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

Behavioural Diagnosis: How to collect behavioural insights

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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.

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

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.

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:
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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 several steps, as shown in Figure.1; these steps are fully described in 'Improving health and wellbeing: a guide to using behavioural science in policy and practice'.

This tool focuses on step two 'diagnose' which involves conducting a behavioural diagnosis using the COM-B model. Once you have decided on a target behaviour for your target population (covered in tool 1) it is important to build a systematic understanding of the influences of that behaviour, in that population, at that time – otherwise known as 'behavioural insights'. Using behavioural insights will help to ensure you 'get what you aim for' from your interventions, more often.

1 DECIDE
Decide on a target behaviour(s) and a target population

2 DIAGNOSE
Conduct a behavioural diagnosis using the COM-B model

3 SELECT INTERVENTION
Select from menu of intervention options

4 SELECT IMPLEMENTATION
Select from menu of implementation options

5 BUILD
Build the intervention

6 DELIVER
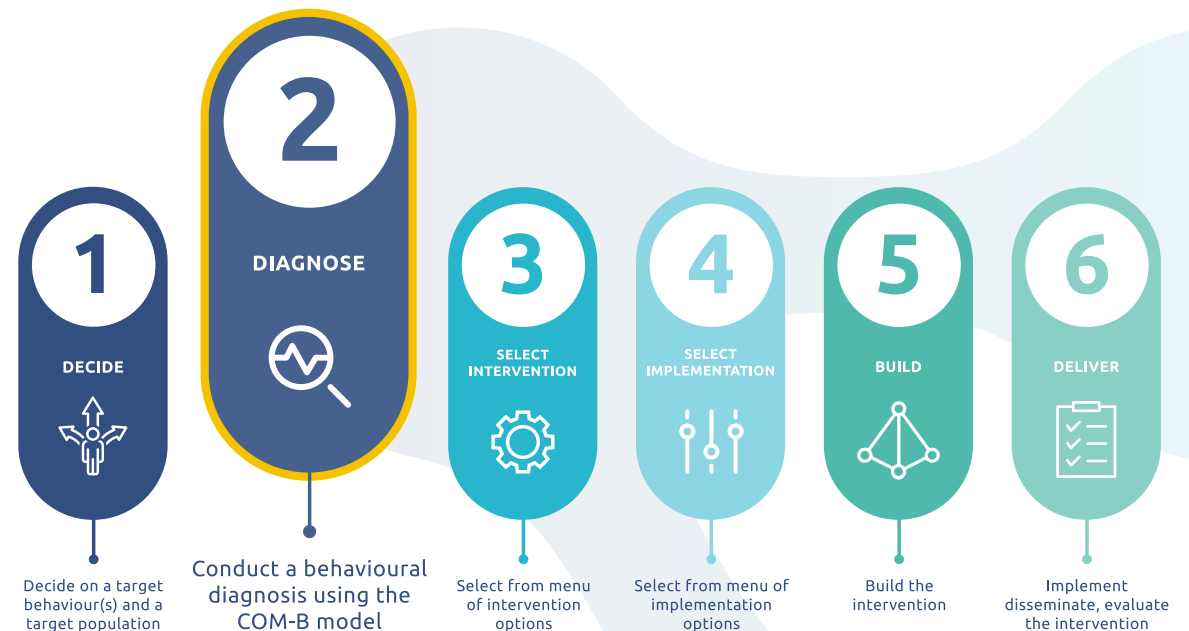Implement disseminate, evaluate the intervention

Figure.1. Six steps to developing an intervention

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When working through this tool, it is helpful to remember the key principles described in the overarching guide. The highlighted points are particularly important at this step - reviewing the scientific literature, trying not to rush to the answer; calling for help and involving stakeholders [all at level proportionate to the time and resources available].
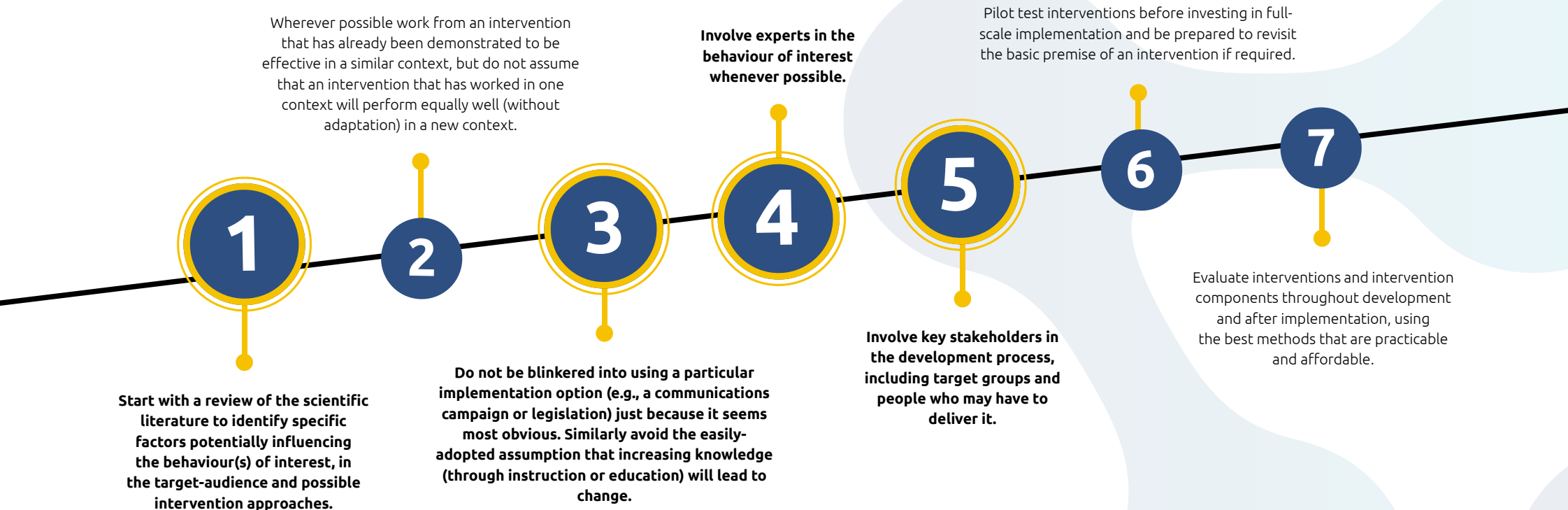
Wherever possible work from an intervention that has already been demonstrated to be effective in a similar context, but do not assume that an intervention that has worked in one context will perform equally well (without adaptation) in a new context.

Involve experts in the behaviour of interest whenever possible.

Pilot test interventions before investing in full-scale implementation and be prepared to revisit the basic premise of an intervention if required.

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Evaluate interventions and intervention components throughout development and after implementation, using the best methods that are practicable and affordable.

