
letters/emails



Design/layout
guidance for
text messages



Text message
principles for
**screening
services**



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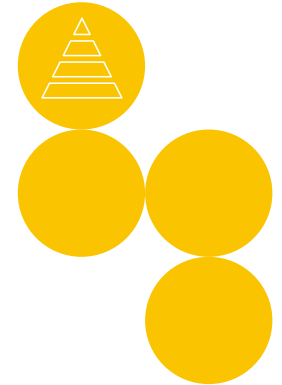
Design Tips

To help reduce unnecessary frictions (sludge) in communications

Adapted from the Australian (NSW) government



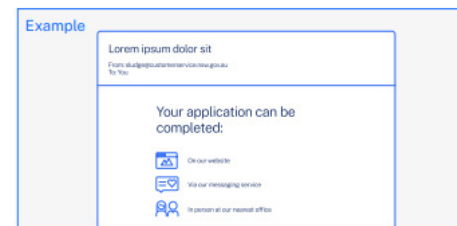
These are tips – which ones are selected to be tested in your improved communication is a matter of professional choice and judgement, given your consideration of the previous steps in SCALE - no need to include every tip in every piece of communication!



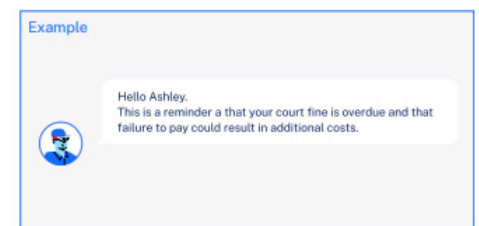
- 1** Place the most important information at the top.



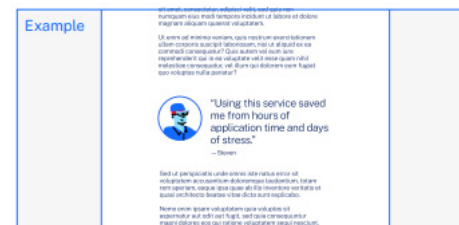
- 2** Use visual elements to make letters easier to understand.



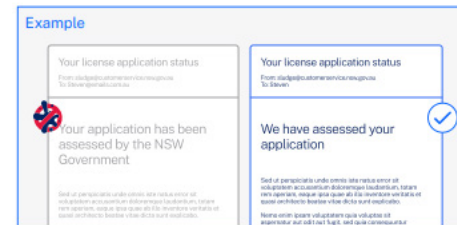
- 3** Addressing the individual by their name.



- 4** Incorporate user testimonials from people the recipient can relate to.



- 5** Use the active voice rather than the passive voice.



- 6** Break text up into shorter, digestible “chunks”.



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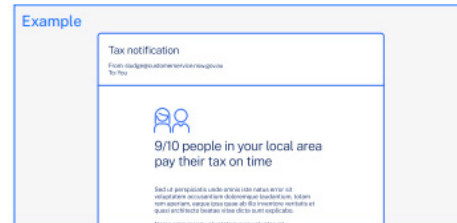
Layout

Evaluate

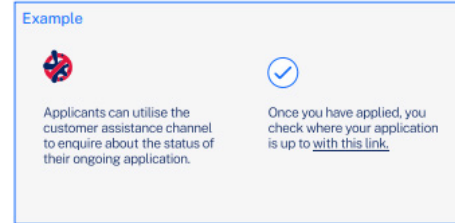
Learning and Reflections

Design Tips (continued)

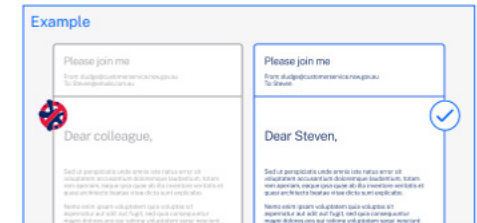
- 7** Include data to demonstrate that most people are taking the desired action.



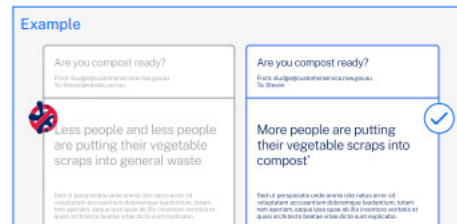
- 8** Replace jargon and legal terms with easy-to-understand alternatives.



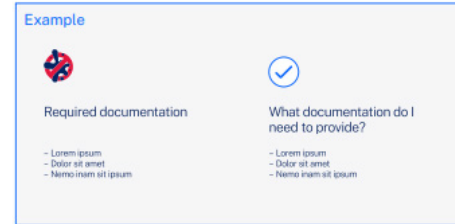
- 9** Address the recipient by their name.



