

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

# Behavioural Diagnosis: Selecting implementation types



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**Behavioural Science Unit:**

The Public Health Wales Behavioural Science Unit provides specialist expertise on behavioural science, and enables and supports the application of it, to improve health & 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.

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Some aspects of this tool have been previously published, and are owned by others. Their content has been translated, with retention of some of the originally published language and design.

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We are really interested to hear about your experience of applying behavioural science – in the spirit of all share – all learn, so please do share your quick reflections on using this tool with us via : [PHW.behaviourchange@wales.nhs.uk](mailto:PHW.behaviourchange@wales.nhs.uk)

# Purpose of this Tool

Applying behavioural science helps to optimise the impact of activities, services, policies, and communications. Developing such interventions that account for, or aim to influence, behaviour involves six steps, as shown in Figure.1; these steps are fully described in the [‘Improving health and wellbeing: a guide to using behavioural science in policy and practice’](#).

In [tool 1](#) we worked through how to identify, prioritize and specify a target behaviour, in a target population, or population-segment. In [tool 2](#) we covered how to gather actionable insights about your target behaviour and target population. In [tool 3](#) we mapped behavioural insights onto the COM-B model, before identifying suitable intervention functions. This tool focuses on step four, selecting from a menu of implementation options, to help us explore and select the most appropriate types of intervention that can deliver the functions identified in [tool 3](#). In this tool we’ll discuss implementation types, these reflect the way in which your intervention is implemented. If you’re working with an intervention that’s already being delivered, this tool will help to sense check if your current method of delivery is the most effective at changing your desired behaviour.

You may be picking up this guide after having read or used tools [1](#) and/or [2](#), if so, you should have (a) a clearly defined target behaviour and population, and (b) insights relating to insights relating to the barriers and facilitators to the desired behaviour. If you haven’t read or used tools [1](#) and [2](#) but have some behavioural insights that you’d like to use, this tool will work for you too, but we suggest reading [tool 3](#) first.

By the time you’ve completed this tool, you’ll have identified an appropriate implementation type(s) for your intervention.

In tool 5, we explore how to build, develop or adapt interventions using behaviour change techniques. Behaviour change techniques are the theory and evidence-based ‘active ingredients’ of an intervention. If you’ve completed tools [3](#), [4](#) and [5](#) you’ll have either a new, or revised intervention(s), that has been developed using behavioural science and that is likely to be more effective at eliciting the desired behaviour/change. The final tool, tool 6, will cover how to implement, disseminate and evaluate your intervention.