Involve key stakeholders in the development process, including target groups and people who may have to deliver it.

Start with a review of the scientific literature to identify specific factors potentially influencing the behaviour(s) of interest, in the target-audience and possible intervention approaches.

Do not be blinkered into using a particular implementation option (e.g., a communications campaign or legislation) just because it seems most obvious. Similarly avoid the easily-adopted assumption that increasing knowledge (through instruction or education) will lead to change.

Figure.2. Principles to apply during the development process

Introduction

Once we have decided on a target behaviour, and we've agreed who needs to do what differently (i.e., we have a behavioural specification), the next step is to perform a behavioural diagnosis. The aim of a behavioural diagnosis is to identify the behavioural determinants, what makes it harder (barriers) or easier (facilitators), for your target group to undertake the target behaviour.

> A barrier is something that stops, or makes it difficult for, your target group to undertake the behaviour.

> A facilitator is something that enables, or makes it easier for, your target group to undertake the behaviour.

It's important that we systematically identify barriers and facilitators of the target behaviour because these are things that will need to change in order for behaviour change to occur and must therefore be the focus for our intervention(s).

Interventions that do not address barriers and/or enhance facilitators are likely to be ineffective. The quality of a behavioural diagnosis will depend on the time and resources available and the stage of development of the intervention.

Regardless of how much time and resource are available, neither are wasted when considering the barriers and facilitators to our target behaviour in our target population – pausing, thinking, and identifying the factors that aid or inhibit our efforts is (virtually) always worth it!

> *Remember, barriers and facilitators are context specific so it's important that we have a clear behavioural specification before we begin to collect behavioural insights*

This is a critical step in applying behavioural science to improve the impact of your intervention. We all have biases, so be aware of these and avoid making assumption about why we think people do or don't adopt the behaviour. It's important that we understand the perspective of our target group.

