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Behavioural Science Unit

Behavioural Science in Action: BeSci Unit @ Public Health Wales Progress to Impact 2025-26



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Authors

Dr Jason Roberts, Senior Behaviour Science Research and Evaluation Officer
Dr Jen Thomas, Senior Behaviour Science Specialist
Jonathan West, Head of Behavioural Science
Prof Ashley Gould, Programme Director, Public Health Consultant
Dr Nicky Knowles, Principal Behavioural Science Specialist
Dr Alice Cline, Principal Behavioural Science Specialist
Dr Melda Lois Griffiths, Senior Behaviour Science Specialist
Paulina Kuczynska, Senior Behaviour Science Specialist
Khudayja Dato-Jaffer, Senior Behaviour Science Specialist
James Smolinski, Senior Behaviour Science Specialist

Contact Details

Behavioural Science Unit, Policy and International Health, WHO Collaborating Centre on Investment for Health & Well-being. Public Health Wales.
Email: phw.BehSciUnit@wales.nhs.uk
Website: www.phwwhocc.co.uk/teams/behavioural-science-unit/
LinkedIn: [Behavioural Science Community for Wales | Cymuned Gwyddor Ymddygiad Cymru |](#)

Behavioural Science Unit

The Public Health Wales Behavioural Science Unit was launched in May 2022 to provide specialist expertise on behavioural science, and develop the application of it, to improve health and wellbeing in Wales. The Unit is part of the World Health Organisation (WHO) 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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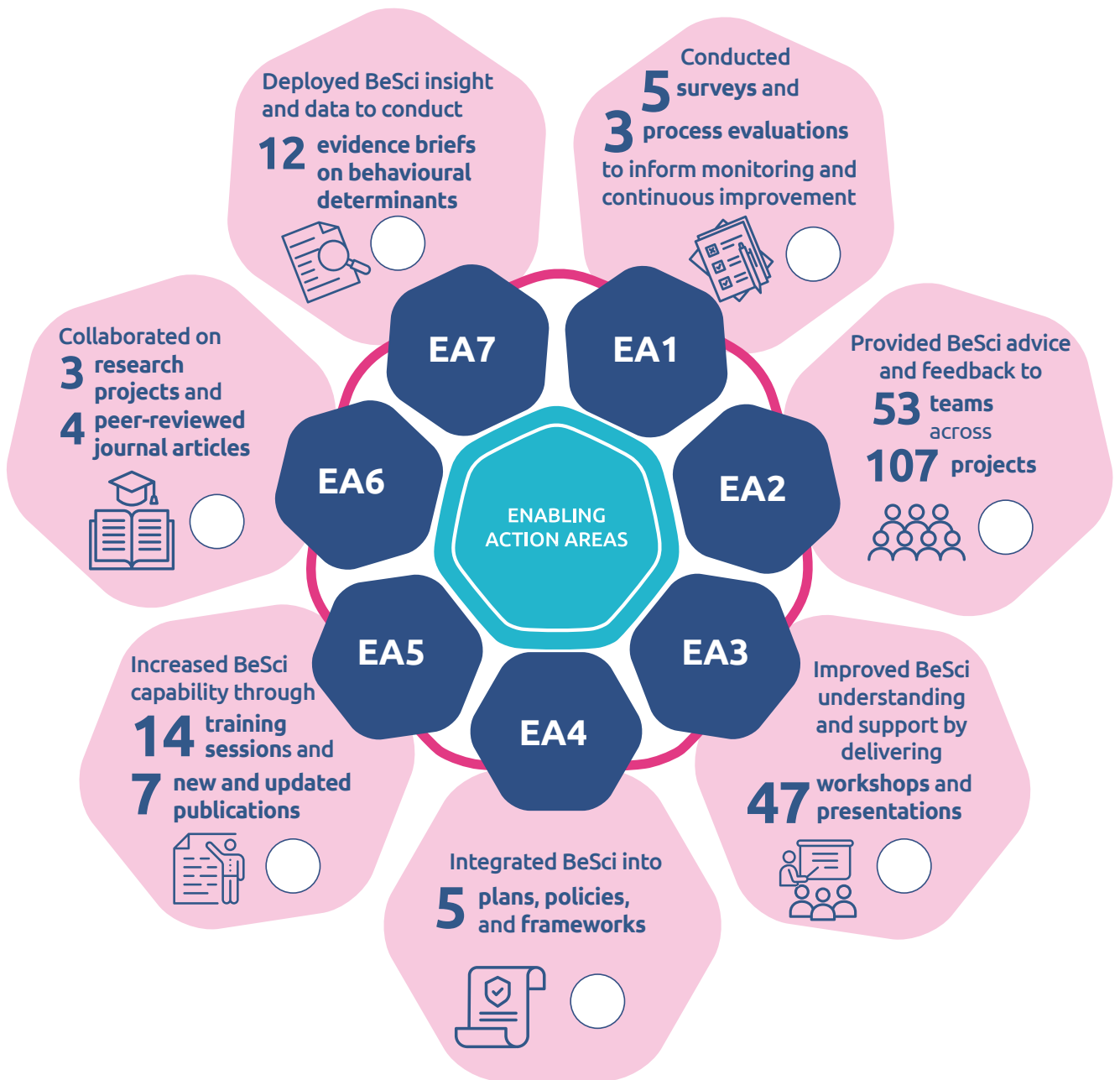
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Snapshot of 2025-26 Progress Across Enabling Areas



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Purpose

This report illustrates how the Behavioural Science Unit (BSU), Public Health Wales (PHW) has supported the routine application of behavioural science to improve and protect population health and wellbeing throughout 2025/6. It is intended for current and prospective users of the services provided by the BSU, outlining the functions of the BSU and the types of work that the unit undertakes. The report is structured around the BSU's [Enabling Plan](#), and includes some headline planned activities for 2026/7.

If you think we can support your efforts, or have any queries around behavioural science please get in touch: PHW.BehSciUnit@wales.nhs.uk

Introduction

The BSU was established in 2022, with a mission to enable the routine and systematic use of behavioural science both within PHW, and amongst wider key stakeholders. All activities undertaken by the BSU aim to optimise outcomes for better and more equitable health and wellbeing for the people of Wales.

The Unit provides an increasingly impactful enabling function, supporting the delivery of the [Public Health Wales Long-Term Strategy](#) which states:

Our Behavioural Science Unit will provide specialist expertise and enable the routine application of behavioural science to improve and protect population health and well-being.

Support, guidance and capability building for stakeholders across the public health system, will help deliver a step change around achieving our strategic objectives.