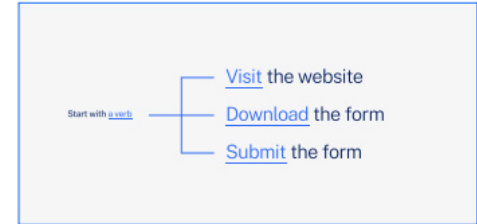
- 10** Communicate a positive, rather than negative, social norm.



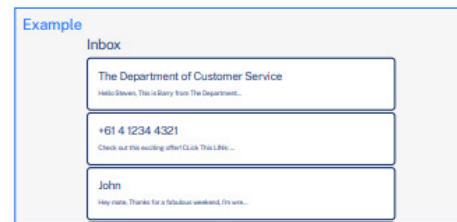
- 11** Use headings that are short, simple, and relevant to the reader.



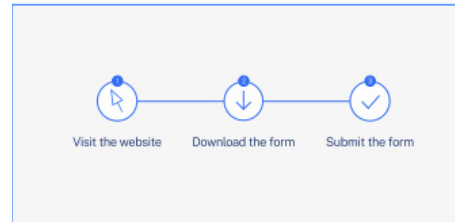
- 12** Start each step with a verb.



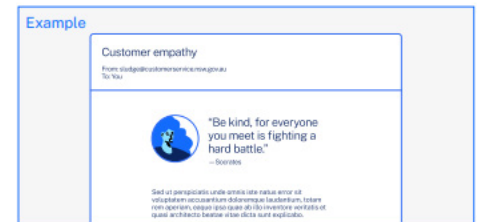
- 13** Ensure your text message is delivered by a contact with a name, not an unknown number.



- 14** Display a diagram of the step-by-step process.



- 15** Add a quote from an influential or respected person.



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Learning and Reflections

Encourage behaviour by making it Easy, Attractive, Social and Timely

Make it **Easy**

Harness the power of defaults

Reduce the 'hassle' factor

Simplify messages

Make it **Attractive**

Attract attention

Design rewards and sanctions for maximum effect

Make it **Social**

Show that most people perform the desired behaviour

Use the power of networks

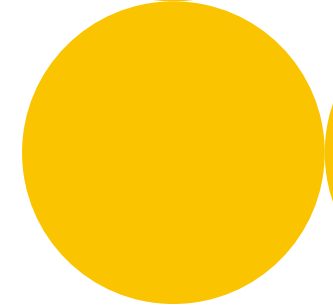
Encourage people to make a commitment to others

Make it **Timely**

Prompt people when they are likely to be most receptive

Consider the immediate costs and benefits

Help people plan their response to events



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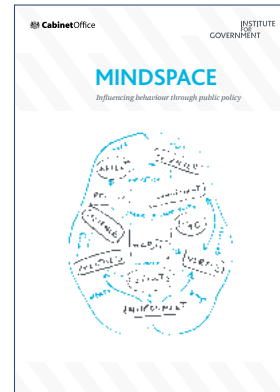
Assemble

Layout

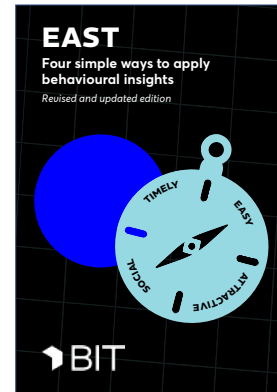
Evaluate

Learning and Reflections

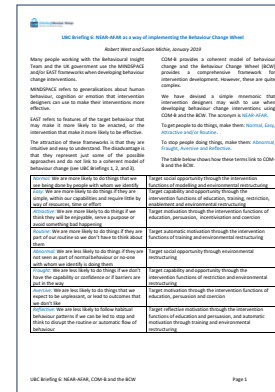
Resources



MINDSPACE
Guidance



EAST
Guidance

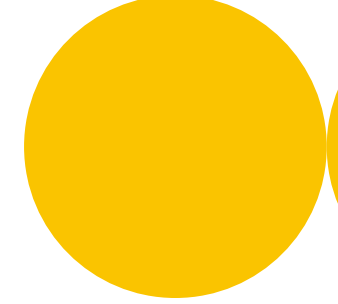


NEAR-AFAR

nhs.uk/sharepoint.com

Sign in to your account

SharePoint article – ‘Do you want to be a wordsmith’ – PHW comms team



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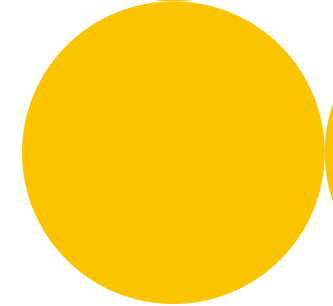
Key Action

Now you've developed your new communication, you can share your work with the Behavioural Science Unit if you'd like some feedback.

Send over your new and old communication, along with your workbook to the email address below.