A behavioural diagnosis can involve collecting the data yourself, through primary research, or using existing data that has been collected previously by yourself or by others. Both types of research require some research skills. You may want to consider the skills in your team, and how they align with each type of data collection method, it might be useful to reach out to colleagues here too.
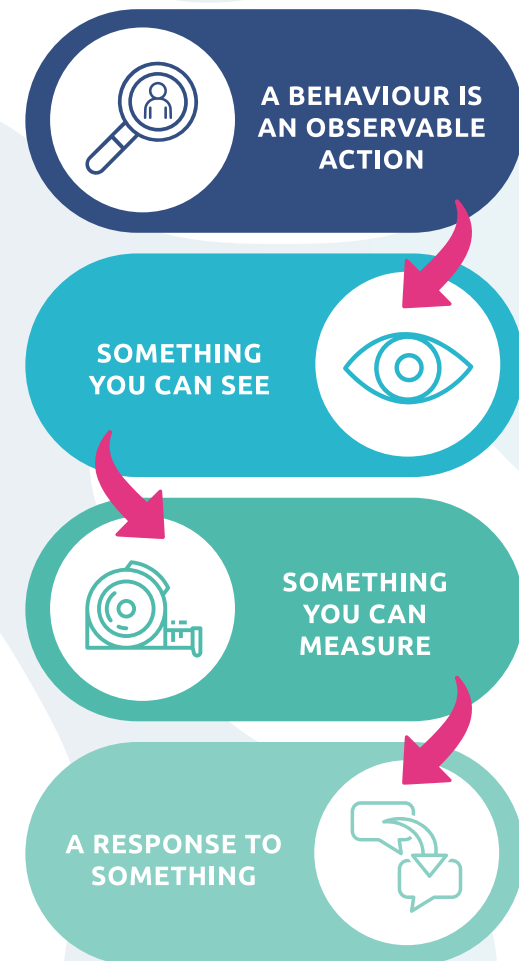

A BEHAVIOUR IS AN OBSERVABLE ACTION

SOMETHING YOU CAN SEE

SOMETHING YOU CAN MEASURE

A RESPONSE TO SOMETHING

Figure.3. What is a behaviour

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The COM-B model

We can use the COM-B model (West et al., 2020) to guide the aspects we explore in the behavioural diagnosis. The COM-B model suggests that for any behaviour to occur your target population must have the capability, opportunity, and motivation to do it. You can read more about the COM-B model in our guide and the summary table on page 7, but we'll provide a short overview here.
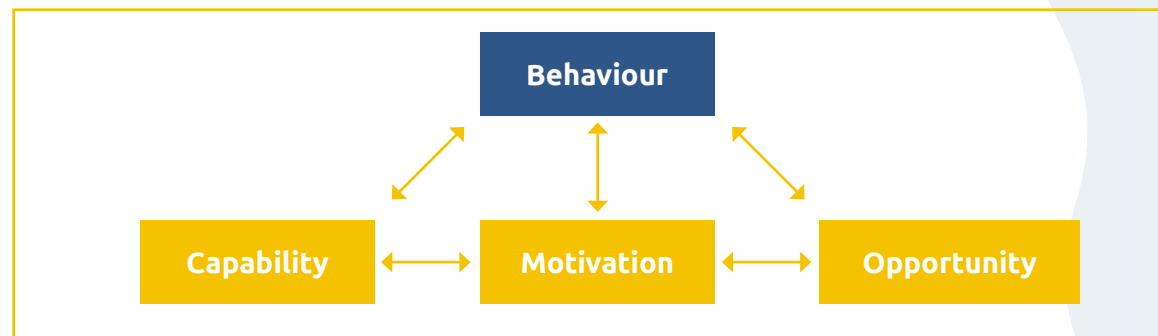
Capability

The target group must have the capability to do the behaviour. The COM-B model divides this into physical capability and psychological capability. For example, they must know how to do the behaviour and often they need to understand why they should do it, but they also need the mental skills, memory and resilience to achieve it, and the physical attributes to be able to do it.

Opportunity

In addition, the target group must have the opportunity to perform the behaviour - these aspects are much wider than the common perception of opportunity as 'the chance' to undertake a behaviour. The COM-B model divides 'opportunity' into physical opportunity and social opportunity. Physical opportunity relates to time and the objects, materials, and spaces in the world your target population inhabits – the physical context within which the behaviour will be/is performed is - often amongst the biggest influences on behaviours. Social opportunity relates to the people and groups with whom they will interact with, directly or indirectly – people are strongly influenced by what they perceive or notice other people like them doing.

Motivation

Finally, the target group must have more motivation to perform the target behaviour than any potentially competing behaviours. There are many theoretical constructs from behavioural science within "motivation", these psychological drivers are much wider than the common perception of motivation as the desire or will to do a behaviour. The COM-B model divides motivation into reflective motivation and automatic motivation. Reflective motivation involves conscious thought processes: planning, making evaluative judgement, and deciding what to do. Automatic motivation involves feelings of desire, habits, and instincts. This is important because the target behaviour may well be undertaken automatically. It is easy to solely focus on the reflective motivation, but people don't always behave reflectively in the moment or indeed in ways others might label as rationally.

