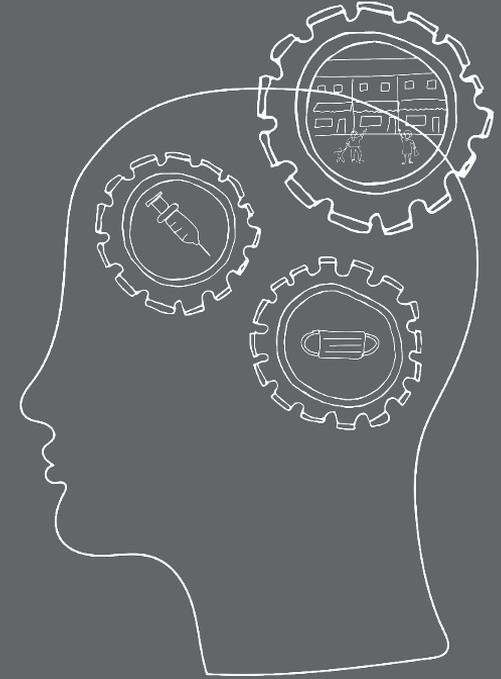


Keeping Wales Safe: Covid Behaviours



Exploring ways to support people to manage risk around Covid-19 using a blended method of behavioural insights, academic research support and People Powered Results place-based testing

Spring 2022

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Executive Summary



What we did

In spring 2021 the Behavioural Insights Team (BIT), Cardiff University's Y Lab, and People Powered Results at Nesta (PPR) formed a partnership to respond to the significant challenge faced by Welsh Government in supporting communities to manage Covid-19 risk. Welsh Government wanted to explore:

How can policy makers actively partner and work with populations and communities across Wales to reinforce messages, manage, and respond to the ongoing challenges presented by the pandemic?

In response, the partnership launched the **Keeping Wales Safe: Covid Behaviours** programme in June to work with national stakeholders and three cross-sector, place-based teams across Wales. The programme aimed to co-design and test interventions to increase Covid-safe behaviours around self-isolation and risk mitigation.

The programme was designed in phases to:

- Review existing evidence to explore and contextualise the challenge
- Build a foundational knowledge of Behavioural Insights and how it could be applied to identify and address local need
- Support the generation of ideas and design of interventions
- Inject pace and urgency with a short testing phase, generating insights in real time
- Provide policy recommendations to the Welsh Government
- Consolidate emergent learning and explore sustainability

Testing took place with three local areas in Wales and a national randomised controlled trial took place using the BIT's online experiment platform, Predictiv.

Teams were supported throughout with coaching and facilitation, as well as support to gather insights and evaluate impact.

What we learned

Evidence review: Identified a number of interconnecting risks driving Covid-19 spread, including risky occupations, risky places and risky behaviours. It also identified the importance of tailoring information to specific audiences.

Co-designing interventions, using a blended approach, with place-based teams: With the evidence review as a foundation, the programme worked with cross-sector teams to identify at risk groups locally. It introduced teams to behavioural insights methodology, tools and techniques to help them define key behaviours to target to reduce Covid-19 risk. With coaching and facilitation support from the People Powered Results team, they were supported to codesign and test interventions with these key groups on the ground in real time. Y Lab support helped them consider how to measure the impact on risk mitigation and adherence to self-isolation.

Building on the evidence review, **place-based teams identified** the following as key groups to work with to change behaviour and mitigate risk:

- **Farmers and agricultural workers (Powys)**
- **Young men in manual employment (Cwm Taf Morgannwg)**
- **16-18 year olds in education (Gwent)**

Powys and **Cwm Taf Morgannwg** aimed to increase testing and raise awareness of support amongst their population groups, while **Gwent** wanted to increase awareness of when to test and how to prepare for self-isolation. The teams, echoing the conclusions of the evidence review, **found official communications had limited impact on high-risk groups**. Consequently they focussed on co-designing interventions to reach and engage high-risk groups where they were at greatest risk, for example farmers at livestock markets. Information and support offered was differentiated for those groups to maximise impact.

The national Predictiv trial found that existing Welsh Government messaging is communicating risk effectively, but that it is doing this best with people already mitigating risk of transmission. More needs to be done to reach those at higher risk of transmitting Covid-19. One intervention - a personal risk profile which can be used online - showed promise in communicating to these groups.

Next steps

Place-based teams valued the approach to create space and provide support for collaboration and co-design around target behaviours with people at risk from Covid-19 in their communities - learning as much from both the success and the barriers to implementing their interventions. **They plan to continue this approach to innovation locally building on the programme methodology that combines:**

- the extensive evidence reviews carried out by both Y Lab and BIT that underpin the programme
- the application of BIT's behavioural lens to help teams identify where they could intervene for real impact
- the support for rapid and collaborative co-design & place-based testing provided by PPR
- the space to create, embed and evaluate innovation collaboratively, where teams can learn from what works and what doesn't.

The programme itself has taken a systemic approach to sustainability, working with a national steering group, Welsh Government and place-based teams to generate learning around ways to create and embed innovation. All three stakeholders have highlighted the potential for wider policy development, for example around implementing the wellbeing aims of [A Healthier Wales](#), using the programme as an exemplar of how to design and test innovative ways to support systemic change.

This approach, and the methodology underpinning it, has potential to support:

- Policy professionals developing innovative ways to meet key government priorities and ministerial objectives.
- Public services strategists in health and public authorities, including Welsh Local Government Association, health boards and Public Health Wales, investigating ways to create a culture of innovation.

Team approaches and experiences will be of interest to:

- Public service teams looking to build effective ways to design supportive interventions using behavioural insights.
- Regional teams working across boundaries on local priorities that are complex and challenging.
- Stakeholders including community groups and county voluntary councils looking for innovative ways to work with the public sector on complex challenges.