PHW.BehSciUnit@wales.nhs.uk



Evaluate

Test, implement
and evaluate your
communications



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Testing

Reaching out to our target audience whilst designing and writing our communication can help to ensure it's fit for purpose. This can be done through a variety of different ways such as questionnaires or focus groups and need not be over-burdensome.

The focus of the testing will depend on the objective of our communication. For example, if our communication aimed to increase knowledge then the discussion may revolve around this.

We've provided some adaptable tests to get you started, you can pick and choose the ones that are best suited for your comms.



Olivia Palmer, Senior Behavioural Science Specialist, Public Health Wales

Click here to watch the video



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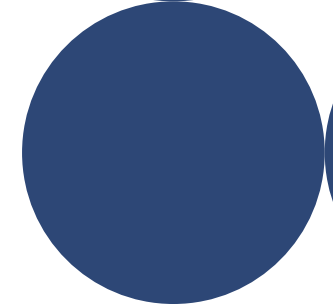
Learning and Reflections

Reading Ease (Flesch Kincaid Calculator)



Type your
content into
this tool to
receive a
'reading ease'
score

Notes

A large, empty rectangular box with a thin blue border, intended for users to take notes during the evaluation process.

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Plus-Minus Testing

[Click here to read – Effort Mark: How to Test Usability of Documents](#)

Participants are asked to read a document and put pluses and minuses in the margin for positive and negative reading experience. Plus-minus testing is a good way to get people's reactions to a document.

You can choose what plus and minus mean for your document, depending on its purpose and what you want to learn. You can use plus-minus to:

- Probe for your participants' opinions about what is clear and what is not clear to them
- Get people's emotional reactions to a document
- Investigate attributes such as confidence in the organisation
- Identify barriers/facilitators to doing the behaviour

Decide what you want to focus on for plus-minus testing. Write a short set of instructions so participants know what plus means for this usability test and what minus means. Give or send the instructions and the document to each participant.

If you are doing this testing in person or sending people the document on paper, you might ask participants to use pens with different colors – perhaps yellow to mark pluses and blue to mark minuses (we avoid red and green to avoid issues for people who have color-deficient vision.) Ask participants to write comments about their pluses and minuses as they mark up the document.



See an
example of
this applied
in practice
[here](#).



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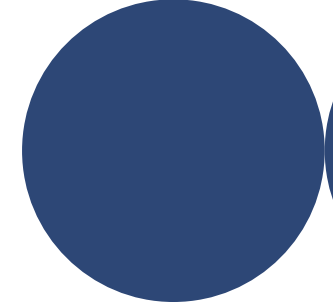
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Cloze Testing

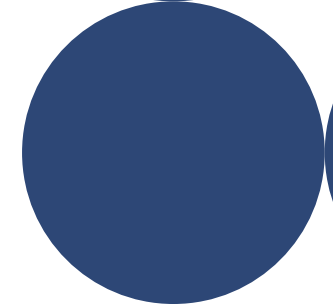
[Click here to read – GDS/Nielson Norman Group](#)

For content about subjects such as finance, regulation and health, the Cloze test can help to measure your readers' understanding.

In the Cloze test, participants look at a selection of text with certain words removed. Then they fill in the blanks.

When creating a test, you can delete words using a formula (every fifth word), or you can delete selectively (key words). You can accept only exact answers, or you can accept synonyms. Sample as many readers as possible for greater accuracy.

Notes



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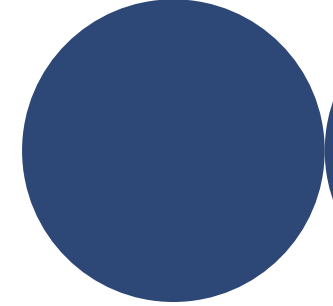
Learning and Reflections

Flip Test

This message testing method involves showing participants a message (such as invite letter, or text message reminder) for a very short period of time, and asking them questions about what they remember or what stood out to them and perhaps what the first action is that they will now take.

5 to 10 second flip tests can help you to find out whether your message is clear, memorable, and engaging enough to capture the attention of your target audience in a short amount of time.

Notes



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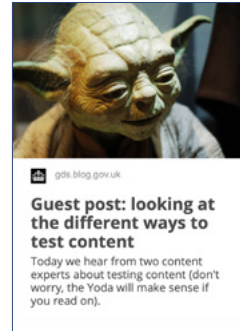
Assemble

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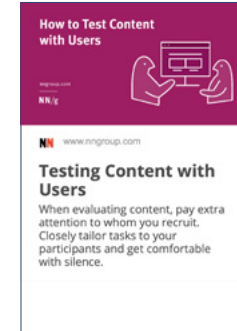
Resources



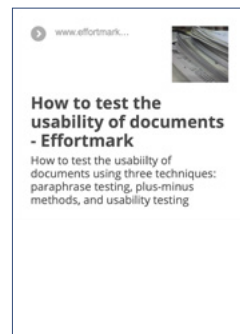
Practical methods to test content/gather feedback



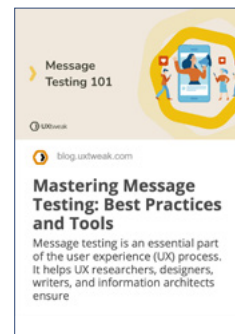
Information on user research and methods



Questions to ask when testing content/gathering feedback



Practical methods to gather feedback on communications



Includes useful examples of questions to ask when collecting feedback



Information about Guerilla testing (taking letters/resources into public domain for feedback)



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Implementation

Where possible, we should always pilot test our interventions (in this case, our communications) before full-scale implementation.