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Physical capability	Psychological capability
Having the physique needed for the behaviour	Awareness of the behaviour and how to perform it
Having the co-ordination, dexterity and physical skills needed for the behaviour	Understanding the consequences of the behaviour
Having the physical strength needed for the behaviour	Having the psychological skills and judgement (e.g. reasoning ability, memory capacity) needed to perform the behaviour
Having the sensory abilities needed for the behaviour	Having the mental resilience to perform the behaviour
Having the physical stamina needed for the behaviour	Having the self-regulatory abilities and techniques needed to perform the behaviour

Physical opportunity	Social opportunity
Having enough time to enact the behaviour	Social support for the behaviour
Having access to the resources needed for the behaviour (e.g. money, equipment, materials, infrastructure, service provision)	Social norms and formal rules relating to the behaviour
Having access to the spaces and locations needed for the behaviour	Social cues that prompt the behaviour
Having physical cues that prompt the behaviour	A linguistic and conceptual framework that is supportive of the behaviour

Reflective motivation	Automatic motivation
Forming, remembering and enacting plans	Emotions and drives
Making evaluative judgements	Feelings of desire (wants and needs)
Making conscious decisions	Habits and instincts

Using COM-B during behavioural diagnosis:

Your questions will depend on the type of method you've chosen to collect your insight

The COM-B model is used as a framework to organise the collection of insight whilst completing a behavioural diagnosis. This helps us later when we are analysing the insight to inform our intervention. We cover that in our third guide.

If we want to encourage more working adults to actively travel to work by cycling, but our behavioural diagnosis reveals that a key barrier to the behaviour is concerns about road safety (opportunity), we know that providing information on the benefits of cycling to work (capability) is likely going to ineffective.

Alternatively, we might be trying to reduce the amount of incorrect recycling within a certain locality. Our behavioural diagnosis reveals that people within the locality don't know which items can be recycled and which should go into the general waste (capability) so providing more recycling bins (opportunity) is unlikely to create a behaviour change.

The findings of the behavioural diagnosis will determine the type of intervention you choose to implement, so it's important that we don't assume we know what the barriers to the target behaviour are. We can use our collective knowledge and experiences to write down possible barriers and facilitators as a team, but it's always best to gather insight from the target group so we're being informed by the evidence.

Below are some questions that can be used to help guide the behavioural diagnosis. The questions in the table are displayed in general terms, they should be changed to ensure they are specific and suitable for your target behaviour and target population. At the most basic level, if nothing else, it's helpful to consider 'the extent to which' for each of these questions, relating to your target population, and your target behaviour.

If you're going to use a questionnaire, there are validated and reliable questions that can be used here

COM-B targets	Questions
Capability	1. How aware are they of the behaviour and precisely what constitutes it? 2. How well do they know how to do it? 3. How well do they understand the benefits of doing it or costs of not doing it? 4. How confident are they that they can do it? 5. How far do they have the cognitive, perceptual and psychomotor skills to do it? 6. How far do they have ability to make judgements needed to do it? 7. How far do they have the self-regulatory capacity for it? 8. How far do they have the physical stength and stamina for it?
Opportunity	9. How far is considered 'normal' within the social environment? 10. How far are the formal rules stipulating the behaviour 11. How much support do they have in their social networks to do it? 12. How many prompts, cues and reminders for them to do it are they exposed to? 13. How well can they afford it? 14. How far do they have access to resources or equipment that Facilitates or enable it? 15. How far do they have the time to do it? 16. How easily do they have access to places where they can do it?
Motivation	17. How worthwhile do they think it is? 18. How much enjoyment or Satisfaction do they expect to the get from it? 19. How far does is it provoked by an emotion or drive state? 20. How far do they expect it to reduce any mental or physical discomfort? 21. How well does it fit with their self-identity? 22. How strong is their intention to do it? 23. How far is it a habit or routine? 24. How strong a priority is it over other things they could be doing?

Next are two examples of how the generic questions have been amended to target two different target behaviours and target populations:

Example Question Set 1

Behavioural specification:

Who? Adults aged 50+
What? Attend their flu vaccine appointment to receive their vaccination
When? In the autumn/early winter of each year
Where? Their GP surgery or pharmacy

Physical Capability

To what extent are the target population…
• Able to walk, cycle, drive, or use public transport to attend the vaccination appointment?