What people told us...

“The programme was a way to generate and test ideas that wouldn't have conceivably arisen 'organically' in the context of operational Covid-19 response”

“The learning generated is significant - it will help us target different groups and know roughly what we need to do and how we need to go about it. I think the work needs to be continued ...there is a lot more that we can do”

“I really appreciate the insights into the way people think and behave”

“It's given me a lot of direction and sense of purpose...has built my skill set up to a point where I'd happily try and run an intervention using what I've been taught”

“I enjoyed the developing the persona process and looking at the issue through a different set of eyes”

“I can see how this approach could be used far more widely”

Introduction and context



Background

The public sector in the UK has faced an unprecedented health challenge in navigating the constantly changing landscape created by the pandemic. In Wales, the government has focussing on a key question: **how do policy makers actively partner and work with populations and communities across Wales to reinforce messages and manage and respond to the ongoing challenges presented by the pandemic?**

Welsh Government commissioned the Behavioural Insights Team (BIT), the Public Service Innovation Lab at Cardiff University (Y Lab) and the People Powered Results (PPR) team at Nesta to work in partnership on the design of a bespoke approach that blended behavioural insights, academic research support and practical place-based co-design and testing.

Three cross-sector teams were recruited as part of the programme and supported to codesign and test local interventions that sought to mitigate risk with high-risk groups. A national online Predictiv trial also took place within the testing phase, and the findings shared with teams to help them identify common themes and factor learning into their intervention design.

Keeping Wales Safe: Covid Behaviours programme worked with three place-based teams in Powys, Cwm Taf Morgannwg, and Gwent to explore their local contexts, using behavioural insight methods to identify target behaviours, and design and test interventions to meet local challenges around:

- **Self-isolation:** including ways to remove barriers to testing and isolating, including support for people during self-isolation.
- **Risk reduction:** encouraging people to better understand their risk of catching and spreading Covid-19 and how to reduce their risk while still feeling safe and able to engage in society.

The programme, launched in June 2021, opened with an evidence review of academic research on supporting Covid-safe behaviours and with a behavioural insights review. These reviews underpinned, informed and contextualised the challenge for teams, who were supported to co-design and test interventions within their local contexts, using behavioural insights and PPR methodology. Y Lab supported throughout to collect data and evaluate impact.

This report describes the approach taken, shares insights and learning from the work, and considers 'what next' for this approach.

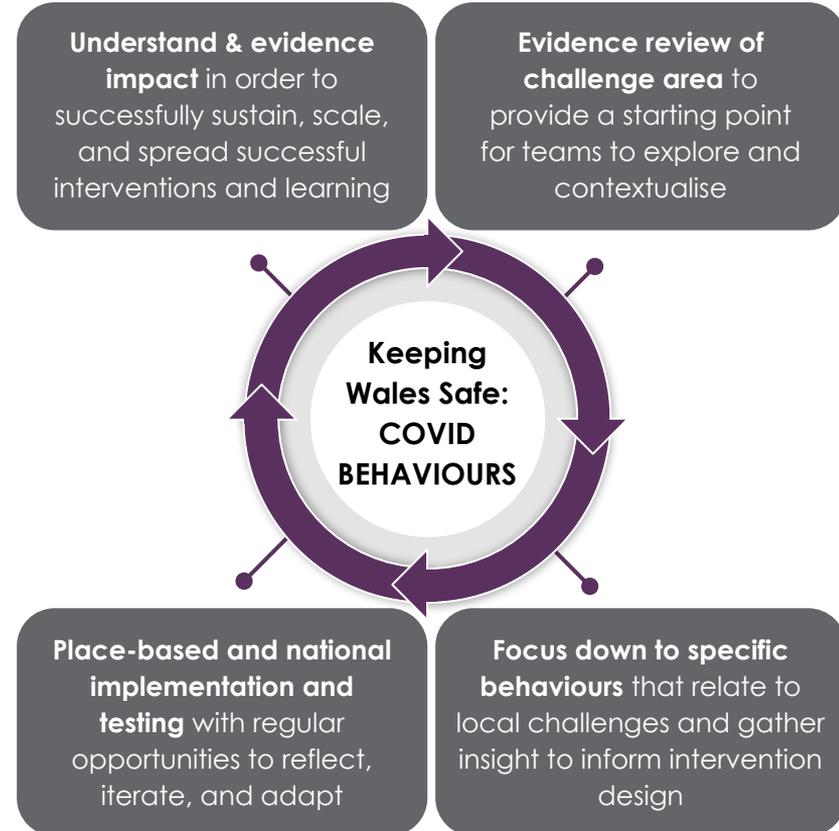
Our method: A blended approach

The blended approach draws on the skills and expertise of all three organisations to create the structure teams need to take an innovative approach to working with communities on ways of promoting Covid-safe behaviours.

- The Behavioural Insights Team are world leaders in the application of behavioural insights to policy and public services, and have worked extensively with the UK Government on the Covid-19 response since February 2020.
- Y Lab provide academic rigour, expertise in measuring impact, wide experience of supporting innovation in the public sector and extensive networks throughout Wales.
- People Powered Results team (PPR) has extensive experience working with cross-sector teams on complex challenges. PPR pioneers new approaches to innovating in complex systems, taking a people-centred approach, and improving the experience, impact and pace of change.

The partnership built a strong foundation with Welsh Government and partners, including forming a national steering group to review programme phases and help gather learning for future policy making.

This approach was developed as the best way to engage and work with key stakeholders to design and develop interventions rooted firmly in the local context.



