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leading
improvements
in health and
wellbeing across
cheshire and
merseyside

Top tips for
commissioners and
providers of
behaviour change
training programmes



About the network

ChaMPs is the public health network for Cheshire and Merseyside.

Across Cheshire and Merseyside ChaMPs members have the expertise, drive and creativity to deliver the network's collective goals.

Our conviction is that when everyone contributes, everyone benefits.

Collaboration is cost-effective too, making the most of collective resources to deliver better value and better quality results.

The ChaMPs network achieves this through:

- Creating successful and influential partnerships
- Innovative, award-winning approaches to improving health and generating public health research
- Effective commissioning
- Comprehensive communications for the exchange and sharing of information and ideas
- Lobbying for change in health policy regionally, nationally and internationally
- Flexible and creative learning opportunities
- A professional programme management team

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Authors

These top tips were drawn from the research conducted by the Centre for Public Health, Liverpool John Moores University:

“Behaviour change training delivered across Cheshire and Merseyside: mapping programmes and exploring processes (2009)”

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The full report is available at www.nwph.net/champs/publications

Foreword

How we live our lives can have a significant effect on our health and well-being, what illnesses we experience and when we die.

Our health is particularly affected by tobacco use, drinking alcohol, unsafe sexual practices, what we eat and how active we are.

Certain patterns of behaviour are associated with social disadvantage and changing these behaviours was a key theme of Choosing Health, the 2004 white paper¹. They were also recognised by NICE, the National Institute for Health and Clinical Excellence in 2007².

Behaviour change training programmes aim to develop the knowledge and skills of the public health workforce leaving them better equipped to help change health-related attitudes and behaviours. Commonly used forms of behaviour change interventions are brief interventions, brief advice, motivational interviewing and social marketing.

These Top tips aim to support the commissioning and delivery of effective behaviour change training programmes across Cheshire and Merseyside. They include recommendations developed from the findings of research which mapped behaviour change training programmes and explored their delivery and commissioning across Cheshire and Merseyside.

The research was commissioned by ChaMPs, the public health network for Cheshire and Merseyside, and undertaken by the Centre for Public Health at Liverpool John Moores University.

It was also informed by the work of Powell and Thurston (2008)³ which explored the evidence and best practice regarding behaviour change interventions.

leading improvements in health and wellbeing across cheshire and merseyside



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Types of behaviour change



Brief advice

A short intervention delivered opportunistically which is normally focused on a service user's reason for seeking help. It can be used to raise awareness of, and assess a person's willingness to engage in further discussion about, healthy lifestyle issues.

Brief advice is less in-depth and more informal than a brief intervention and usually involves giving information about the importance of behaviour change and simple advice to support behaviour change.

Motivational interviewing

A process of exploring a person's motivation to change through interview in order to assist them towards a state of action.

The techniques used are adaptations of counselling skills and particular attention is paid to the listening skills of the interviewer. Motivational interviewing can be understood as an approach which can be adopted for delivering a brief intervention.



Brief interventions

A structured way to deliver advice and constitute a step beyond brief advice as they involve the provision of more formal help, such as arranging follow-up support. Brief interventions aim to equip people with tools to change attitudes and handle underlying problems.

As part of a range of methods, brief interventions may contain brief advice and may use a motivational interviewing approach in the delivery.

Social marketing

A strategic approach, based on traditional marketing techniques, to delivering a programme of activities to encourage behaviour change.

Emphasis is placed on understanding the life context and aspirations of individuals and their communities, which is then used to inform programmes that enable and encourage people to participate in positive health behaviour.

Top tips for commissioners

1. Assess training needs regarding behaviour change

Conducting training needs assessments can identify gaps in knowledge and skills, and therefore determine the most appropriate form of training package to provide.

All staff with roles that have the potential to change health related knowledge, attitudes and behaviour should be included in the assessment. Where possible this should include roles within the NHS, local authority and community/voluntary sector.