We should be prepared to revisit our communications during the development process should the testing indicate that we aren't getting the response we were aiming for.

A pilot test may involve choosing a sub-group of the target population to send our newly amended communications to, and then reviewing the available data to understand the impact.



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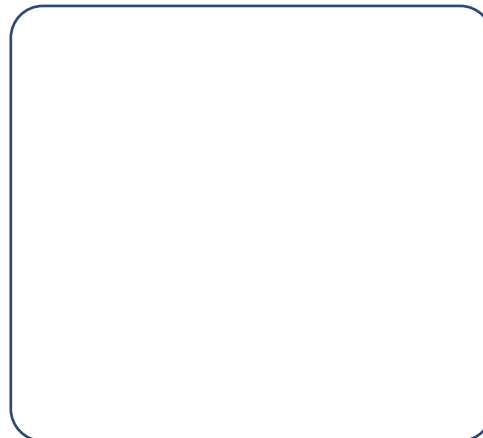
Evaluate

Learning and Reflections

Who will receive the newly amended communication?

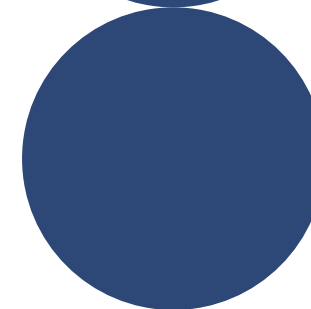
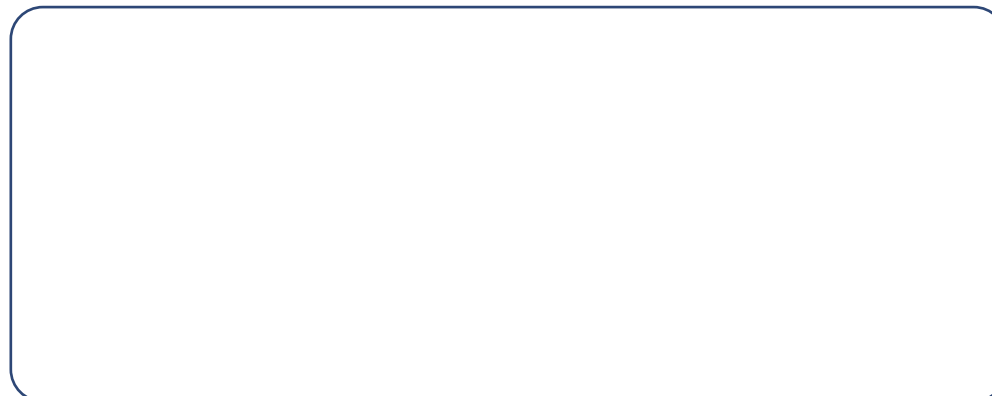
Can you send your new comms to a sub-group of your population?

This can allow for comparing resources e.g., new vs old communication, or even trialling different BCTs



How will you implement your amended comms?

Who else will be involved?



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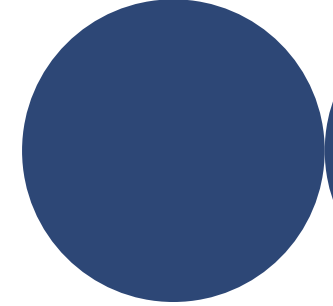
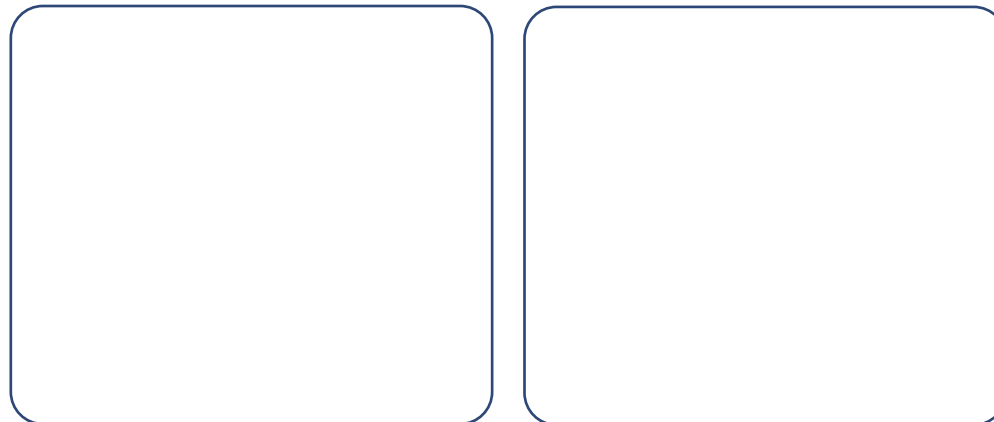
When will you implement your amended comms?