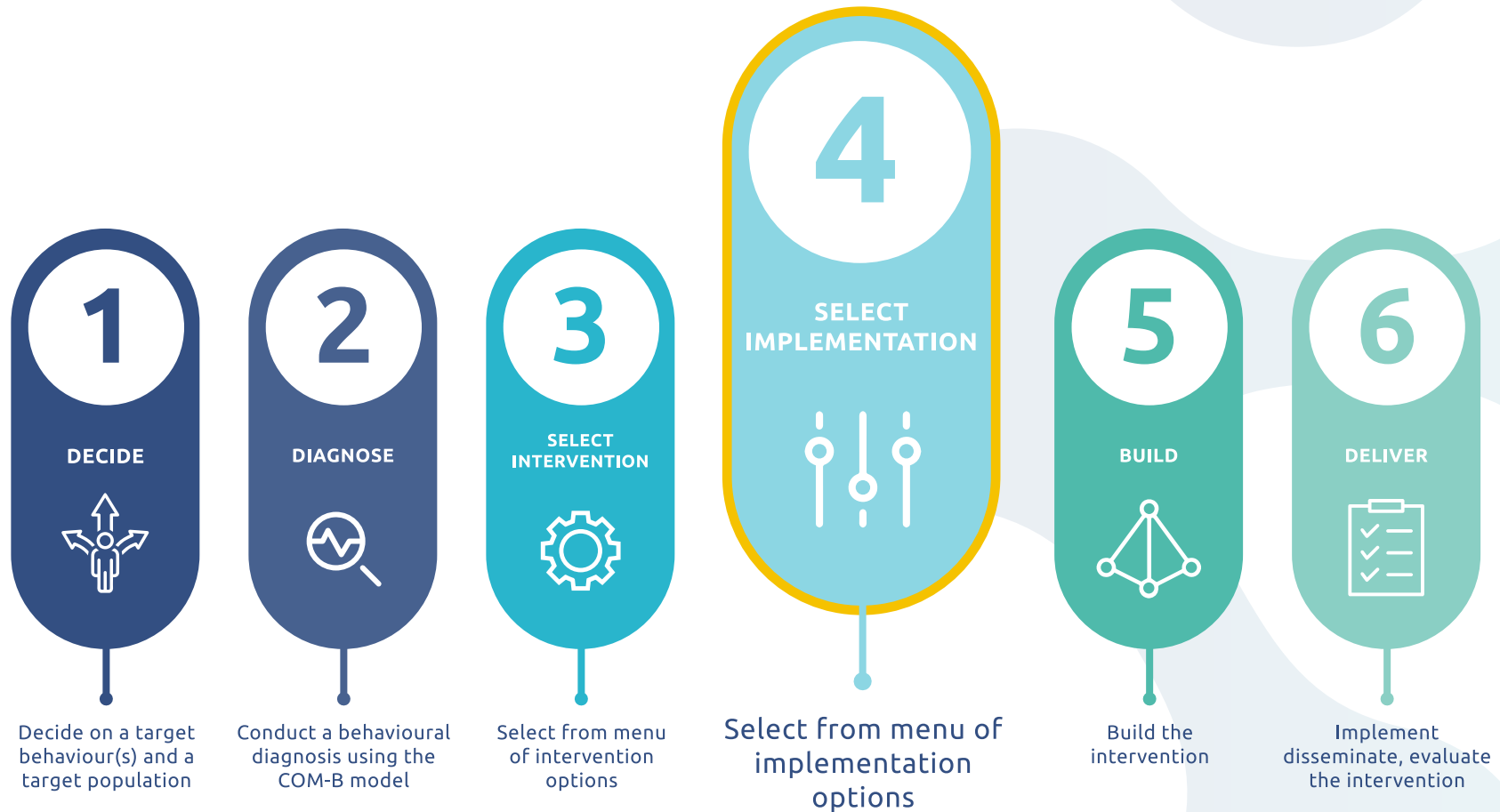


Figure 1. Six steps to developing an intervention

Our guide to using behavioural science in policy and practice to [improve health and wellbeing](#) sets out six principles to use in any intervention development scenario, following them will increase the chances that our intervention meets our objectives.

Principles 3 and 5 are particularly important at this step, remaining open-minded when considering implementation options and involving key stakeholders in the decision-making process.