Psychological Capability

To what extent does the target population know about…
• Why it's important to get their flu vaccine?
• The health risks associated with getting flu?
• The safety and/or efficacy of the flu vaccine?
• How often they need to get a flu vaccine?
• How to get their flu vaccine?

Physical Opportunity

To what extent do the target population…
• Have enough time to attend the GP surgery?
• Have enough support to attend a vaccine appointment?
• Have the means to pay for transport to the appointment?

Social Opportunity

To what extent does the target population…
• Know of other people, who are similar to them, getting the flu vaccine?
• Think that getting a flu vaccine is seen as the right thing to do by others?

Reflective Motivation

To what extent does the target population…
• Think that getting the flu vaccine is important?
• Think that catching flu may be a severe risk to their health?
• Think that getting the vaccine will protect them from flu?
• Intend to get the flu vaccine?
• Have specific plans to get their vaccine?

Automatic Motivation

To what extent does the target population…
• Feel anxious or worried about getting the flu vaccine?

Example Question Set 2: Increasing recycling of domestic waste[1]

Behavioural specification:

Who? Children and adults within a household

What? Appropriately dispose of waste via recycling, general waste and food waste

When? Each time an item needs to be disposed of

Where? At home

Physical Capability

To what extent are the target population…
- Able to carry the recycling boxes/bins/bags out onto the street?

Psychological Capability

To what extent does the target population know…
- Which type of items can be recycled?
- Which types of items can go into the food waste bin?
- Which types of items can't be recycled, and must go into general waste?
- Remember which days the different types of waste are collected on?
- How to order recycling bins?

Physical Opportunity

To what extent does the target population have…
- Enough time to recycle?
- The right bins/bags/boxes to use for recycling?
- Enough space in their house/garden to accommodate the recycling receptacles?
- Prompts to remind them which items to recycle?
- Prompts to remind them when to put out the recycling?

Social Opportunity

To what extent does the target population…
- Know of other people on their street/in their local community that recycle?
- Feel supported by others around them to recycle?
- Think that recycling is considered the norm in the social/peer group?

Reflective Motivation

- To what extent does the target population…
- Plan to put the recycling out on the right day, if so, how?
- Believe that they should recycle?
- Want to recycle?

Automatic Motivation

To what extent does the target population…
- Put items into the general waste bin whilst on autopilot?
- Feel guilty when they put items into the general waste bin?

[1]Adapted from - Increasing recycling (including food waste, plastic, glass, cardboard/ paper etc.) | Local Government Association

Your turn...

Thinking about your target group and target behaviour, you can create your own questions using the template below:

> It can be helpful to search for research papers that have taken a similar approach to understanding your target behaviour to get an idea for the questions to ask.

COM-B targets	Suggested Questions	Your Questions
Capability	1. How aware are they of the behaviour and precisely what constitutes it?	
	2. How well do they know how to do it?	
	3. How well do they understand the benefits of doing it or costs of not doing it?	
	4. How confident are they that they can do it?	
	5. How far do they have the cognitive, perceptual and psychomotor skills to do it?	
	6. How far do they have ability to make judgements needed to do it?	
	7. How far do they have the self-regulatory capacity for it?	
	8. How far do they have the physical stength and stamina for it?	
Opportunity	9. How far is considered 'normal' within the social environment?	
	10. How far are the formal rules stipulating the behaviour	
	11. How much support do they have in their social networks to do it?	
	12. How many prompts, cues and reminders for them to do it are they exposed to?	
	13. How well can they afford it?	
	14. How far do they have access to resources or equipment that facilities or enable it?	
	15. How far do they have the time to do it?	
	16. How easily do they have access to places where they can do it?	
Motivation	17. How worth while do they think it is?	
	18. How much enjoyment or satisfcation do they expect to the get from it?	
	19. How far does is it provoked by an emotion or drive state?	
	20. How far do they expect it to reduce any mental or physical discomfort?	
	21. How well does it fit with their self-identity?	
	22. How strong is their intention to do it?	
	23. How far is it a habit or routine?	
	24. How strong a priority is it over other things they could be doing?	

Remember, you don't need to ask them all, which questions are relevant to your area?

Purpose of this tool

Introduction

The COM-B model

Using COM-B during behavioural diagnosis:

Data collection

Which data collection method is best for you?

Data collection

Behavioural insights can be collected in different ways, and the data collection method will depend on the type and quality of insight you need to gather, as well as the time and resources you have available.