Programme Overview

The Keeping Wales Safe: Covid Behaviours programme was designed in four phases in order to:

- Review existing evidence to explore and contextualise the challenge
- Build a foundational knowledge of Behavioural Insights and how it could be applied to identify and address local need
- Support the generation of ideas and design of an intervention
- Inject pace and urgency with a short testing phase, generating insights in real time
- Consolidate emergent learning and explore sustainability



← Regular coaching, facilitation, and academic support provided throughout →

① Evidence Review

The academic evidence review was designed to be used as a tool to help contextualise the challenge for the teams, and inform the overall approach of the programme

What we did

Purpose - to underpin programme design, provide teams with insights into Covid behaviours to inform design of interventions to minimise risk.

Reviewed - existing research, published and unpublished, through the lens of self-isolation and avoiding risky behaviour around Covid-19.

Research - at the time research focused on top-level government interventions, pharmaceutical and non pharmaceutical, with little on the place-based, tailored intervention envisaged in this programme which are designed to support higher risk groups.

Many themes noted in the review were echoed as teams tested their interventions with target groups on the ground in real time, and again in the Predictiv national trial.

For the full report: [Keeping Wales Safe: Y Lab Evidence Review](#)

Keeping Wales Safe: Interim Evidence Review

Steve Garner, Rob Callaghan, Jordan Van
Godwin

Y Lab, Cardiff University



5 August 2021

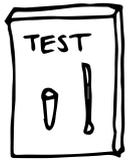
1 Evidence Review

Many of the themes uncovered by the evidence review underpin the key learning that's emerged from the programme

What we found

Thinking about risk - Different groups develop different mental maps of risk, formed by both psychological and structural influences and life experiences. Structural as well as behavioural aspects of risk create their own barriers to risk reduction. We wanted teams to think about transmission risk as cumulative, so that disaggregating the various barriers into specific behaviours would help them design interventions that could effectively target key behaviours.

Existing research - Evidence from existing research suggested how simple interventions can have an impact. Developing an understanding of people's engagement with eliminating Covid-19 and the specific measures to do that can yield useful insights into how to communicate with them to change their behaviour.



The review revealed a real gap in understanding the impact of more bespoke approaches, particularly around communications with those higher risk groups, for example younger men, people working in precarious or low-paid employment.

Research has used varied methods and wasn't necessarily comparable. Mathematical models of macro-level interventions and self-report surveys were much more common than empirical work on interventions at the scale envisaged by the programme.

Importance of evaluation - Interventions should be designed carefully and robust evaluation built in as part of the design.

Shift to guidelines - The programme would play out in a different context to the research we found. As responsibility passes to the public, the stake in having an input into behavioural change is set to increase.

1 Evidence Review

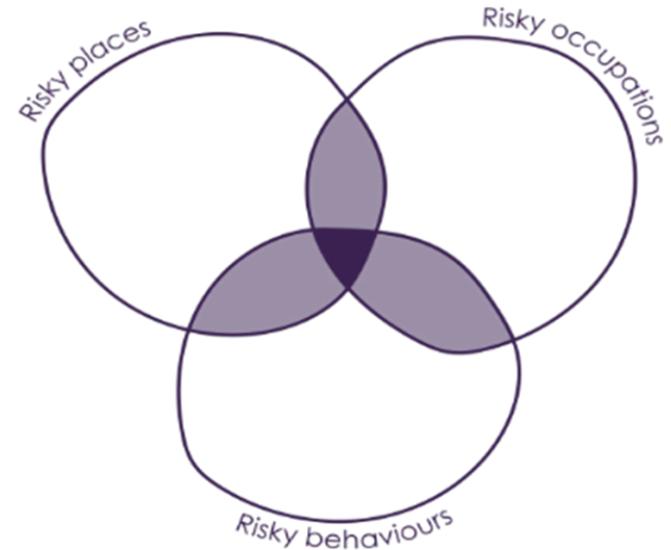
Teams used the evidence review to evaluate local context and build their own insights into Covid behaviours using BI tools and techniques and PPR approaches

How it informed the programme

What increases risk - Groups emerge from the statistical data as being at high risk for transmission and/or for low adherence (to vaccination, self-isolation, social distancing, etc.), by engaging in risky behaviours, often in risky places, while doing risky occupations, or combinations of these.

We found that these groups are typically younger (especially men); people working in precarious and/or low-paid employment; living in more crowded conditions; and some ethnic minority communities. However, we also acknowledge that there are other groups that do not engage with public health practices for other reasons (cultural and social).

A diagram developed by Y Lab to help the teams identify categories of risk and priorities of engagement with it.



The explanations for non-adherence in the literature fall into two camps; 'structural' e.g. financial reasons and 'psychological', i.e. to do with the way they see themselves and society.

1 Recruiting place-based teams

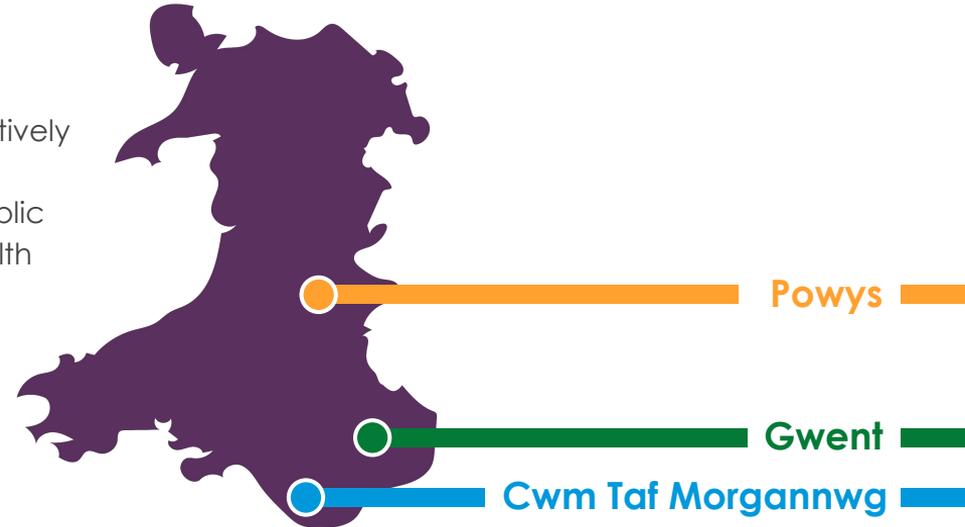
Our ambition at the outset of the programme was to recruit three diverse and representative place-based teams that would provide maximum learning opportunities.