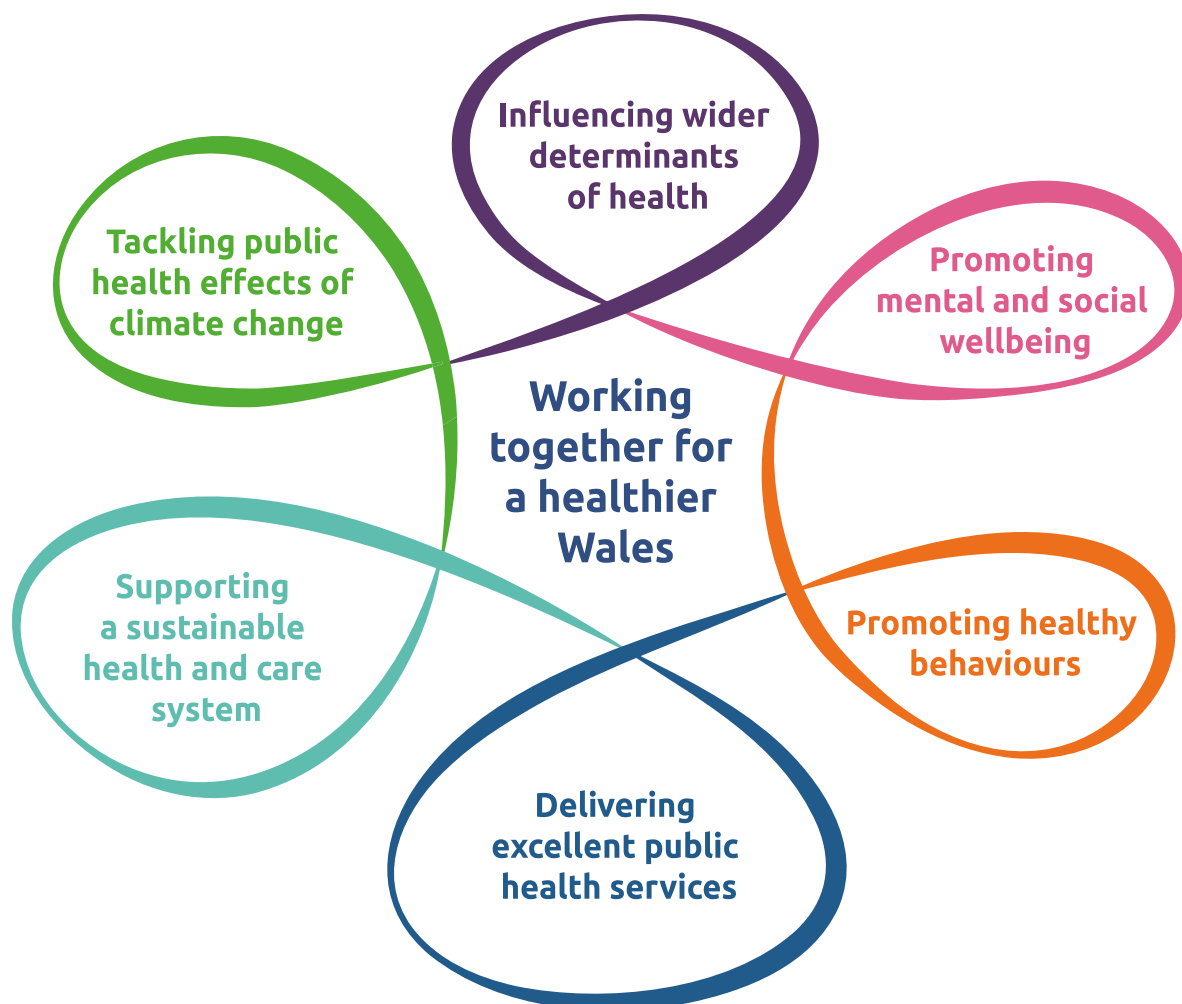
Why is behavioural science important?

Activity to improve or protect health and reduce health inequity, by PHW and across the Welsh public sector, almost always relies on *behaviours* – be that by members of the public or of professional groups. Whether the activity relates to policy, services, improvement, systems working or communications, its successful implementation and realisation of the desired outcomes will, almost always, depend on human behaviour. There is strong evidence that routinely and systematically deploying behavioural science in the development, implementation and evaluation of those endeavours, can help make our efforts more efficient and optimise the impact of this work.

What do the Behavioural Science Unit do?

The BSU collaborates with a wide variety of stakeholders both within PHW, and from teams across the wider Welsh public sector. Activities encompass a range of priority topic areas, all of which aim to deliver better and more equitable health for the Welsh population. [A recent evaluation](#) highlighted that stakeholders perceive the BSU team as *experts in the field of behavioural science*, with the ability to translate their knowledge into accessible information and relevant ways of working. The Unit have trusted working relationships with stakeholder teams across the system, and are growing collaborative opportunities and advocacy for the wider application of behavioural science.

Over the past 12 months, the BSU have worked with **over 50 different teams** from across PHW and wider stakeholder organisations, supporting them to consider behavioural science in the design and delivery of **107 projects**. The variety of work undertaken by the BSU demonstrates the direct contribution of activity to the six strategic priorities in [PHWs Long-Term Strategy](#):



Who is this report for?

This report is for anyone in the Welsh public sector working to improve and protect population health and wellbeing and reduce health inequity with an interest in how behavioural science can be applied to help improve efficiency and optimise their impact.

This includes:

Public Health
Wales

Welsh Local
Government
Association

Health Boards
and Trusts

Higher Education
Institutions

Welsh Government

Third Sector
Organisations

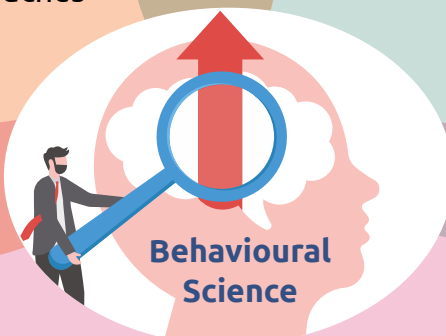
Local Authorities

Professionals who can use behavioural science when planning, developing or improving and implementing interventions:

Policy Services
Communications
Guidance
Whole Systems Approaches
Frontline Health, care, and other services

The behavioural science community:

Data, Knowledge and Research Teams
Academic Researchers
Groups Providing a Range of Behavioural Science Services
Knowledge Mobilisers



Those who shape organisational and professional structures and processes to enable others to use behavioural science:

Senior Leaders and Managers
Funding Bodies
Strategic Planners
Improvement and Innovation Teams
Professional and Organisational Development Teams
Bodies Responsible for Professional Education and Regulation

Better Health Through Behavioural Science: An Enabling Plan for Wales

This philosophy has informed the production of our [Enabling Plan for Wales](#), published in November 2025. The plan outlines seven enabling action areas around which the activity of the BSU and its partners is organised, and identifies the range of work areas where the BSU seeks to collaborate with partners over the coming years.