Gathering behavioural insight is gathering evidence of the causes of the specific behaviour in the specific target population. The stronger the evidence we collect the more sure we can be that our insight, the list of behavioural barriers and facilitators we generate, is likely to be close to the reality for our target population. That is important because we will use this insight as the basis for adding behavioural theories and models and developing interventions (covered by the next tools in this series) – if the insight is not accurate then it is likely interventions built on it will be ineffective.

> Behavioural insights are the evidence-based elements of Capability, Opportunity and Motivation that will need to be addressed for the desired behaviour to be performed by your target population.

There are four critical components to employ when developing strong behavioural insight, some have been mentioned before but are worth reiterating here:

1. Use the COM-B questions as a framework; this will help generate the breadth of behaviourally-relevant insight, and enable application of behavioural theories and techniques when we come to develop the interventions

2. Keep all questioning focussed on the specified behaviour; varying from our behavioural specification (see tool 1) will change the insight we gather, making it less relevant and possibly even misleading.

3. Thirdly keep a laser-like focus on the population of interest; for example if its flu vaccination amongst those aged 50 years and older, then which over 50s(?), the whole population(?), the point is all questioning should be from the position of the target population you carefully defined (in Tool 1).
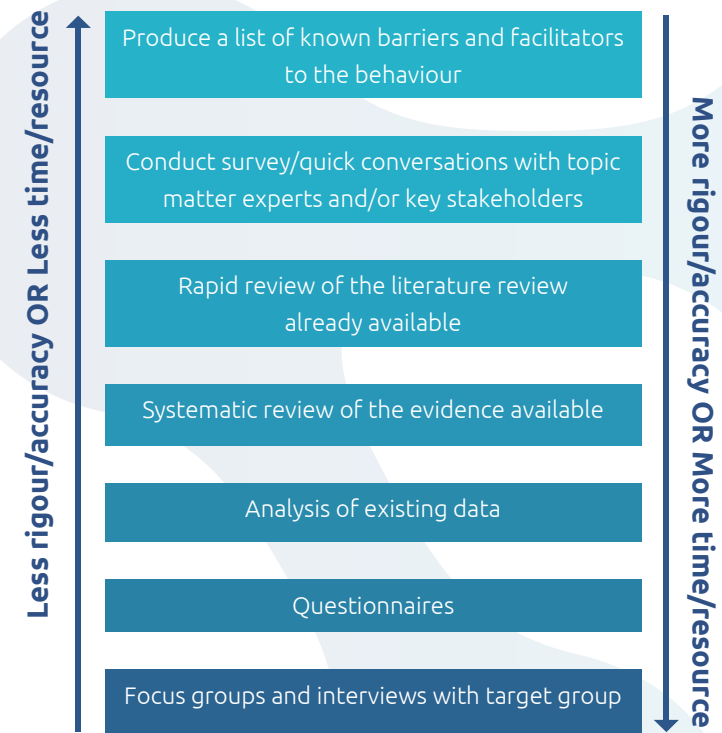
Collecting and using data in a robust way will generate accurate behavioural insight and lead to the design of more effective interventions that change behaviour and help deliver the impact you want.

4. The final critical element to consider in developing strong behavioural insight/evidence, that we can be confident to build behavioural interventions from, is the robustness of the method we use to collect it. The closer we can get to employing rigorous methods, the closer we can get to the real behavioural causes, which will help to build relevant effective interventions, getting you the impact you want. Below we provide some examples of a range of rigour that we could use to gather behavioural insights.

It is important for us to acknowledge again here that, in practice, a gold standard approach is not often possible; unless priorities, resources and time align perfectly, our methods are likely to be a compromise from the most rigorous methods to collecting behavioural insight. That is ok if that is the reality.

If the minimum we can do in the circumstances we have is simply to list the likely behavioural barriers and facilitators, with careful consideration of components 1 to 3 above, then that will be considerably better than skipping the behavioural diagnosis altogether. This step is critical in the application of behavioural science for behaviour change, and in reality there is usually enough opportunity for us to something a bit more rigorous than that to gather the evidence.

For each programme, project, intervention or policy we often have different time frames, budget and resource available – This determines how in-depth the behavioural diagnosis will be.

Less rigour/accuracy OR Less time/resource → More rigour/accuracy OR More time/resource

- Produce a list of known barriers and facilitators to the behaviour
- Conduct survey/quick conversations with topic matter experts and/or key stakeholders
- Rapid review of the literature review already available
- Systematic review of the evidence available
- Analysis of existing data
- Questionnaires
- Focus groups and interviews with target group

Which data collection method is best for you?