We published an open call for expression of interests, asking for potential partners from across Wales, including organisations actively engaged in the response to Covid-19 in their areas. We were particularly interested in those working in health, social care, public health, or other connected areas within a local authority or health board, and the voluntary and community sector.

We also wanted to hear from cross-sector partnerships, so prospective teams were encouraged to outline examples of this way of working in their expressions of interest.

We received proposals from a wide range of stakeholders, and reviewed each next to set of criteria, including existing relationships with Covid-19 recovery teams, local leadership buy-in, and the ability to contribute to a programme portfolio that had diversity in geography and context.

Teams from Powys, Gwent, and Cwm Taf Morgannwg were recruited. Each had strong links to local Covid-19 response and were clear about how they wanted to work with the programme to support local communities.

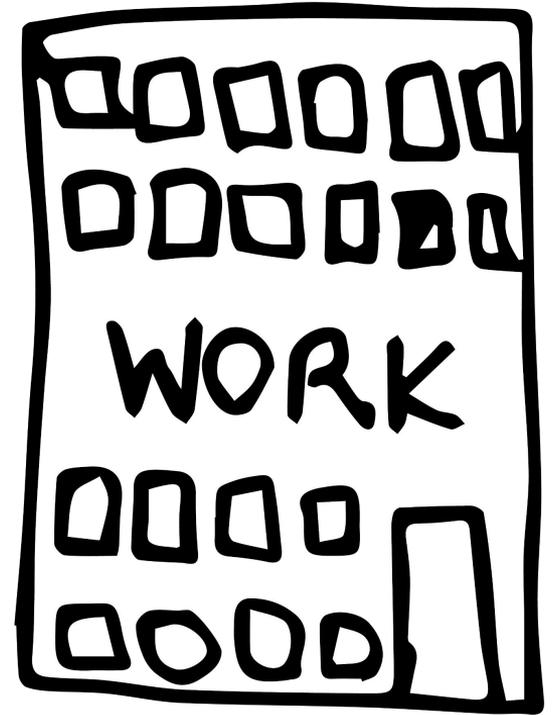


① Applying Behavioural insights to Covid-19

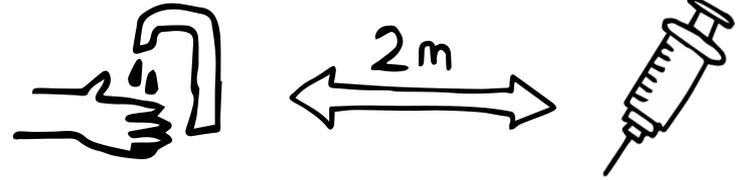
In the first phase of the programme place-based teams were introduced to key concepts of behavioural insights using examples of BI projects to highlight the importance of understanding the environment and its role in shaping and influencing behaviour. Teams considered how someone's environment and context can make a difference to Covid-19 transmission. In workshops with BI, PPR and Y Lab they were introduced to tools and techniques to help them answer two practical questions this phase:

Targeting a behaviour: which Covid behaviour do you want to influence?

Exploring a behaviour: why do people do (or not do) that behaviour?



Targeting a behaviour



Identifying a behaviour to focus on

A range of behaviours and changes in the environment make the risk of covid-19 transmission greater or lower, so we asked the teams to identify a behaviour that would be both impactful and feasible to influence. We asked them to target a behaviour whereby:

- Influencing the behaviour would have a significant and positive impact on Covid-19 transmission.
- Influencing the behaviour would be achievable and proportionate.
- Influencing behaviour would enable people to move from inaccurate risk assessment to conscious risk minimisation.

What makes transmission more or less risky?

We presented research on Covid-19 risk factors from work in the field to discuss with the teams. This included international evidence on factors that influence the spread of Covid-19, such as:

- Somebody's level of immunity (through vaccination or prior infection).
- The number of infected people in the community.
- The infectiousness of somebody with covid-19.
- Duration of contact.
- Extent of contact: ventilation; masks; surfaces; distance and direction of contact; nature of activity.

Targeting a behaviour



The risk of transmission is very dependent on the environment

We worked with our place-based teams to apply the evidence to behaviour in practice, using real world scenarios. For instance, consider two examples:

1. **Five** people meet **outdoors**, going for a walk for **half an hour**, during which they get a takeaway coffee while **wearing masks**.
2. **Five** people meet **indoors** for a **couple of hours**, with **doors and windows closed**, and **chat loudly** over music.

In this example, **Scenario 2** is **much more risky** for transmitting Covid-19 than **Scenario 1** but it is very easy to see how **Scenario 1** becomes **Scenario 2** (e.g. if it starts raining or gets cold and people head indoors).

Prompt questions for behaviour change

To generate the target behaviours with the most value, we worked with the teams to assess each local place's environment. We focused on the most important factors and questions, such as:

- How many people in your population are engaging in the problem behaviour?
- How many people in your population are engaging in the appropriate behaviour already?
- Are we targeting the right people? Does it matter if x or y changes their behaviour?
- What is the likelihood that you can influence the behaviour through an intervention, and will it make a difference? i.e. what is the **impact** and **feasibility** of changing the behaviour?