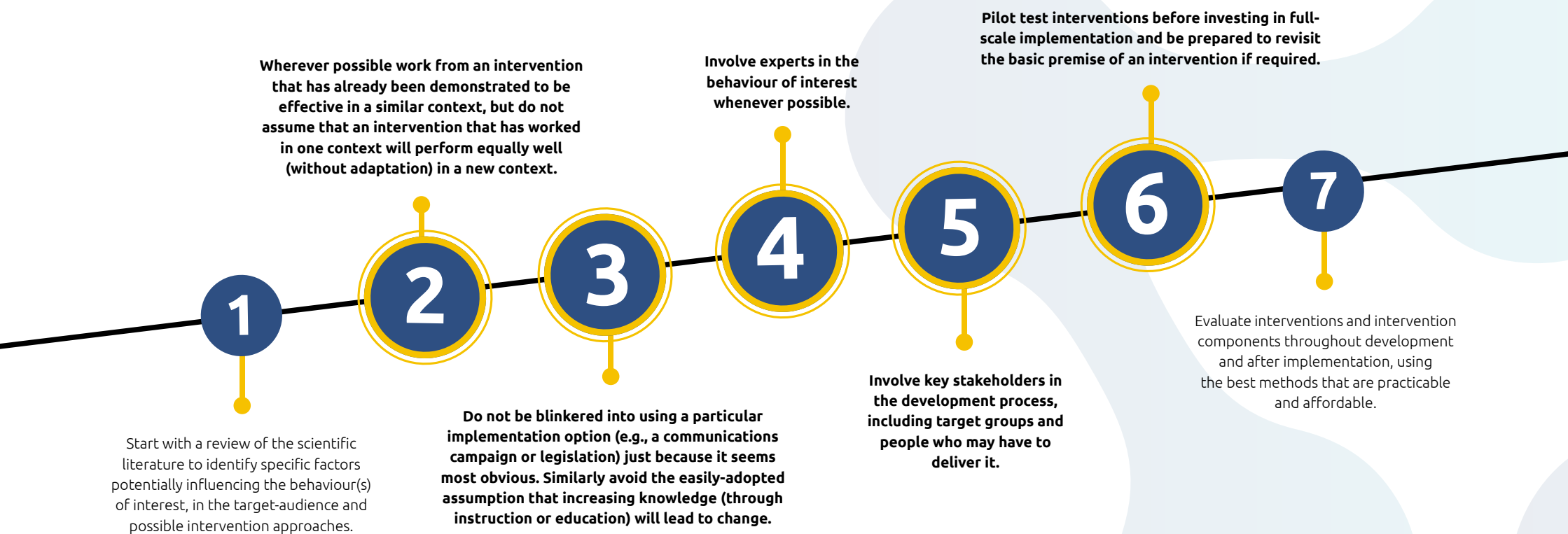


Figure 2. Principles to apply during the development process

### At the end of tool 3, you identified:

- One, or multiple, barriers and/or facilitators to address or enhance your target behaviour in your target population
- One, or multiple, intervention functions to implement

If you haven't already from tool 3, you can use the space below to write down the barrier(s) and/or facilitator(s) you've decided to target, underneath the intervention function you've chosen to use



COM-B	Education	Persuasion	Incentivisation	Coercion	Training	Restriction	Environmental Restructuring	Modelling	Enablement
Physical Capability									
Psychological Capability									
Reflective Motivation									
Automatic Motivation									
Physical Opportunity									
Social Opportunity									

# Types of Implementation

We now have a target population, a specific behaviour, we've identified barriers and/or facilitators to address or enhance, and we've decided on the functions which our interventions need to perform to encourage a change in behaviour, so what's left? The next step involves deciding the types of intervention(s) that we should consider, which can implement the intervention functions we developed in tool 3. Sometimes referred to as implementation types or policy categories, the Behaviour Change Wheel identifies seven policy categories. These include:

Implementation Type	Description	Example
<b>Creating and disseminating guidelines</b>	Writing instructions and advice and mounting a campaign to get these accepted and put into practice.	Writing and sharing guidelines on how to reduce household food waste
<b>Using communications and marketing</b>	Using print media, correspondence, broadcast media and social media to present text and images, and in some cases offering an opportunity for interaction.	Running a social media campaign to encourage people to take their litter home with them
<b>Providing a service</b>	Providing staff and resources such as mobile applications to support and enforce behaviour change	An app to show which items are recyclable, and which type of bin to put them in
<b>Using environmental and social planning</b>	Using formal planning mechanisms to create supportive physical and social environments	Introducing more recycling bins to shared spaces within the community
<b>Using fiscal measures</b>	Using financial rules to provide incentives or disincentives.	Initiating a deposit return scheme for single use plastic
<b>Introducing regulation</b>	Creating and applying rules with sanctions for breaking them, short of legislation or by organisations that do not have the power to legislate.	Including labels on packaging to indicate what the material is made from, and if or how it can be recycled
<b>Enacting legislation</b>	Enacting and enforcing laws	Enforcing household waste to be collected separately from recycling waste

# Deciding on an Implementation Type

The matrix below helps to demonstrate which implementation type is likely to be more effective, depending on which intervention type(s) you have chosen.