Can you specify a date?



What will you monitor whilst your comms is implemented?

What are the key indicators you are going to use? More than one is best to help triangulate the findings. Worth a back-ref to where you started...what was 'not right' or needed boosting?



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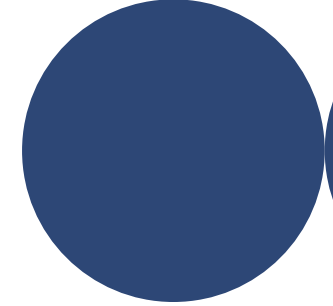
Layout

Evaluate

Learning and Reflections

What will the challenges to implementation be?

What can you do to address them?



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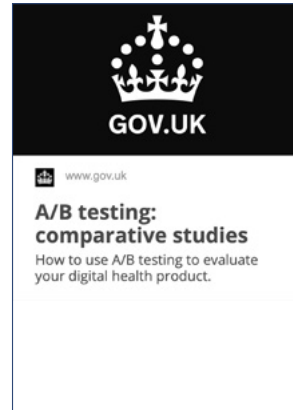
Assemble

Layout

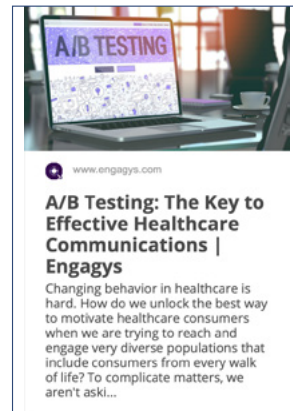
Evaluate

Learning and Reflections

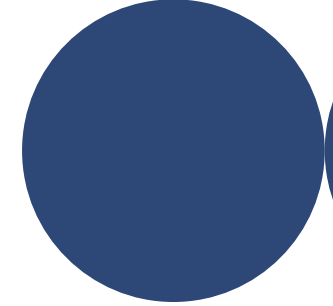
Resources



Guidance on A/B Testing



A/B testing healthcare



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Evaluation

Once your communication has been written, designed, and implemented it's important to evaluate the impact. Even if the communication is part of a wider strategy, or campaign, there are lots of ways a communication can be evaluated.

It's important to consider what your communication was trying to address when planning your evaluation. The answers you gave in the 'Your Communication' section will help to inform your evaluation.

You may complete an outcome evaluation, or a process evaluation.

Your evaluation can capture a number of different things. You may want to capture any **changes to behaviour** (e.g., did the number of people receiving their vaccine increase compared to the control group?). Whether or not you can measure a behaviour often depends on the data you have available.

Sometimes, you may want to capture any changes to **capability**, **opportunity**, or **motivation** – depending on which one your communication was designed to address. You can gather this type of data through focus groups, surveys or interviews.



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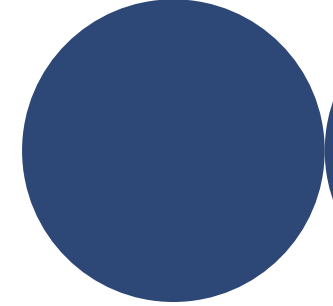
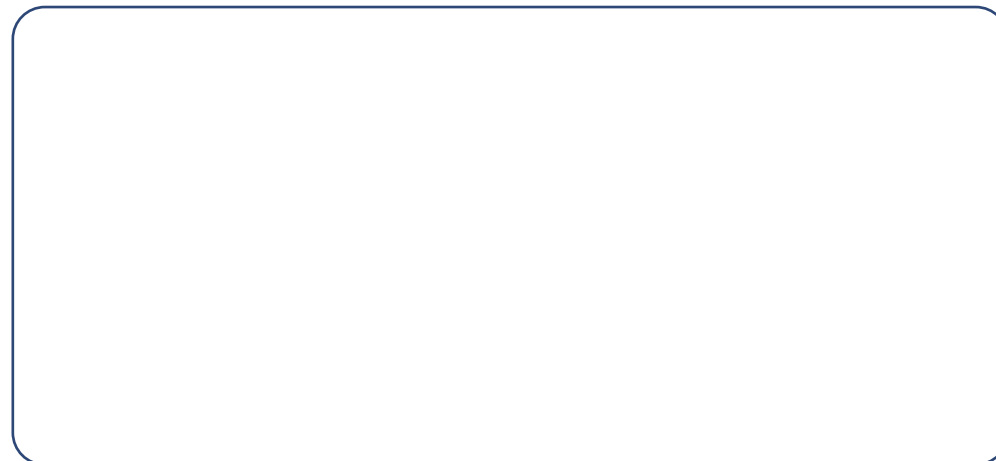
Learning and Reflections

What do you want to measure?