Enabling Action Areas in Focus



Ensuring **continuous improvement** in the systematic application of behavioural science for better health

Conducted **5 surveys** and **3 process evaluations** to inform monitoring and continuous improvement



This action area supports a culture of continuous learning and improvement in the work of the BSU. By strengthening governance, stakeholder engagement and alignment with international frameworks, it ensures the ongoing evaluation, refinement and impact of behavioural science approaches.

Evaluating the Behaviourally Informed Communications Initiative 2.0 (BICI)

In partnership with Bangor University, the BSU conducted a process evaluation to help further understanding of how the programme was implemented in practice, identify factors which supported or constrained delivery, and inform the design and delivery of future BICI programmes.

The evaluation outlined that 70 stakeholders worked on 64 projects from 27 different organisations across Wales, almost doubling the number of participants from the previous BICI 1.0 programme. The evaluation examined participant demographics, engagement data and completed project materials, as well as closing call interview data alongside project staff reflections. This allowed the BSU to assess how the programme was meeting the needs of stakeholders, whilst balancing demands on staff.

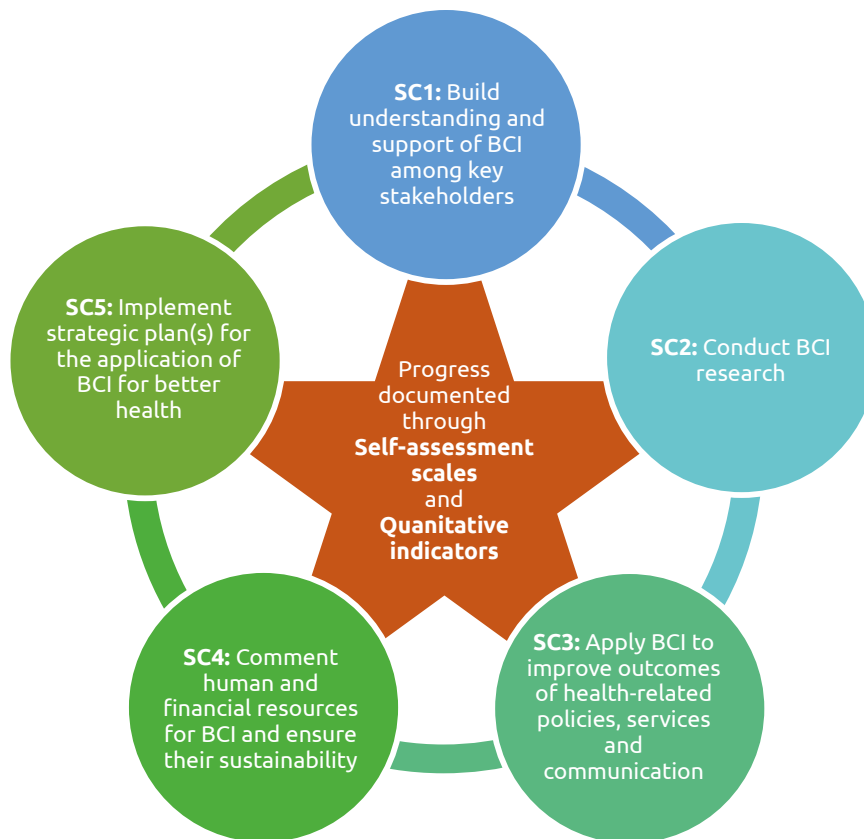


Despite some participant attrition across the duration of the programme, participants who sustained engagement reported increased confidence, skills, and more disciplined, evidence-informed approaches to communication design.

The learning from the evaluation has contributed towards a strategic shift towards a 'spread and scale' approach, where the BSU supports local health boards to deliver BICI at a local level. Longer-term impacts from the BICI programme are also being evaluated by Bangor University, to ensure continuous improvement in the application of behavioural science support and practice.

WHO Behavioural and Cultural Insights Progress Reporting

As a signatory of the World Health Organisation’s European regional resolution on behavioural science for equitable health, we report every two years on progress against five Strategic Commitment (SC) areas which comprise a [progress model](#). These are areas where participating countries have committed to make progress over the six years of the action framework (2022-2027).



Progress model: implementation of the European regional action framework for behavioural and cultural insights for health, 2022–2027 (RC72)

[An independent evaluation](#) was undertaken to ensure a robust and objective approach was taken to the assessment. Stakeholder input was obtained through a survey (n = 55) and follow-up interviews (n = 8), which, when triangulated with desktop research, evidenced that the BSU have made progress against 4 of the 5 SC areas since 2021. SC2 “Conduct BCI research” had not increased from baseline assessment scoring.

This assessment provided actionable insights through which the BSU have improved ways in which the routine application of behavioural science is supported across the public health system. An evaluation framework and data collection tools have been developed to facilitate primary research, and better evidence the impact of the Unit’s activities.

Evaluating with the Behavioural Science Community for Wales

To evaluate the Behavioural Science Community for Wales, a survey was undertaken amongst community members. The survey was developed to build a clearer understanding of who engages with the Community, what motivates participation, and how involvement is shaping behavioural science capability, confidence and practice across Wales.

The survey captured responses from 52 stakeholders and the findings highlighted a strong recognition of the importance of behavioural science (mean = 8.1/10), alongside consistently lower confidence when applying the science in practice, revealing an importance–confidence gap across members. The survey also demonstrated how engagement within the community is driven by different needs across roles. Practitioners seek skill development, leaders prioritise strategically relevant resources, while researchers value collaboration opportunities.

The findings provided a clearer understanding of engagement, capability and confidence across the Community, allowing the BSU to make more informed decisions about how behavioural science support is structured, delivered and targeted across the public health system in Wales.

The findings have been used to redesign the Behavioural Science Community for Wales offer, reflected in a shift towards more ‘bite-sized’ online sessions, targeted at different segments of the community, as well as being incorporated into content planning for the 2026 Behavioural Science Community for Wales Conference. The work has also prompted an updated segmentation exercise of community membership to better understand how future content can meet the needs of different groups. Future iterations of the survey will also monitor changes over time to ensure continuous improvement within delivery.





Ensuring **technical advice and rapid feedback** is available, accessible and acceptable - across teams, functions and policy areas

Provided BeSci advice and feedback to **53 teams** across **107 projects**



The BSU has continued to deliver timely responses to stakeholder requests for specialist behavioural science expertise, supporting evidence- and theory-based decision-making, intervention design, adaptation, implementation and evaluation. Clear mechanisms for advice, support and collaboration have been established, enabling proportionate and impactful application of behavioural science across policy, programmes, services and communications.

Your Medicines Your Health Behavioural Specification

The BSU conducted a behavioural specification workshop for the 'Your Medicines Your Health' steering group, to support them in identifying target behaviours for a national campaign. The aims of this campaign are that everyone in Wales who uses medication, takes and manages it in a way that maximises their health outcomes; and that pharmaceutical waste is minimised and disposed of appropriately.