COM-B	Education	Persuasion	Incentivisation	Coercion	Training	Restriction	Environmental Restructuring	Modelling	Enablement
Communications	✓	✓	✓	✓				✓	
Guidelines	✓	✓	✓	✓	✓	✓	✓		✓
Fiscal Measures			✓	✓	✓		✓		✓
Regulation	✓	✓	✓	✓	✓	✓	✓		✓
Legislation	✓	✓	✓	✓	✓	✓	✓		✓
Environmental/Social Planning							✓		✓
Service Provision	✓	✓	✓	✓	✓			✓	✓

Through gathering behavioural insight, you have identified that some people have lost or broken their recycling bin(s) and don't know how to order new ones. Your barrier relates to psychological capability (lack of knowledge on how to contact their local council to order new bins). You have identified that education may be useful to address the barrier. That means you have several implementation types to consider, which include communications, guidelines, regulation, legislation, and service provision.



# Using APEASE to decide on an Implementation Type



Sometimes, the implementation will be obvious, or it may be dictated by the resources available to us. It may also be the case that an implementation type is already planned, or in place, meaning we don't have to start from scratch and can enhance or make amendments to what is already in place. The APEASE criteria can be useful to support our decision making here. Using a criteria such as APEASE to assess options for intervention development also helps us ensure a number of ethical considerations are built in to decision making about future behaviour change interventions.

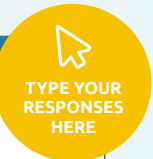
Who needs to change/adopt the behaviour?

What does the person/group/population need to do?

When will they do it?

Where will they do it?

APEASE Criteria	Description	Implementation Type:
<b>Acceptability</b> (high/medium/low or 5-0)	Is this implementation type acceptable to important stakeholders, e.g., the target group, those delivering the intervention, funders?	
<b>Practicability</b> (high/medium/low or 5-0)	Is this implementation type able to be delivered at the required scale, with the required quality for as long as will be required?	
<b>Effectiveness</b> (high/medium/low or 5-0)	Will using this implementation type achieve the policy objectives/ outcomes and provide value for money?	
<b>Affordability</b> (yes/no or (5-0)	Can using this implementation type be achieved within an available resources	
<b>Spill over effects</b> (positive/negative/none or 5-0)	What effects, good or bad, will using this implementation type have beyond the target behaviour? Could there be unintended consequences to behaviour or wider system?	
<b>Equity</b> (increase/decrease/none or 5-0)	What impact will using this implementation type have on health and social inequities?	