Exploring a behaviour

Why do people do what they do?

Once the place-based teams had chosen a target behaviour, tools and techniques (see slides 21 & 23) were introduced to help them understand and explore why people in their areas might do (or not do) it. Teams considered what facilitates the behaviour and what might prevent it.

Evidence review

What does the evidence and research suggest about why people do certain Covid behaviours? This can help places learn from elsewhere. Alongside Y Lab's academic review of literature, BIT produced an extensive evidence review, which was shared with the Welsh Government and local teams (summarised on the next slide).

Quantitative and qualitative analysis

Y Lab encouraged teams to explore behaviours further through the use of surveys, interviews and focus groups to ask for people's own experiences.

CTM's persona used in journey mapping: Bob is 23 and is on an apprenticeship for a local building firm. He's single and enjoying life at the moment, living at home with mum and dad in Mountain Ash. He loves Rugby and attends local club regularly and pops down to Cardiff from time to time to go clubbing.

Bob has an elderly grandparent down the road who he cares for deeply. He helps out by dropping off her shopping. He's only had one dose of vaccine. Bob tends to keep on working even if he's under the weather and he hasn't visited his GP in years.



Journey and behaviour mapping

This helpful exercise was introduced by PPR to help teams identify the touchpoints in a moment of time where people are at greatest risk. What do people do in a typical hour, or day or week where they might catch or transmit Covid-19?

The research partnership and place-based teams used a mixture of these methods for their chosen behaviour(s) to identify the best places in which to intervene.

1 BIT Evidence Review

BIT has extensive experience of working with governments on approaches to managing official guidance around Covid-19. BIT's own evidence review helped teams put into context local data. Further info: <https://www.bi.team/our-work/covid-19/>



BIT's work on Covid-19 clearly identified key themes to be considered by those wishing to make a difference to transmission. BIT's evidence review outlining approaches was shared with teams to support identification of behaviours to target.

What we know:

Covid-19 spreads when somebody is exposed to a sufficient amount of the virus. Transmission is less likely outdoors in well-ventilated spaces. It is more likely indoors in crowded spaces. Cluster 'super' spreading is a risk.

Vaccines have been effective at reducing hospitalisations and deaths, and at reducing infection and transmission. As the impact of vaccines continues to build and in light of new variants, people in Wales need to understand and mitigate their own risk around Covid-19. The greater the understanding of these risks, the greater the ability to manage them to minimise infections, transmission and hospitalisations.

Better understanding and responding to risky situations minimises individuals' risk of catching and spreading Covid-19.

Behavioural insights focus on how best to improve the public health response to Covid-19.

In particular, BI consider people's capacity to self-isolate or adopt risk-reduction behaviours. BI techniques ask:

- Do people know which environments are riskier than others?
- Do they know the value of face masks?
- Do they know their own risk of asymptomatic infection?

People also need to have the opportunity to adopt positive behaviours. BI asks:

- Is the support for a period of self-isolation sufficient and clearly signposted?
- Are vaccine services reaching those people who may be unsure about effects or who work long hours?
- Are testing services best accommodating busy people?

Finally, people need to be motivated to reduce their risk. Why should a young person get vaccinated for a virus that has generally worse effects for older people? Why should somebody get tested when they are asymptomatic when the result could be ten days of self-isolation?

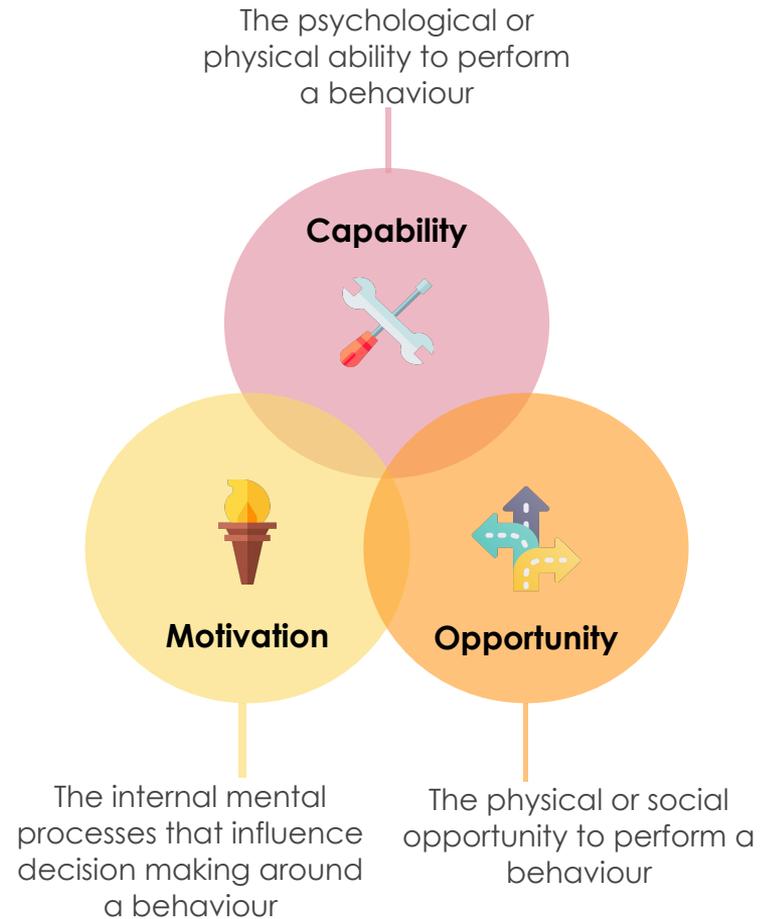
These issues interact with each other to form the complex environment in which people make decisions about their behaviour. It is important to meet people where they are and best support them to reduce risk.