Primary Data Collection

Interviews and Focus Groups

Interviews and focus groups are an effective way to collect in-depth insights from small groups of the population, and can be conducted face-to-face or virtually. A benefit of these methods is the ability of the facilitator to ask follow-up questions and seek further clarification to information shared by the target group, when necessary. Interviews and focus groups can be useful when we already know a little about the barriers and facilitators that influence our target behaviour, but we'd like to explore these in more detail.

Examples include:
- You may choose to conduct multiple interviews in order to understand why older adults didn't attend their bowel screening appointment, or why young adults didn't intervene when witnessing incidents of sexual harassment.
- Focus groups can be used to understand why parents didn't want their child to have their HPV vaccine for example, or why adults over the age of 70 are less likely to engage in physical activity.

Questionnaires

- Questionnaires can provide broad insights from large groups of the population responses can be quantified and compared. Questionnaires can be completed by post, by telephone, face-to-face, online, or text message. Whilst questionnaires can include open text responses, they tend not to allow for follow-up questions, which can be helpful when further clarification is needed. Questionnaires can be useful when we do not have any information about the barriers and facilitators that may influence our target behaviour.

Examples include:
- You may choose to complete face-to-face questionnaires in a specific locality, to help understand what teenagers in the local area need within their communities to do more physical activity.
- A national population survey could be used to understand the barriers and facilitators to using public transport more frequently. If completed each month, the results may help to indicate patterns or trends.

When using qualitative research methods, aim to have open-ended questions that allow participants to expand on their answers, rather than closed questions that may elicit a 'yes/no' response

Secondary Data Collection

Using Existing Data

It's not always necessary to collect behavioural insights ourselves, utilising existing data can be a cost effective and quicker approach. This may include reviewing the available literature, accessing interview or focus group transcripts/reports, or using existing data sets. When using existing data, it is important that we have a good understanding of it, so that we can decide if it is an appropriate source of insight. Some questions to consider might be… Who undertook the research? Who were the participants? What was the aim of the research? How was the data collected? What questions were asked?

Examples:
- If an area is highly researched, such as the barriers and facilitators to receiving a Covid-19 vaccine for example, we may be able to use the existing literature.
- A partner or organisation may have collected data about our target behaviour from our target population via service feedback for example, and we can use this to help inform further questions that we'd like to ask.

Engaging with your target group

It's important to consider how you'll engage with your target population to ensure you're collecting insight from the right people. We need to consider which data collection method is most suited to the insight we need to gather, but also which method is most suited to the target population so they're able to provide the insight.

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Your turn....

CLICK ON THE TEXT BOX TO EDIT

1. If you can, start with reviewing the scientific literature for barriers and facilitators that may have already been identified for your target behaviour. Keep in mind that the evidence should be relevant to your target group.	What is already known about the target behaviour?	
	What barriers, if any, have previously been identified?	
	What facilitators, if any, have previously been identified?	
	Has existing literature focused on a similar target group? If not, how do they differ? How may this impact the barriers/facilitators?	
	What research methods have been used to explore the target behaviour?	
2. Confirm your questions and select your data collection method	Plan your questions using Section 2 and the COM-B model	
	If using a dataset, review the data to see if it's appropriate to answer the questions you've written	
3. Gain ethical approval where required, this may include completing the necessary information governance paperwork		
4. Recruit participants	Consider who you'd like to recruit (based on your target group), who will you include and exclude?	
	Plan for how you'll recruit them/encourage them to take part	
	Write participant information forms, to help participants decide if they would like to take part and outline how they can withdraw if they wish to do so	
	Gain participant's consent in line with your ethical application/approval	
5. Collect your data	Conduct your focus groups, interviews, questionnaires or review your secondary data	
6. Analyse your findings	We cover how to analyse your findings and inform intervention design in a separate tool	

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Whichever method you used to develop your insight, whether that be from a rigorous review of the existing literature and mixed methods research design or, if Opportunity dictates, just from a careful consideration of the COM-B questions in relation to the specific behaviour and population, it is useful to now list those barriers and facilitators that you have identified.

To illustrate how we might record the insight we collect we have added and populated an [example] insight collected column to the questions table we used in the last example (above). In the table below we have used the previous example of adults aged 50+, specifically those who don't/are not intending to have a flu jab, with the desired behaviour being attending their flu vaccine appointment this year. We have added the types of insight that might be collected (please note these are for illustrative purposes only and are not accurate/evidence-based) and we have indicated which of those may be important with a colour coding; we used a pink fill for barriers to the desired behaviour, if your insight gathering asked about what factors might facilitate the behaviour you could code those in another colour of course, and where the insight did not reveal a barrier or facilitator they are not coloured.