The workshop facilitated structured thinking around 'who needs to do what' across four priority areas – conversation about medicine; adherence to medicine; ordering medicine and disposal of medicine. The group identified relevant actors, before exploring which behaviours could most influence outcomes. 36 behavioural specifications were generated, and stakeholder prioritisation is currently underway through a guided scoring exercise based on the potential impact of the behaviour on the desired outcome; the likelihood of changing behaviour; and the ease of measuring the behaviour. The highest rated behaviours will be taken forward for further exploration, and the development of behavioural diagnoses to inform intervention design.

The priority behaviours will be explored further through work with the PHW Research and Evaluation team. The BSU will continue to support implementation and impact through consideration of the barriers and facilitators to the priority behaviours within the target populations, and forming interventions which have the most potential to be effective in these contexts.

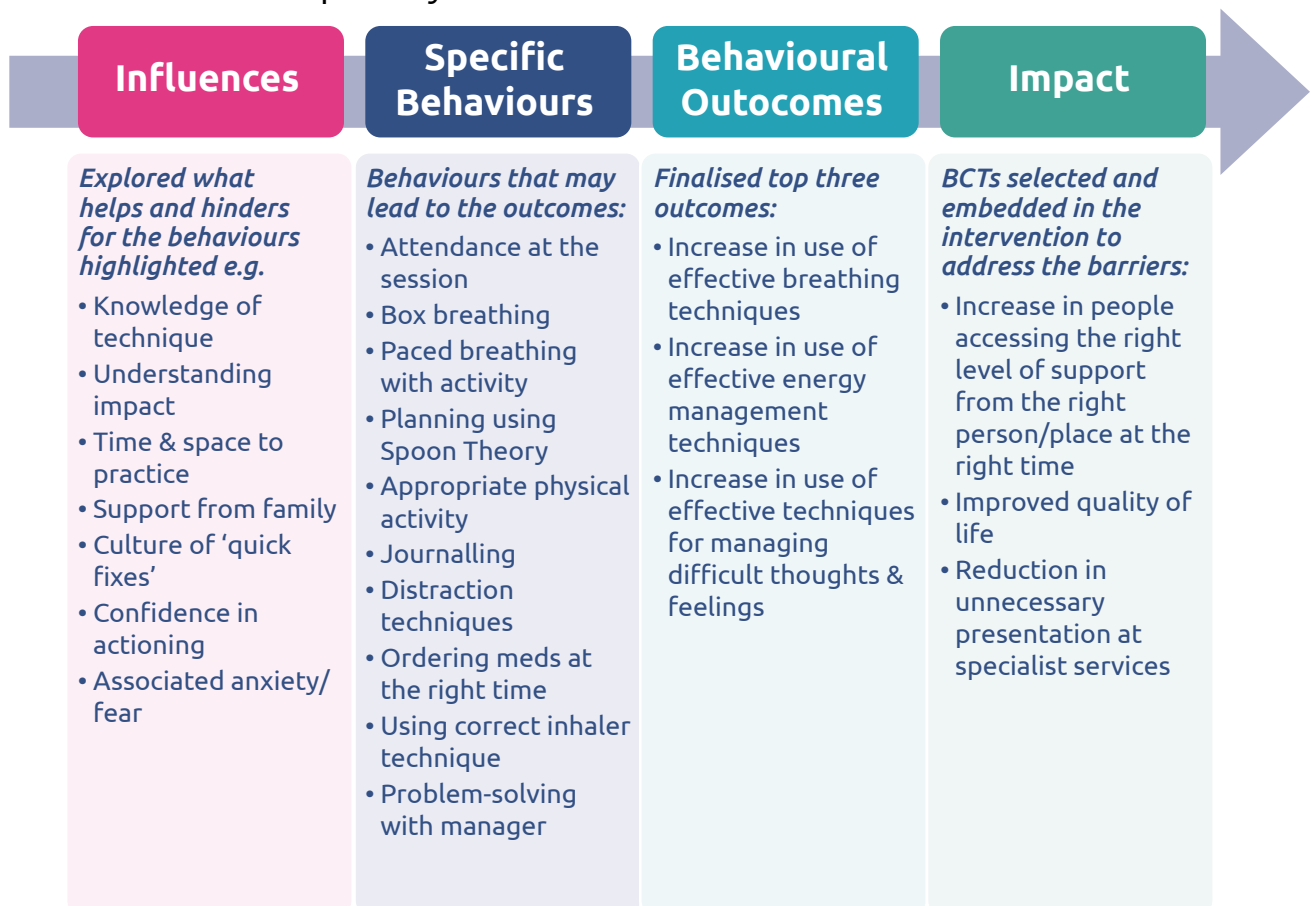
A Behavioural Science Approach to Breathlessness Self-Management

The All-Wales Community Breathlessness Pathway aims to improve quality of diagnosis and management of breathlessness, regardless of the underlying cause. An important part of the pathway is equipping people experiencing breathlessness with basic knowledge and skills, to build agency and empower management of their breathlessness. These developments aim to improve quality of life and reduce health resource utilisation.

Recognising the value of a behaviourally informed approach, the project leads (Respiratory Network in NHS Wales Performance and Improvement) invited the BSU to join the core working group in the development of the intervention. The BSU supported the co-design of the intervention by co-facilitating three stakeholder workshops comprising of clinicians, people with lived experience, researchers and organisational partners. The BSU introduced key behavioural frameworks, applied these to breathlessness management strategies (e.g. breathing and energy management), and translated them into behavioural outcomes.

By examining barriers and enablers to the desired behaviours using the COM-B model, the BSU developed key content that would be most likely to positively impact people experiencing breathlessness - helping with self-management.

The intervention will be piloted from May 2026 across local health boards, with iterative evaluation to ensure it is both beneficial and acceptable to participants. This collaboration demonstrated how behavioural science can be meaningfully embedded into a national clinical pathway.



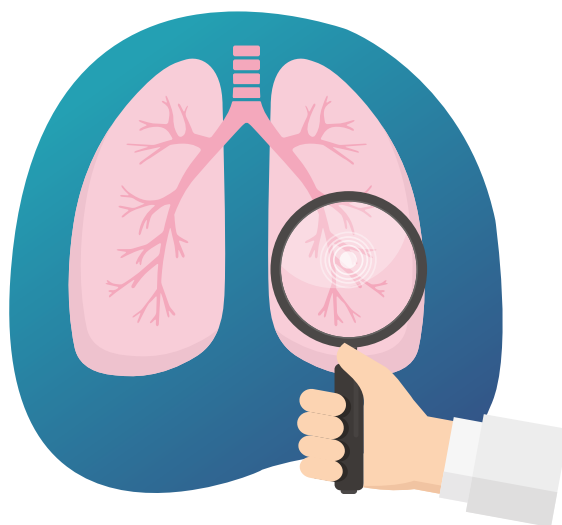
Lung Screening Wales Invitation Pathway Materials

The BSU have provided technical feedback to shape patient and public communications for the proposed Lung Screening Wales programme. The BSU reviewed existing materials, conducted a desk-based behavioural diagnosis, offered recommendations for the proposed invitation pathway and drafted examples of patient communications. These included a pre-invite letter and leaflet, an invitation letter and accompanying booklet, and SMS reminders.