What is the objective of your comms? What is your behavioural specification?



What data do you have to support this?



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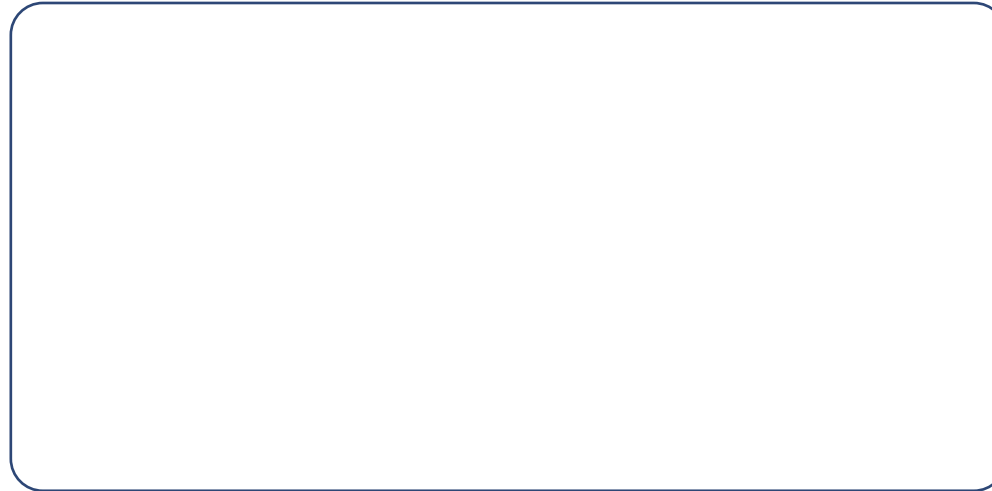
Assemble

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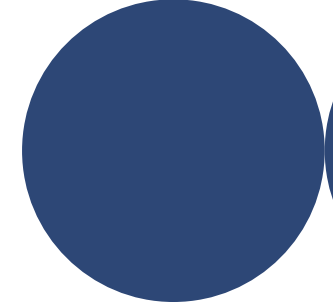
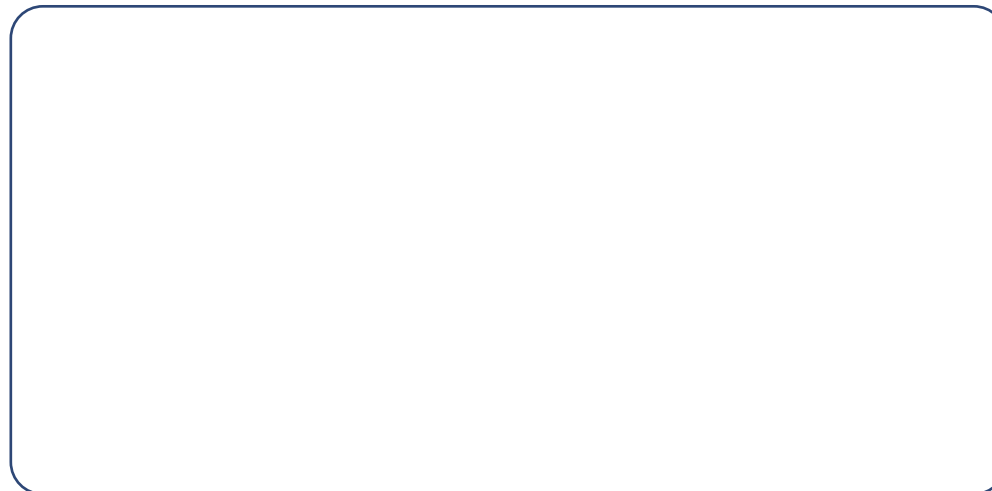
Evaluate

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Who else will you need to work with to access the data?



How will you collect baseline data?



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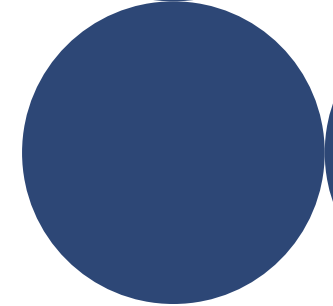
Layout

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Learning and Reflections

How will you collect post-implementation data?

What type of data will you have from your intervention and control groups?