① Applying Behavioural insights to Covid-19

Barriers to a behaviour

We introduced the teams to the **COM-B** model, which is a helpful introduction to understanding why people behave the way they do. We worked with each of the teams to apply it to their local places and individual contexts.

The COM-B model argues that to understand someone's behaviour, you need to understand their capability, their opportunity and their motivation. If these things align, then the appropriate behaviours are more likely to take place. If they do not, then they are less likely.

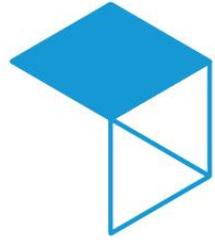


Source: Michie, S., van Stralen, M. M., & West, R. (2011). The behaviour change wheel: a new method for characterising and designing behaviour change interventions.

① COM-B in practice: Testing

An illustrative example of how COM-B can be applied

“COM-B helped us work out exactly what the barriers were to a behaviour, which then directly informed the design of the intervention”
- Programme Participant -



Target population	Barriers	Potential interventions
General public People visiting riskier settings or vulnerable people	Opportunity Lack of time to take a test Lack of opportunity e.g. no nearby test site Lack of social norms for habitual testing Lack of prompts in the environment e.g. reminders in riskier places	Set up testing sites in riskier settings and/or as part of people's existing routines e.g. place of work, care homes, pubs. Consider mandating. Enable automatic 'repeat prescriptions' for home test kits, with better prompts/reminders
	Capability Unaware that you can order test kits even if not symptomatic Lack of confidence in self-administering a test Difficulties remembering to take a test	Produce easy to understand instructions for taking tests e.g. short video, picture guide
	Motivation Lack of understanding about asymptomatic spread of virus, why testing is important, the accuracy of tests Too much hassle e.g. to get to a test site / order a test kit / take an uncomfortable test Lack of consequences for not taking a test Fear of consequences of a positive result e.g. self-isolate	Improve messaging about asymptomatic spread, importance of testing, accuracy of tests, availability and ease of ordering home test kits Work with employers/businesses to improve incentives for testing e.g. lottery, access to facilities Introduce less invasive testing (e.g. saliva)? Reduce barriers to self-isolation

2 Ideation

“EAST helped me the most - the tool provided a different perspective and allowed me to break things down even further than I would have traditionally done”

- Programme Participant -

Once the teams had identified their target populations and target behaviours they took part in a **structured two-step ideation process**. This introduced them to a number of additional tools to help them **generate ideas** and **understand the impact** an intervention could have on influencing behaviours. They were also asked to think through how they would create the conditions for change locally.

Teams prioritised ideas according to impact and feasibility, and worked the top ideas into **design briefs**, building out the core components of what would bring their idea to life.

These design briefs:

- Provided a summary of the team's high level goal, target behaviour, and specific intervention.
- Set out their experiment: defined a research question and hypothesis, outlined the intervention, and prompted thinking around outcome measurement.
- Outlined key considerations for analysis.

EAST framework

One of the tools that BIT introduced at this stage was the EAST Framework. EAST stands for Easy, Attractive, Social, and Timely - four key principles in encouraging



a particular behaviour. While it does not cover every nuance of behavioural science, it is an easily accessible framework that can be practically applied to behavioural challenges to make interventions more effective.

3 Testing

The third phase focussed on co-design and testing within places, and at a national level via Predictiv

The approach to place-based testing was underpinned by a number of core conditions to support rapid, collaborative experimentation. These conditions include:

- **Experimentation** - to learn teams needed to be free to try and sometimes to fail
- **Data** - this was key to identifying and measuring success, which was important when it comes to learning what can be scaled-up across Wales too
- **Diverse place-based teams** - teams were encouraged to reach out across organisational boundaries and work with the people closest to the issues

A deliberate effort was made to work with teams to build these out at a local level, with the support of the programme team.

The next slide outlines some of the ways teams were supported to test and iterate their interventions.



PPR's conditions for change wheel displays conditions to support effective place-based change

3 Testing

"The burning platform generated a sense of urgency - this increased the speed in which the team was able to work at once initial relationships had been made... we didn't encounter the usual bureaucracy"

- Programme Participant -

Rhythm of engagement

Teams were **encouraged to meet regularly**, including with PPR coaches, to troubleshoot, reflect on learning in real time and make any subsequent adaptations to their insight gathering efforts and intervention design and implementation. **Milestone events** at the start, middle, and end of the testing phase helped the three teams come together with colleagues from Welsh Government to update on progress, share emergent learning, and reflect on what participation meant to them.

Insight gathering and data review

Each team had access to Y Lab's researchers, who provided ongoing support throughout to help them **generate real-time data and insight** to continually shape their solutions as they were developed and tested. Y Lab were also on hand to support the teams in their efforts to evaluate their interventions once tested.

Coaching and facilitation

The programme team worked with teams to create the space to **reflect on emergent learning, challenge assumptions, and move to action**. This approach also helped build the capacity and confidence of the team to engage with behavioural insights and take a rigorous approach to demonstrating impact. This approach was adaptive and responded to the changing needs of teams and individuals throughout.

Financial support

Each team had **access to grant funding (up to £5,000)** to support the design and testing of interventions. There were few restrictions placed on this funding to give teams the freedom to follow their ambitions to design an intervention that would address the challenges identified.

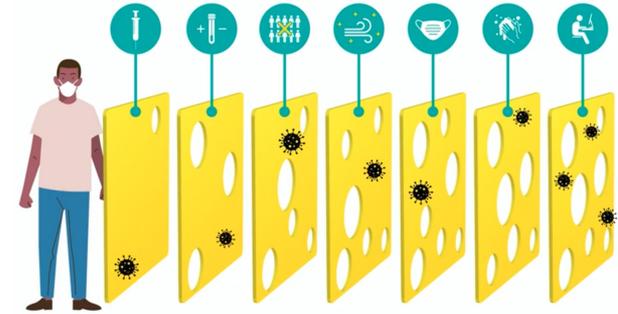
3 Predictiv

A national online randomised control trial took place alongside place-based testing. This slide describes what that looks like in practice

Predictiv is an **online platform for running behavioural experiments** built by the Behavioural Insights Team. It enables governments and other organisations to run randomised controlled trials with an online population of participants, and to look at whether new policies and interventions work before they are deployed in the real world.