Efforts should be made to identify the specific roles within these organisations that should participate in the training needs assessment.

The Public Health Skills and Career Framework⁴ should be used where possible, to identify training requirements in relation to behaviour change.

2. Develop joint strategies for behaviour change training between the NHS, local authorities and voluntary/community sector

Choosing Health states improving health is everyone's responsibility. It is important that a consistent approach to behaviour change training is adopted across organisations.

This helps ensure consistent messages are delivered to the public and all appropriate opportunities to positively influence health-related attitudes, knowledge and behaviour are used effectively.

3. Commission generic behaviour change training programmes whenever possible

Generic behaviour change training programmes develop knowledge and skills that can be applied to a wide range of public health topics including alcohol, smoking, obesity, sexual health, and mental health and well-being.

There is an opportunity to increase efficiency by providing generic behaviour change training to larger numbers of staff rather than several packages that focus on specific public health topics.

Training should be provided at a range of levels and could incorporate different delivery methods (including face-to-face and e-learning). Consideration should also be given to whether the training is mandatory, forms part of induction processes or contributes to continued professional development.

4. Conduct robust evaluations of behaviour change training programmes

Robust evaluation is crucial for determining the effectiveness of the training programme. This should include identifying and assessing:

- The processes involved in delivering the training
- The outcomes of the training on the professional behaviour of recipients

More advanced evaluations should include an assessment of health outcomes in clients receiving interventions from trainees.

Top tips for providers

1. Promote the benefits of behaviour change training programmes to managers, commissioners and front line staff

Behaviour change interventions are an important means of reducing the risk of illness and early death.

They have the potential to reduce the numbers of people who smoke; cut obesity, and improve diet and nutrition; increase levels of exercise; reduce alcohol consumption; improve sexual health; and promote mental health and well-being. For training programmes to be a success, they need to be commissioned and supported by managers.

2. Develop inter-professional and inter-agency learning regarding behaviour change

Inter-professional and inter-agency learning helps to create an effective public health workforce. It facilitates participants' understanding of other roles and encourages the development of effective collaborative working patterns. It is therefore useful if a number of trainers can contribute to the delivery of sessions.

3. Consider carefully the theoretical content of behaviour change training programmes

Evidence suggests that an understanding of the theories that underpin behaviour change interventions can enhance the likelihood participants will go on to use the approaches taught. The evidence does not support the use of one particular model or theory but promotes a focus upon the development of skills and competencies. For example, the effectiveness of one popular model, the transtheoretical stages of change model, has been widely debated.

A best practice checklist

This checklist was developed from the guidelines for best practice produced by Powell and Thurston (2008) and from the findings of the research that informed this guidance.

It is relevant for training regarding one-to-one behaviour change interventions i.e. brief advice, brief interventions and motivational interviewing.

The following points should be incorporated into behaviour change training programmes where appropriate. The checklist can be used prior to commissioning to determine whether a proposed training programme is likely to deliver quality, or after a training programme to evaluate against best practice.

A behaviour change training programme should include clear information about:

1. The evidence base for the behaviour change methods/approaches discussed in the training.
2. Different theories of behaviour change such as the transtheoretical stages of change model; the health belief model; social cognitive learning theory and/or diffusions of innovation theory, as appropriate. This should include a critique of the theories discussed. However, the main focus should be on the development of the skills and competencies rather than the theories of behaviour change.
3. How specific assessment tools can be used to indicate individuals' readiness to change and demonstrations on the use of these tools, as appropriate. They should also provide participants with an opportunity to practise using appropriate assessment tools, to be tested in their ability to use the tools effectively and to receive feedback on competency and skill development.