The draft communications have been tested with public/patient groups, and are being refined based on their feedback. The BSU worked closely with the delivery team in an iterative way, reviewing amendments to ensure that the behaviour change techniques embedded within the communications work alongside the changes made through user engagement.

Throughout this process, the BSU have taken a transparent approach, highlighting where behaviour change techniques have been applied within the communications, and providing the rationale for our advice and technique choices, so that partners can make informed choices about how to embed behavioural science within the programme.

The BSU are continuing to work with the delivery team to develop the communications within the patient pathway, as well as advise on the development of materials to raise public awareness of the programme.



Partners can make informed choices about how to embed behavioural science within the programme



Building understanding and support for using behavioural science, through advocacy and engaging stakeholders where they are

Improved BeSci understanding and support by delivering **47 workshops and presentations**



Through targeted and responsive engagement, learning and evidence mobilisation, stakeholder relationships are continually strengthening and behavioural science is being embedded into decision-making. Through strengthening awareness, confidence and stakeholder engagement, behavioural science is increasingly being seen as a strategic priority across Public Health Wales.

Behavioural science considerations to help optimise uptake of staff flu vaccination

Responding to a direct request from NHS Wales Leadership Board and working with PHW Vaccine Preventable Disease Programme and Welsh Government Health Protection leads, the BSU co-designed and delivered a timely national workshop. Staff from all health bodies in Wales participated, including immunisation leads, public health, occupational health, and people and organisational development teams. Participants examined their current and planned activities against a behaviourally informed, theory-based set of intervention types and content, pre-prepared by the BSU. Approaches were discussed and developed to optimise impact at eliciting vaccination amongst priority groups of staff.

Feedback was overwhelmingly positive, with observations around the practical application of shared insights, tools, and approaches to support local delivery and engagement.

The BSU continues to support the Vaccine Preventable Disease Programme and the Central Communications teams at PHW to use behavioural science in activities to help increase uptake of flu (and other) vaccination.



Behavioural Science for Lead Officers: Strengthening Behaviourally Informed Practice Across Welsh Local Authorities

An impact-focused session on deploying behavioural science was delivered to 70 environmental health officers working across Welsh councils, as part of the Lead Officers programme.

Behavioural science models and frameworks were described and a tailored range of tools showcased to help adopt behavioural science in practice, e.g. in communications. Examples and discussions demonstrated the practical application to environmental health and emergency response contexts.

The session strengthened behavioural science literacy among environmental health professionals who routinely need to influence behaviour during 'business as usual' (e.g., food safety, infection prevention and control, workplace health and safety), as well as when they are in 'Lead Officer' roles in multi-agency emergency response arrangements.

Feedback on the session indicated immediate relevance to practice and communications, with several attendees noting intentions to adapt how they deliver public health and food safety advice:

"...we undertake many healthcare awareness projects, [so] the practical application of behavioural science could be utilised to help us to educate and nudge people towards making better decisions"

This training led to the inclusion of behavioural science content in all future Lead Officer training sessions, and plans for a dedicated all-day workshop to expand the application of behavioural science.

An impact-focused session on deploying behavioural science was delivered to **70** environmental health officers

BeSci Community in Wales Conference 2025

Our most successful and strategically significant Behavioural Science Conference was delivered in November 2025. This event was attended by over 150 colleagues from across public health, local health boards, Welsh Government, academia and the third sector, who came together to explore how behavioural science can enhance system performance, equity and population health outcomes in Wales.

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third sector

Through open space discussions, five interactive workshops, and nine oral presentations, the conference set a new benchmark for ambition, engagement and impact, and reinforced the growing demand for behavioural science across the public health system. Key moments included the launch of [Better Health through Behavioural Science: An Enabling Plan for Wales](#), a keynote on the importance of using behavioural science for improving population health from the Chief Medical Officer for Wales, an exclusive preview of the 'Behaviour Change Wheel 2.0' from Professor Emeritus Robert West, and an engaging and thought-provoking 'ask the expert' panel session.



Delegate feedback confirmed that the conference facilitated connection and collaboration, and the oral presentations and workshops were commended for highlighting the critical role behavioural science has in delivering improved health outcomes and reducing inequities. These insights are already shaping the 2026 Conference, to ensure the BSU continue to deliver what the Community needs, in a manner which best engages stakeholders.



Integrating behavioural science into organisational standard processes and professional systems

Integrated BeSci into **5 plans, policies and frameworks**



This action area embeds behavioural science into core organisational processes, including planning, policy and service delivery. It focuses on strengthening systems, processes and partnerships to enable routine application across programmes, improving outcomes and maximising impact.

Winter Well-being: Shared Actions and Impact

The BSU played a central role in refreshing and building on a 2019 report that took a preventative approach, seeking to apply public health principles to improving winter well-being and reducing winter pressures.

Recognising that winter can challenge us all – and so brings increased demands on individual health and significant challenges to services across all sectors - the 2025 report presented an updated assessment of needs, risk factors and evidence of effective interventions – leading to a set of tangible priority actions in the following key areas:

1. Preventing and managing infectious diseases
2. Staying warm and well
3. Accessing the right care at the right time
4. Supporting mental health and well-being
5. Supporting vulnerable populations
6. Healthcare workforce resilience.

To support a busy system, already planning and preparing for increased strain, the report was action-oriented and offered *considerations and checklists* to fit with extant key winter pressure processes. .

The report applies a behavioural science lens to the headline challenges to improving and protecting health in winter, recognising that effective solutions require both individual actions and system-wide enabling interventions. This *dual focus framework* recognises that while personal responsibility and action matters, the environment, policies, and services must be designed and implemented in ways to enable and support these actions.

Integrating Behavioural Science into PHW's Leading for Improvement & Innovation Programme

Integrating behavioural science into quality improvement (QI) ensures that system changes are technically effective and practically sustainable. Behavioural science helps identify behavioural barriers, shape interventions that align with human motivation, and improve adherence to processes, while QI provides the structured methodology to test, refine, and embed these changes. Together, they create improvements that are more impactful, resilient, and aligned with professional standards, ultimately bridging the gap between policy and practice

The Improvement and Innovation Hub (IIH) at PHW partnered with the BSU to embed behavioural science within the Leading for Improvement and Innovation (LII) programme. This collaboration explored how behavioural and QI methodologies complement one another, adapting course content to demonstrate how behavioural insights can strengthen improvement work. The revised programme was piloted with multiple cohorts, providing a live testbed for applying behavioural science principles to real QI challenges.