COM-B targets	Suggested questions	Relevant example questions: "To what extent do they…"	[Example] Insight collected about the target population
Capability	How aware are they of the behaviour and precisely what constitutes it?	…know how to get their flu vaccine?	The intervention was obvious, people know it is an injection given by a health professional.
			People know that they can get it from their GP.
			They don't know whether they have to wait for an invitation or whether they need to book it proactively.
			They do not know they can get the vaccine free from a high-street pharmacy nor how to arrange that.
	How well do they know how to do it?	… know how often to get the flu vaccine?	People do know that they are asked to get a flu vaccine every year.
	How well do they understand the benefits of doing it or costs of not doing it?	…know why it's important to get their flu vaccine?	People do not know why they need to get one every year.
		…know the health risks associated with getting flu?	People do not know the full health risks of getting flu. Many likened it to being a heavy cold, "I have had "the flu" a few times, always been OK."
		…know the safety and/or efficacy of the flu vaccine?	People know that the flu jab will be effective at stopping them getting flu.
			People have heard a lot of bad things about vaccines and now they are having vaccines against COVID-19 as well they are concerned about safety.
	How confident are they that they can do it?	…feel confident they can get to the right place at the right time?	People do feel confident they can get to the right place at the right time to have the vaccine.
			People are not sure how to book (as above), and feel that it might be difficult to get an appointment.
	How far do they have the physical strength and stamina for it?	…are they able to walk, cycle, drive, or use public transport to attend the vaccination?	The vast majority of this group have no problem getting to the vaccination appointment.

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COM-B targets	Suggested questions	Relevant example questions: "To what extent do they…"	[Example] Insight collected about the target population
Opportunity	How far is considered 'normal' within the social environment?	…know of other people, who are similar to them, getting the flu vaccine?	This group do not know of other people like them getting the flu vaccine.
	How much support do they have in their social networks to do it?	…think that getting a flu vaccine is seen as the right thing to do by others?	This group do not think that other people think that them getting the vaccine is the right thing to do.
	How well can they afford it?	…have the means to pay for transport to the appointment?	This group can afford to get to the vaccine appointment.
	How far do they have access to resources or equipment that facilities or enable it?	…have enough support to attend a vaccine appointment?	This group feel they have all the support they need to get to the vaccine appointment
	How far do they have the time to do it?	…have enough time to attend the GP surgery clinic?	There are many activities that this group undertake which are essential and important to them, from paid work to caring responsibilities – whilst they have "enough time" they "cannot just attend anytime".
	How easily do they have access to places where they can do it?	How easy is it for them to get to the pharmacy or GP surgery?	Physically this group have easy access to the GP and particularly a pharmacy.
Motivation	How worthwhile do they think it is?	…think that getting the flu vaccine is important ?	On balance the vast majority of the people do not think it is important.
	How much enjoyment or satisfaction do they expect to the get from it?	…think that catching flu may be a severe risk to their health?	People do not think catching flu is a severe risk to their health.
	How far do they expect it to reduce any mental or physical discomfort?	…think that getting the flu vaccine will protect them from flu?	People do think that the flu vaccine would probably protect them from catching flu.
	How strong is their intention to do it?	…intend to get the flu vaccine? …have specific plans to get the vaccine?	This group do not intend to get the flu vaccine "potentially hesitant". They have certainly not made any plans to get vaccinated this year.

Once you've collected your behavioural insight, you can begin to explore which types of intervention will be most effective for changing your target behaviour. Our third tool 'analysing/using behavioural insights' guides you through the process.

References

1. Australia, BehaviourWorks; Kneebone, Sarah; Boulet, Mark; Jungbluth, Lena; Downes, Jenni; Klemm, Celine (2021): Chapter 5: Getting ready to Deep Dive - Defining, identifying and prioritising behaviours. Monash University. Chapter. https://doi.org/10.26180/14515794.v1.

2. Donovan, R. J., Egger, G., & Francas, M. (1999). TARPARE: a method for selecting target audiences for public health interventions. Australian and New Zealand journal of public health, 23(3), 280-284.

3. Michie S, Atkins L, West R. (2014) The Behaviour Change Wheel: A Guide to Designing Interventions. London: Silverback Publishing. www.behaviourchangewheel.com

Additional resources

- BSU repository

Access all the resources you need from our repository page; curated by us, applied behavioural science resources from across the globe, including our own.