In a randomised controlled trial, people are randomly assigned to two (or more) groups. One group receives the policy or material being tested while the other (the comparison or control group) receives an alternative intervention.

In this trial, the control group received the existing Welsh Government communications, while two other groups received different interventions.



The random assignment to different groups means you can compare the effectiveness of a new intervention against what would have happened if you had changed nothing at all (the counterfactual).

The advantage of an online randomised controlled trial is that a variety of intervention types (such as text, video, graphics etc) can all be tested to reflect the environment people experience in reality.

Any findings that emerged from the trial were considered alongside insights from the place-based testing, as well as the initial evidence review, in order to build a fuller understanding of how people perceive and mitigate against risk.

Testing activities

Once teams had built a foundational knowledge of Behavioural Insights, identified who they wanted to work with and what behaviours they wanted to target, they began testing their intervention locally with high risk groups.

At the same time, BIT launched the National Predictiv trial. The following section describes what happened.



Place-based testing

The following slides provide a summary of teams' activities during the course of the programme, including what they discovered and their plans for the future

Where did we work?



Powys



Focus: Agricultural workers' adherence to safe Covid behaviours and risk reduction

Target Behaviour

Encouraging farmers (and particularly young farmers) to:

- Habitually test themselves for Covid-19
- Isolate if they test positive

Intervention: Staffed test distribution at market sites and 'unstaffed' test distribution at Young Farmers Clubs, and a co-designed comms campaign with young farmers groups to include specific guidance on safe behaviours

Local Context

Anecdotal evidence had emerged that **agricultural workers were less likely** to engage in the Test, Trace and Protect (TTP) function and that certain community settings were becoming **key hotspots for transmission** (even leading to super spreader events). Farmers were **less likely to isolate** due to the significant impact it would have on their abilities to carry out their duties related to work.

The Powys team's ambition was to **better understand the barriers to testing and self-isolation** in the hope of encouraging farmers to engage in Covid-safe behaviours to suppress the transmission of the virus - in this instance by testing regularly and self-isolating if testing positive. The aim of the intervention was twofold, to make Lateral Flow Device (LFD) testing **more accessible**, and to **change farmers' views of the tests** so they recognised them as **a way they could reduce the impact of Covid-19 on themselves, their families and the wider community**.

Farmers markets are absolutely integral to a farmer's ability to trade livestock as well as acting as a vital social space to connect an otherwise isolated rural workforce. They also present a real risk to attendees **as people cluster in large numbers, often in poorly ventilated areas**. Preventing even small numbers of people who have Covid-19 from attending could have a significant impact.

The team felt that markets presented an important opportunity to engage with farmers **"on their ground"** and by providing tests on site, they hoped to remove a significant barrier to testing.

Alongside testing, the team also had a sense that certain social groups could play an important role in influencing behaviours, so were keen to take advantage of **existing links with Young Farmers Associations**. They wanted to gather the insights of their members in order to **co-design a comms campaign** encouraging Covid-safe behaviours. This would take the form of a competition.

What did they do?

Markets

The crucial aspect of Powys' main intervention was to **secure the buy-in of various market sites** to allow TTP staff to come on site to distribute LFDs and engage with the farmers - answering any questions they may have and providing information about the support on offer if a positive test is returned. It was also hoped that the TTP staff would be able to make the most of their existing relationships with local communities to increase the likelihood of engagement.

The team secured the participation of **4 market sites** (Brecon, Talgarth, Knighton, and Builth Wells) and, once dates had been confirmed, set about securing the supplies and producing the comms materials that they would need. This involved repurposing existing resource from a similar intervention that had taken place at supermarkets, but new comms assets were also designed and produced.

In all the TTP team attended markets on 11 occasions, handing out 250 testing kits and completing 50 surveys.



Around 1 in 3 people with coronavirus have no symptoms!



These people could be spreading the virus unknowingly



These people could be me or you



Young farmers can help protect their community against Covid-19 by taking twice weekly lateral flow tests 

How to get a test?

Visit the website below:

www.nhs.uk/conditions/coronavirus-covid-19/testing

How to report the results?

Upload your results to:

www.gov.uk/report-covid19-result

The winning poster from the comms competition

What did they do?

Comms campaign

The team were keen on targeting young farmers with their second intervention, particularly in order to encourage them to engage with information relating to Covid-safe behaviours. Key to this was an **ambition to adopt a co-design approach**, utilising the insights of those who would benefit from the intervention. So they landed on designing and launching a competition, building on a tradition of similar farmers club initiatives.

The team used existing contacts with the Young Farmers Associations to secure their participation, then designed the scope of the competition. The challenge they set was to produce a short video or poster that encouraged regular LFD testing and the uploading of the results. Aside from being encouraged to be bold and creative, participants were also provided with the judging criteria to guide them.

As part of the competition design the team explored the use of incentives as a way of encouraging participation. They used the programme grant money to fund vouchers for competition winners, not only for winning individuals, but also the association they represented.

They received 23 submissions in total, with the winning entries to be displayed at young farmers clubs across the region, alongside LFD test distribution stations.

What they discovered

Behaviours

- Half of the people the team spoke to on site hadn't taken an LFD test, half again had not registered the tests if they had taken them.
- Farmers feared a loss of income if testing positive so were reluctant to test.
- TTP staff observed a relative disregard for Covid-19, with large crowds gathered indoor and no mask use or social distancing observed.