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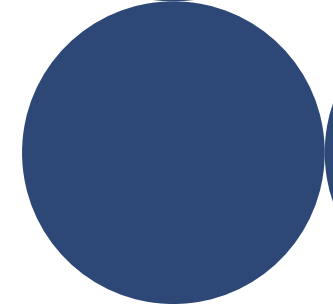

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What challenges to your evaluation might you encounter?



How might you be able to overcome them?



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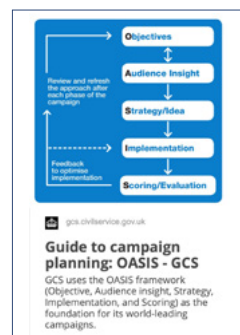
Resources



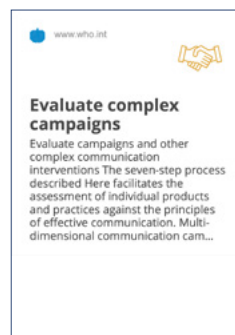
Guidance on evaluation considerations for comms/campaigns



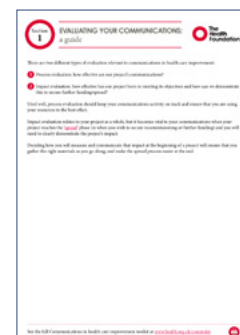
BSU guidance on evaluation



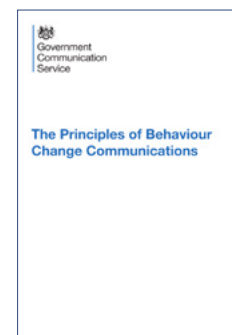
Linking evaluation with the OASIS framework



WHO guidance on evaluating complex campaigns



Process vs outcome evaluation



Page 30 onwards, focus on evaluation



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Learning and Reflections

Capture the learning

Capturing learning and reflections from implementation is a type of process evaluation. This type of evaluation can help us to understand if our behaviour change intervention (in this case, our communications) is being delivered as intended.

Keeping a record of what worked well, strengths, limitations and/or considerations to make in the future help to add to the evidence-base and further our understanding of 'what works' when it comes to changing behaviour.

We're always keen to learn and share the work of others, if you'd like to share your own learning and reflections with us please email



PHW.BehSciUnit@wales.nhs.uk



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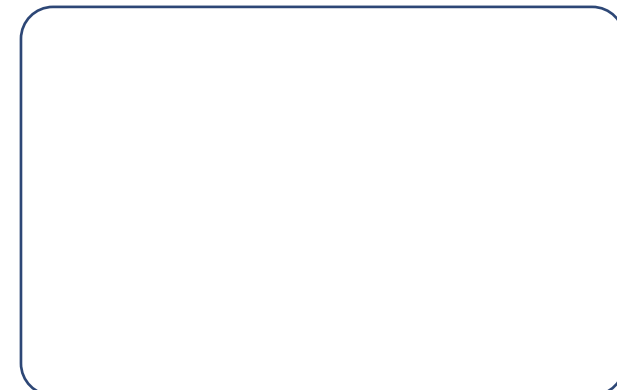
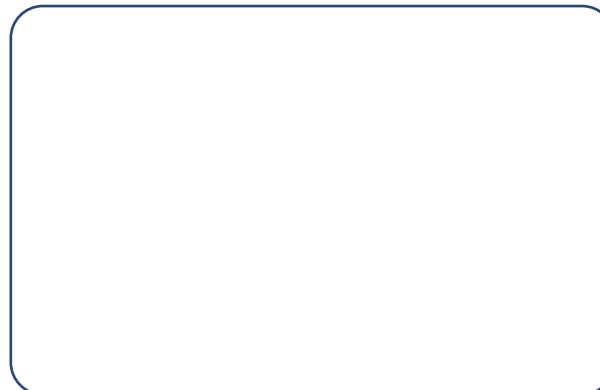
Evaluate

Learning and Reflections

Which parts of amending and implementing a new type of communication went well?



What were the challenges?



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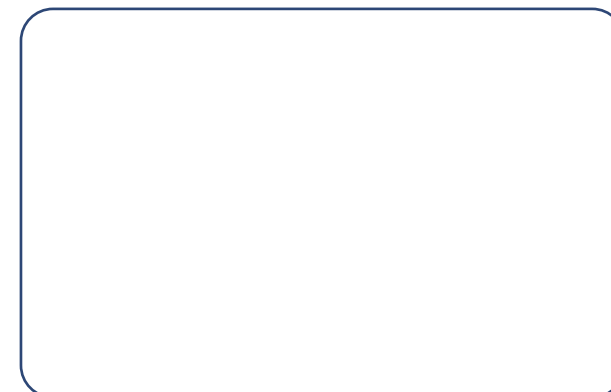
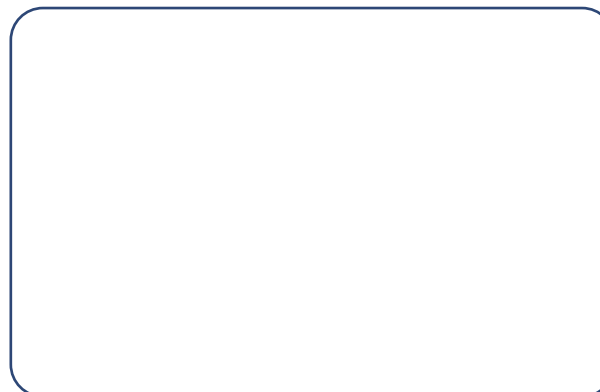
Evaluate