Early impact is promising - participants report approaching QI problems with a renewed focus on behaviours as drivers of change, helping them overcome barriers where traditional methods had stalled. The pilot has increased requests for BSU support on QI projects and sparked interest in reciprocal CPD across behavioural science and QI teams. Key lessons include the importance of co design, the challenge of translating behavioural frameworks into practical tools for improvement, and the value of embedding behavioural expertise early in programme development.

Next steps include refining the integration model and developing champions for behavioural science and QI within respective teams. This will strengthen organisational capacity, deepen inter disciplinary collaboration, and ensure behavioural science continues to inform improvement practice across PHW.

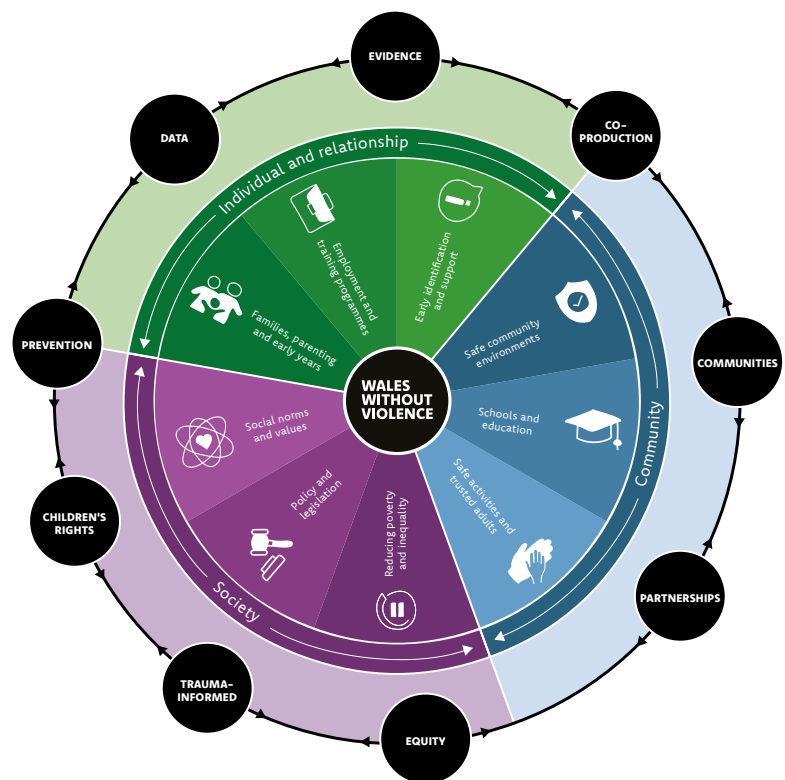
Embedding Behavioural Science into the Wales Without Violence Framework

The BSU partnered with the Violence Prevention Unit (VPU) at PHW directly into to support the structure and development of the Wales Without Violence Framework. This involved supporting the team and their stakeholders to define priority behaviours across key areas and conduct a structured behavioural diagnosis to inform framework development.

The BSU worked with the VPU to embed behavioural science within the Wales Without Violence Framework. By supporting stakeholders to clearly define target behaviours, conduct behavioural diagnoses and identify behaviour change techniques, the framework is grounded in an explicit understanding of what needs to change and why.

This approach aligns with evidence that embedding behavioural insights into systems and frameworks (e.g. through defined behaviours and structured diagnosis) increases consistency and reduces reliance on individual-level behaviour change. The framework is therefore better positioned to guide behaviourally informed action across sectors.

The next steps are to focus on understanding how the framework is being implemented in practice, including how behavioural components (e.g., identified behaviours and behaviour change techniques) are being interpreted and applied by stakeholders. This insight will be used to refine guidance, strengthen usability, and ensure behavioural science elements are meaningfully embedded and consistently used across implementation contexts.





Building capability in behavioural science application, and system-wide sustainable capability

Increased BeSci capability through
14 training sessions and
7 new and updated publications



Training, tools and collaborative partnerships unpins the development of a skilled and confident public health workforce in applying behavioural science. The sustained, system-wide application of behavioural approaches for better health is being enabled through guidance, communities of practice, and academic collaboration.

The Behaviour Change Agents (BCA) Programme 1.0

The Behaviour Change Agents (BCA) Programme, co developed with the University of Manchester and stakeholders across the system in Wales, was piloted with 52 participants, and has been refined through a mixed methods evaluation. The inaugural cohort, for the fully developed programme launches in June 2026, with over 70 colleagues expressing an interest. The BSU continues to collaborate with participants from the pilot cohort through an active BCA peer support group.

Programme piloted with
52 participants
 inaugural cohort launches in June 2026

Early impact is already visible - in Betsi Cadwalladr University Health Board, a Principal Public Health Practitioner has supported multiple teams, including Transformation and Improvement, Health Protection and Health Visiting, to embed behavioural science within their practices. They have co-delivered workshops with the BSU and influenced the inclusion of behavioural science as a cross-cutting theme in the 2026/27 local public health plan.

In Cwm Taf Morgannwg University Health Board, a Principal Public Health Practitioner has applied a behavioural lens across projects, delivered training, and established a small behavioural science team with protected time for application and advocacy/capability building. Together with BCAs, the BSU will continue to monitor and capture these ripples of system impact.

Building Sustainable Behavioural Science Capability Across the Public Health System

The BSU is developing a multi level, sustainable approach to embedding behavioural science across the public health system. Drawing on findings from [a national scoping assessment](#), insights from stakeholders across the system, and global evidence, the BSU is strengthening understanding, capability, and confidence to apply behavioural science in everyday practice.

The BSU's approach is grounded in established behaviour change models which, combined with principles of collaboration and co creation. This behaviourally informed approach ensures that interventions are not only theoretically robust but also practical, accessible, and aligned with the realities of public health delivery in Wales.

The 'universal' offer, presented to stakeholders for the first time this year, provides a clear entry point for anyone working to improve and protect health. It includes:

- A [1-hour eLearning module](#) hosted on the widely accessible Learning@Wales (free signup required).
- A suite of tailored [tools and resources](#)
- Access to the [Behavioural Science Community for Wales](#)

The aim is for all stakeholders, regardless of role, organisation, or level of prior knowledge, to be able to apply a behavioural lens to their work, advocate for behavioural science through discussing their learning with colleagues, and to know when and how to seek specialist behavioural science advice.

These outcomes reflect the BSU's commitment to building not just knowledge, but sustained behaviour science application across the system through foundational capability, increasing visibility of behavioural science, and supporting teams to integrate behaviourally informed approaches into planning, delivery, and improvement activities.

The Behaviourally Informed Communications Initiative (BICI) 2.0

The BSU designed and delivered BICI 2.0 in 2025/6 - an applied capability-building programme for public health and NHS Wales staff. The six-month programme supported participants to apply behavioural science to real communications projects - strengthening skills, confidence, and consistency in behaviourally informed communication.