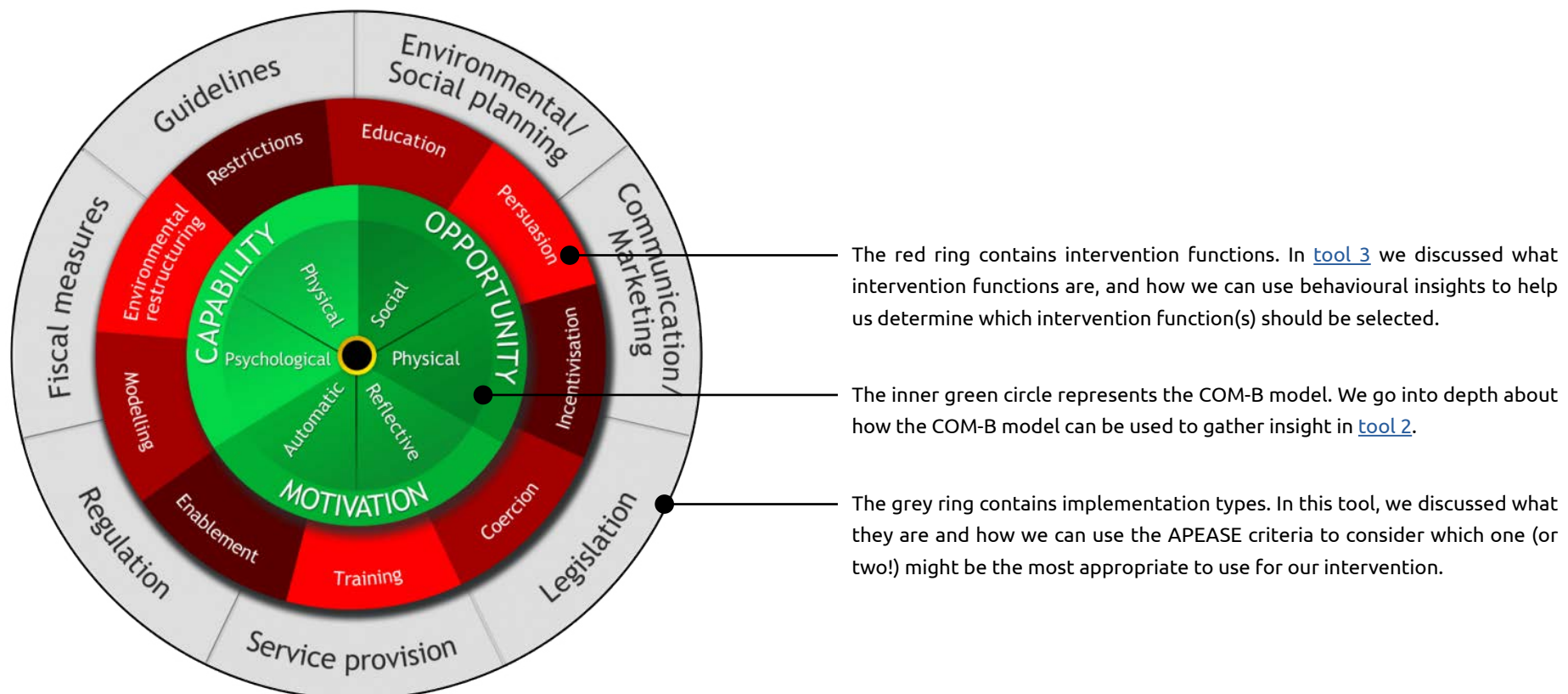


This series of tools, as well as the overarching guide, are based on the Behaviour Change Wheel. It is worth noting that other models can (and have) also be used to help our learning about thinking about different types of intervention, implementation and behaviour change. The Nuffield Intervention Ladder (reference – Nuffield Bioethics Council. Public Health: ethical issues; 2007) illustrates a different way of thinking about implementation types, showing progressive steps from monitoring the situation through to eliminating choice.



# The Behaviour Change Wheel

If you've worked through tools 2, 3 and 4 you've successfully navigated the Behaviour Change Wheel. The Behaviour Change Wheel consists of three layers. At the centre of the wheel is the COM-B model, this is where we identify behaviours, barriers and facilitators that may be useful to target in order to elicit behaviour change (we talk more about this in tool 2). The middle layer includes intervention functions, which are chosen from using our behavioural diagnosis (which we worked through in tool 3). Finally, the outer layer, identifies implementation types that we can use to deliver our intervention which the model matches to the intervention functions.



# Identified Implementation Type(s)

You should now have identified one or two implementation types to help deliver your intervention. You can list them here:

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- 
- 

In tool 5, we explore how to build, develop or adapt interventions using behaviour change techniques. Behaviour change techniques are the theory and evidence-based 'active ingredients' of an intervention.

## References

1. Michie S, Atkins L, West R. (2014) The Behaviour Change Wheel: A Guide to Designing Interventions. London: Silverback Publishing. [www.behaviourchangewheel.com](http://www.behaviourchangewheel.com)
2. Nuffield Bioethics Council. Public Health: ethical issues; 2007
3. West, Robert, and Susan Michie. "A brief introduction to the COM-B Model of behaviour and the PRIME Theory of motivation [v1]." Qeios (2020).
4. Michie, S., Atkins, L. and West, R. (2015) The behaviour change wheel: A guide to designing interventions. London: Silverback Publishing.

## Additional resources

[BSU repository](#)