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4. Encouraging client-directed conversations; dealing with clients' adverse reactions; managing clients' concern and distress; and adopting reflective listening skills as appropriate. Training programmes should also include dedicated time for demonstrations and to practise these skills; an opportunity to assess abilities in relation to these skills, and feedback on competency and skill development.
5. Tailoring information to different client groups such as the elderly; young people; those with mental health issues; families, those with disabilities; those from black and minority ethnic groups; foreign nationals; and, where appropriate, other groups with specific needs. This may include specific information on cultural issues, sensitivities, and health and social inequalities. In addition, training programmes should provide the opportunity for participants to practise tailoring this knowledge through role-play and be given feedback to facilitate improvement in effectiveness.
6. The public health topic(s) addressed by the training, including smoking; obesity; diet and nutrition; exercise; alcohol consumption; sexual health or about health in general, as appropriate.
8. Take account of participants' professional roles and their relationship with clients, conducting an assessment of participants' knowledge in advance and tailoring the programme accordingly. In addition, trainers should draw on real cases, design exercises to address common challenges and, where possible, use recordings or transcripts from relevant settings.
9. Use a workshop style of training and provide opportunities for reflection and discussion, and to practise new skills and observe colleagues in action. Trainers should facilitate activities that are task-orientated and, where possible, provide opportunities for feedback to the whole group for wider discussion.
10. Provide opportunities for ongoing on-site consultation from a trainer or peer, as appropriate.
11. Provide the opportunity for role-play where turns are taken to play the client and staff member, encourage the exploration of mistakes in a safe environment, and receive feedback on their techniques and skills development.
12. Offer continuous support and verbal feedback during the training session/s and wherever feasible include a number of booster sessions to provide feedback and follow-up support.

Providers of behaviour change training programmes should:

7. Understand the context of participants' work; be a respected colleague; have a rapport with the participants; and have practical experience delivering effective behaviour change interventions.

Case study: NHS Sefton

A strategic and coordinated approach to behaviour change training

As part of the research that informed this guidance NHS Sefton provided a useful example of an organisation's strategic and coordinated approach to behaviour change training.

The organisation's approach to behaviour change training was in line with the top tips specified in this guidance.

A key element of the approach was that it was based upon findings of a training needs assessment. The assessment focussed upon the areas and skills discussed within the Choosing Health white paper.

Importantly, the assessment involved front line staff across the NHS, local authority and voluntary/community sector and therefore considered the needs of the wider public health workforce.

The staff were asked about how they felt about delivering the public health messages outlined in the white paper. The findings revealed large numbers of staff

lacked confidence in delivering these messages. They wanted to be provided with concise information regarding public health issues. Additionally, it was considered important that consistent public health messages were provided by the public health workforce to the general public. Consequently, summary cards were produced for each of the public health topics identified in Choosing Health.

The front of the cards provided information on how to conduct a brief intervention. The reverse of the cards included a tool to use when discussing the behaviour change with individuals. For example, one of the cards included the "Eat well" plate which outlines the proportion of different types of foods individuals should aim to include in their diets.

The cards were A5 size so that they could fit into staff members' diaries or bags and were laminated so they could be reused. The cards developed regarding the public health issues identified within Choosing Health are described as the "core set".

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Changing dietary behaviour

One of the cards included the "eat well" plate which outlines the proportion of different types of foods individuals should aim to include in their diets

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The cards were reportedly popular with staff and consequently additional cards were developed regarding smoking in pregnancy, breast feeding and measuring weight.

Staff were provided with training before they used the cards. A range of training programmes were made available. Crucially, the wider public health workforce was encouraged to participate in the basic training that focussed on delivering brief interventions using the cards.

A more advanced programme was developed for those who had regular contact with patients/clients. "Train the trainer" programmes were also provided in an attempt to increase the number of individuals who could be trained across a range of organisations and departments including the NHS, local authority and the community/voluntary sector.

Other organisations have replicated the approach described in this example as it was reportedly perceived to be successful by staff members. Within this example, consideration of the generic skills required to conduct behaviour change interventions concerning a number of public health topics prevented overlap in training which sometimes occurs when training is considered for each public health topic separately.

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⁴Public Health Skills and Career Framework

www.phru.nhs.uk/pages/phd/public_health_career_framework.htm