In 2025 80 participants joined the programme, representing over 20 different organisations including stakeholders from Public Health Wales, local health boards, and other NHS/non-NHS teams. Letters and emails were the most common type of communication used, with topics including flu vaccination reminders, invitation letters for routine screening, diabetes self-sampling training for health professionals behaviours and service improvement methods used in clinical settings.



80 participants
representing
over
20 different
organisations

The programme consisted of monthly workshops aligned to the [SCALE process](#), supported by [a workbook](#) and ongoing BSU advice and support. Participants applied learning to live communications, improving clarity of calls to action and alignment with behavioural principles (e.g., COM-B and BCTs), to help deliver the desired behaviours/actions.

BICI has built sustainable capability with participants' behavioural science knowledge and confidence increasing by an average of 40%. Participants are now applying behavioural science beyond their single project, influencing wider team practices and contributing to a more consistent, system-wide approach to behaviourally informed communications.

The next steps are to adopt a 'spread and scale' model by supporting health boards to deliver BICI locally. The BSU are strengthening evaluation of the programme through a partnership with Bangor University, including longer-term follow-up with participants.



Conducting and facilitating **behavioural science research**, including through collaboration with academics, to impact and show impact

Collaborated on **3 research projects** and **4 peer-reviewed journal articles**



This action area strengthens research collaboration to generate impactful behavioural science evidence aligned to public health priorities. Through strategic partnerships, funding opportunities and engagement with national and international initiatives, it helps ensure research is aligned to priority areas and delivers measurable impact.

Behavioural science to support systems approaches for better health

Many public health challenges persist because they are a product of interconnected systems, and so public health action is increasingly focused on 'whole systems approaches'. This is essential to shifting how systems function, to change the conditions that repeatedly recreate the challenge, and so lead to more sustainable improvements in population health.

The disciplines of whole systems approaches and behavioural science in public health practice have developed largely without considering each other, whilst in fact there are many overlaps. There is increasing recognition in the field of applied behavioural science that to be effective it must consider the whole system, and indeed several frameworks consider that, and behavioural systems mapping is becoming more widely used.

In partnership with Bangor University's Wales Centre for Behaviour Change, the BSU contributed to a review of the literature on integrating behavioural science with systems thinking to better understand how the two disciplines can integrate in application to improve their effectiveness. This work was published [in an article within the peer reviewed journal Behavioural Sciences](#).

The research makes a strong case for behaviourally informed systems working that allows for more comprehensive and adaptive solutions by considering individual and group behaviours within the broader context of societal, environmental, and policy systems.

This paper has accumulated 11,200 views, 1,000 downloads, eight citations, and has been disseminated and discussed with whole systems practitioners and research colleagues in Wales. This work has advanced through dedicated presentations and workshop sessions with specific focus on behaviourally informed whole systems approaches to better health.

'ThinkQuit' research project

The ThinkQuit study aimed to co-produce a behaviourally informed, evidence-based intervention, underpinned by the COM-B model and the Theoretical Domains Framework (TDF), to empower nurses to promote smoking cessation amongst patients in hospital settings and refer to 'Help Me Quit'. The project was a collaboration between the BSU, Cwm Taf Morgannwg University Health Board (CTM UHB) and the University of South Wales, with patient and public involvement representatives also core members of the research team.

The project involved three phases:

Phase 1 identified the barriers that nurses experience in discussing smoking cessation with patients and referring to specialist support. These included beliefs about their ability to influence patient's decisions, the perceived impact of referring patients, lack of time to have a meaningful conversation, variable knowledge on how to make a referral, perceived resistance from patients, and limited feedback on the outcome of referrals.

In **phase 2**, stakeholders collaboratively prioritised the barriers that could be addressed and then the intervention types most likely to address such barriers. The intervention thus focused on providing feedback to nurses on the outcomes of referrals as well as clarifying referral pathways and sharing patient stories.

Phase 3 involved an iterative process of testing and refining the intervention:

YOUR REFERRALS MATTER

Your referrals to the Help Me Quit service are helping patients quit smoking for good.

+ HOSPITAL REFERRALS

| JANUARY - MARCH 2025 | | 554 |
|--------------------------|---------------------|--------------------------|
| Hospital | Number of Referrals | Number Accessed Service* |
| Prince Charles Hospital | 225 | 195 (87%) |
| Princess Of Wales | 131 | 92 (70%) |
| Royal Glamorgan Hospital | 198 | 157 (79%) |

| APRIL - JUNE 2025 | | 422 |
|--------------------------|---------------------|--------------------------|
| Hospital | Number of Referrals | Number Accessed Service* |
| Prince Charles Hospital | 121 | 112 (93%) ▲ |
| Princess Of Wales | 109 | 96 (88%) ▲ |
| Royal Glamorgan Hospital | 192 | 147 (77%) ▼ |

*Figures include a loss to external health boards

REMEMBER THE 3 A'S

ASK: Do you smoke?

ADVISE: The best way to quit is via NHS support

ACT: Refer to Help Me Quit

QUICK FACTS

Quitting smoking can save patients up to **£80 a week**.

Smoking-attributable hospital admissions in **Cwm Taf Morgannwg** are generally **higher** than other health board areas.

3x

Smokers are up to **3x more likely to successfully quit** if supported by Help Me Quit.

DENNIS' STORY**

A heavy smoker for 60 years, quit date February 2024.

Dennis was referred to Help Me Quit while an inpatient. Since quitting their sense of taste has improved and generally feeling better.

Why they think it worked this time:
Weekly phone calls helped stay on track and using patches made a big difference. The HMQ advisor was "wonderful", very supportive and encouraging, gave helpful suggestions and tips. Using patches made a big difference.

What they'd say to others:
"If you don't give it up - it'll catch you up!
Be determined - just give it a try!"

**Pseudonym used to protect patient's identity.

Thanks to nurses of CTM for contributing to the development of the resource.

The intervention has been implemented within hospitals in CTM UHB with early responses being positive. There has been recent agreement for the intervention to be shared with other Health Boards across Wales.

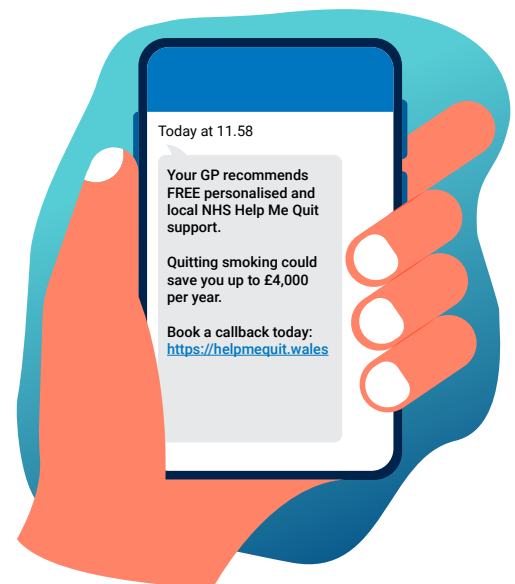
Help Me Quit: Behaviourally Informed SMS Evaluation

In collaboration with Betsi Cadwaladr University Health Board, behavioural science approaches were used to increase engagement with the Help Me Quit service. Using the BSU '[SCALE](#)' framework, behaviourally informed text messages were developed to address key barriers, such as low awareness and scepticism that the service works. Messages incorporated behaviour change techniques including use of a *credible source* and *clear information about consequences*.