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Was the communication implemented as intended? Was anything changed, or amended?



What were the key impacts?



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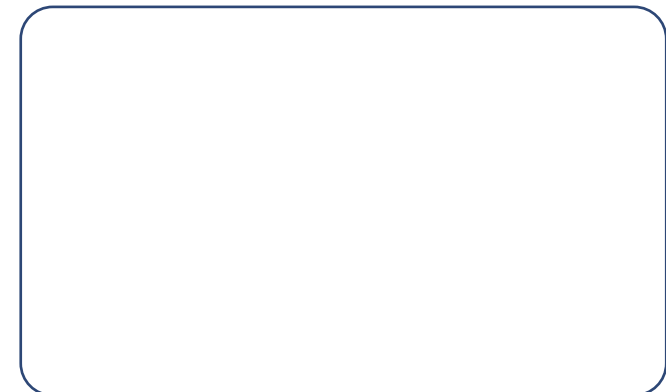
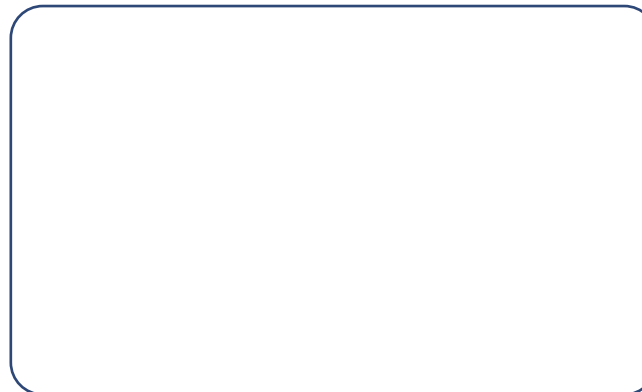
Evaluate

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Were there any unintended consequences?



How could the communication be modified to achieve impact?



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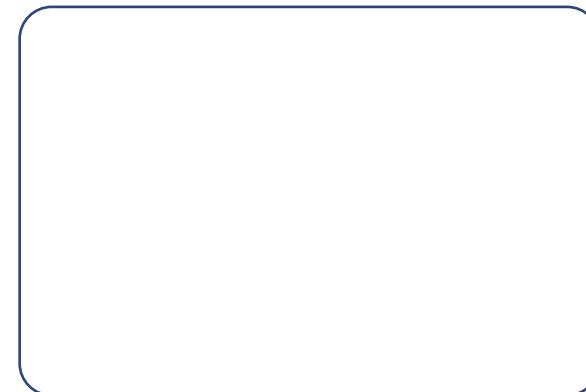
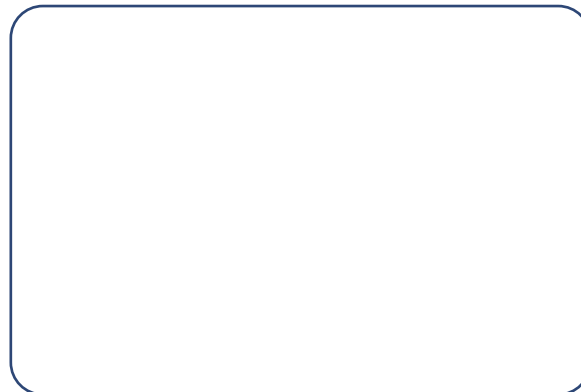
Evaluate

Learning and Reflections

What would you do differently next time?



What are the key learning points/considerations to take forward in the future?



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Now we've worked through the BICI process, how are you feeling about your knowledge and confidence in developing behaviourally informed communications?

Before we get started, how would you rate your current knowledge when it comes to developing behaviourally informed communications?

No Knowledge

High Level of Knowledge

0 1 2 3 4 5 6 7 8 9 10

What about your your confidence when it comes to developing behaviourally informed communications?

No Confidence

High Level of Confidence

0 1 2 3 4 5 6 7 8 9 10

Be great if you could send your before and after scores to us – to help ensure we are offering best support to you, and colleagues like you – **PHW.BehSciUnit@wales.nhs.uk**





Uned Gwyddor Ymddygiad
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