Self referrals to the HMQ service were 4.3 times higher among adults who received a 'financial cost of smoking' framed message, and 2.6 times higher among those receiving a 'description of the service' framed message (compared with the pre-intervention period). Within 30 minutes of sending the behaviourally informed text messages, 18 referrals were received - almost double the average weekly total. Overall, 1.25% of recipients self referred, at a cost of £7.50 per referral compared to £12.20 per referral through letters.

Future work will consider testing other message types alongside the 'financial costs of smoking' message and an improved version of 'description of services' message with better readability. The team is also testing alternative timings and repeat message strategies, and securing more accurate GP smoking status data. These steps will strengthen cost effectiveness estimates and support national rollout.

18 referrals received within **30** minutes of sending the behaviourally informed text messages





Collecting, analysing, evaluating and deploying **behavioural insights and linked data**

Deployed BeSci insight and data to conduct **12 evidence briefs on behavioural determinants**



This action area is focused on strengthening the use of behavioural data and insights to inform decision-making and the development of targeted, effective interventions. Improved understanding of behavioural determinants and enabling evidence-informed action to address priority health challenges and inequalities continue to be key areas of our work.

Conducting Behavioural Evidence Briefs

To support stakeholders with behavioural diagnosis, the BSU has conducted short evidence syntheses to collate reliable evidence on behavioural determinants. Through this work, the BSU assists partners build an understand what may prevent or elicit the targeted behaviours for change within their topic areas, and lead to more effective interventions.

Over the course of the year, the BSU produced 12 evidence syntheses for PHW and health board partners across a broad range of topics, including:

- symptomatic smokers' engagement with healthcare professionals
- cervical screening self-sampling; post-pregnancy contraception
- communications guidance during pandemics, and
- observational studies within clinical settings.

Co-produced research questions around behaviours of interest were developed with partners, before evidence around behavioural determinants was searched and synthesised in accordance with the COM-B model, which helped partners to select appropriate interventions for the identified barriers and facilitators.

This work has highlighted the need to balance the necessity for proportionate rigour within evidence-gathering, whilst remaining responsive to partner need. The BSU is continuing work with the Centre for Development, Evaluation, Complexity and Implementation in Public Health Improvement (DECIPHer) at Cardiff University to further develop a systematic approach to gathering rapid evidence on behavioural determinants.

Identifying Barriers and Facilitators to Post Pregnancy Contraception

Contraception plays an important role in empowering women to make informed choices about their reproductive health.

The BSU conducted an evidence synthesis and behavioural diagnosis to support the Primary Care division in PHW to develop an e-learning module on the discussion and provision of contraception after pregnancy, for multi-professionals across primary and community healthcare.



The rapid provision of behavioural insights, wider engagement with the Task & Finish group and direct consultation with the core delivery team enabled an evidence-based approach to embedding behaviourally informed components within the training package. BSU input was particularly important in providing a contextual analysis for a Task & Finish group workshop, shaping sub-sections within the training package that explored shared responsibility among health and care staff to discuss contraception after pregnancy, opportunities to do so across patients' touchpoints with services, and what effective discussions might look like.

The BSU are continuing to work with colleagues in the Primary Care division to support with the refinement of the e-learning module content as it undergoes user testing; and with shaping a dissemination plan to promote the training offer across the Welsh health and care system.

Hapus National Conversation: Application of Behavioural Insights

The 'Hapus' programme is a multi-faceted, population-level approach to promoting mental wellbeing in Wales. Insights obtained through an evaluation report of 'Hapus' in Wales (n = 1,500) and a national cross-sectional survey (n = 1,332) were utilised to identify priority groups across the population (with significantly lower than average levels of mental wellbeing). Group-specific barriers and enablers to looking after mental wellbeing were mapped across COM-B domains to specify target behaviours, identify appropriate interventions and recommend which behaviour change techniques would be most effective in each context.

Behavioural insights and recommendations across the priority groups were positioned alongside a review of the current Hapus website from a user experience perspective, leading to a set of actionable recommendations based on the identified behaviour change techniques, and broader behaviourally informed communication principles.



Further Hapus evaluation will provide insights into user engagement and how this translates into changes in behaviour likely to promote mental wellbeing. Cross-referencing any recommended changes to the website with improved engagement and behaviour change will provide some indication into the impact of this work on population wellbeing levels.

Looking Ahead

In 2026-27 the BSU will progress the short-term enabling actions detailed in [the Enabling Plan](#), to support the further development of conditions for the routine and systematic application of behavioural science. In addition to the provision of timely technical advice and support to a growing audience of stakeholders, the BSU will develop and deliver:

- **The Behaviour Change Agents programme 2.0**
Supporting a select cohort of practitioners from across the system to further develop skills to deliver, advocate and support the use of behavioural science for better health
- **The Behaviourally Informed Communications Initiative 3.0**
To scale and spread our evidence-based approach to optimising communications with behavioural science, creating a resource for organisations to replicate the successful BICI 1.0 and 2.0 programmes
- **Research into the role of system leaders in enabling behavioural approaches**
To shape the BSU support offer and wider efforts to enhance quality and impact through behavioural science use
- **Continued targeted, tailored and responsive programmes of work**
Supporting Health Protection, Screening Services and with Transport for Wales (through a partnership agreement renewed in 2025/6)
- **Digital tools**
Influencing behavioural mechanisms of action for priority behaviours in specific populations
- **A suite of tools and guides**
To enable the high-quality application of behavioural science which will complement our [existing offer in this space](#).

The BSU also facilitates the Behavioural Science Community for Wales through organised events and workshops which foster learning, collaboration, and system change. The third national Behavioural Science Conference for Wales is scheduled for November 3rd 2026, with the wider Community programme for the year including the following online sessions:

- An Introduction to the Updated COM-B model, presented by Professor Robert West.
- Behavioural Science and Digital Health
- Making Change Stick: Using Behavioural Science to Support Service Delivery
- Behavioural Science Applications in Transport
- Spotlight on Wales Behaviour Change Agents: Learning, Leading, Embedding

To receive updates and first access to our events, [join the community today](#).



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Behavioural Science Unit

Work with Us

We are keen to support colleagues working across the health system, through routinely considering behavioural science in the design and delivery of work to improve and protect health. Whether you are working in strategy, policy, services or communications, we are here to support you and your team.

Please do get in touch at PHW.BehSciUnit@wales.nhs.uk.