Intervention

- Lots of factors played a role in how little/much engagement the TTP staff had with farmers: positioning of the stall, weather, level of activity at the market and whether they had been before recently all had a bearing on whether people engaged.
- Most of the questions staff received were about the reasoning behind testing and how to test.
- There was resistance to the idea of testing among farmers because of the loss of income that self isolating might entail.



Next steps

The local agricultural community in Powys is unique and this isn't reflected in the current approach to public health messaging about Covid-safe behaviours.

The team want to **continue to develop a relationship with the cohort** through market sites and develop a more nuanced approach to communication with them, acknowledging the strong case they have developed on why information needs to be communicated in different ways to different communities.

This could involve refining and iterating the process, co-producing new comms assets, and driving towards scale by working with larger market sites.

Ongoing evaluation is likely to involve focus groups to understand young farmers attitudes and behaviours in relation to Covid-19 and the impact of the young farmers intervention.

Cwm Taf Morgannwg



Focus: Increase PCR testing in young males (aged 20-29)

Target Behaviour

Encouraging young men (in manual employment) to:

- seek testing at first sign of wider symptoms
- Isolate if they test positive

Intervention

A package of support, including test distribution in workplaces, encouraging:

- testing and test registration by employees
- employers to enable testing and self isolation
- awareness of self isolation financial support

Local Context

At the start of the programme local data and insight gathered in CTM suggested that young males (age 20-29) were **less likely to test and amongst those most likely to engage in risky behaviours**. The team were particularly keen on understanding the barriers to testing, what additional support could be offered, and the role that employers played in supporting, and enabling their staff to follow Test, Trace and Protect guidance.

Much like Powys, the team wanted to **remove the barrier to testing**, but also **increase the awareness amongst young men about the financial support available to them** if they were forced to self-isolate upon returning a positive test/being identified as a contact of a positive case (including the £750 payment as part of the self-isolation support scheme).

The team also wanted to explore **how young men engaged with Covid-related information** and whether this could be something that an intervention could address - ie test the theory that the workplace could provide a vehicle to deliver messaging to people who don't engage with traditional sources or may experience other barriers.

They were particularly mindful of the wider context as to origins of some of the barriers that this group faced, and how other policy changes (such as the impending removal of the Universal Credit uplift) would have an impact on them and their abilities to engage in Covid-safe behaviours.

They felt that **employers could have a significant influence on someone's behaviour**, and wanted to work with them to better understand whether they were providing staff with access to the correct information and support if the need to self-isolate arose and, if not, what an intervention could do to change that.

What they did

The team began their testing phase by **identifying suitable employers to partner with** - employers who would likely employ people in their target population (young men aged 20-29, living and/or working in Rhondda Cynon Taf), but also people who might face additional barriers to behaving in a Covid-safe way, specifically in relation to regular testing and self isolating.

They identified two in particular, a construction company and maintenance workers at a housing provider. They worked with them to gather insights from staff and secure an opportunity to test their tailored intervention. They then developed and published employee and employer surveys and spoke to a number of sub-contractors and managers on site.

Upon reviewing the initial findings of their survey the team developed the following 4-pronged intervention:

- Testing team on site to hand out LFD kits, and answer any testing/vaccination queries
- LFD kits to be available on site to take away
- Promotion of self-isolation financial support
 - Physical assets in canteen area
 - On site champions
 - Updated information on LA websites
- Establish point of contact for self-isolation financial support queries



Construction company - when the team arrived on site to deliver the intervention a few weeks later, there was still a lot of uncertainty about when to do an LFD vs PCR symptoms-wise, and a lack of awareness re the financial support available should you need to isolate with a loss of income.

The team left 2 boxes of LFD kits there for staff to take as and when needed, and also had the financial support information up on their laptops to discuss with individuals.

The company has subsequently agreed to display some comms assets on the walls in the communal staff area, and also agreed to put together a poster with the financial support websites and CTM advice line.

What they discovered

Construction company

- A clear difference emerged between subcontractors and employees - subcontractors reported they did not get paid for time off work. Further confusion was created for workers because their status could change from self-employed to employed at different times. Structural factors in people's working lives need to be taken into account when developing in-work Covid-19 interventions.
- All employees had some knowledge of testing, however there was a clear lack of understanding regarding when to use a PCR versus LFD test, and the national guidance re regular LFD testing.
- LFD testing kits were available on site, but only in the offices - not readily accessible to subcontractors.
- The majority of people had no knowledge of the financial support available if the need to self-isolate arose.
- People were generally quite favourable towards testing and the workplace itself provided a good environmental platform to nudge behaviours.



Next steps

As with Powys, the learning generated by CTM suggests that Covid-19 messaging needs to be **tailored and made more accessible for different population groups**. They found people weren't engaging with national messages, and health vocabulary/Covid-19 jargon was not landing. They concluded that more needs to be done to understand the barriers to people engaging with information. The team are now keen to build the case locally to develop a **Covid Champion** role.

Beyond the intervention itself there is appetite to continue **embedding BI when working with communities**. They have worked on identifying the mechanisms with which they can build a case locally and secure support for more testing with local community groups and vaccine centres.

The team also want to maintain communications between health and local authority teams to create a shared picture of what is happening on the ground, to better understand people's experiences in the future. Another practical result linked to the programme is that community hubs locally are becoming LFD distribution points.



Focus: Encourage 16-18yr olds to get a PCR test at first sign of symptoms and to self-isolate if necessary

Target Behaviour

Build increased awareness among 16-18 year olds of:

- when to test, what tests to use
- how to prepare for self-isolation

Intervention: Establish a peer influence group amongst 16-18 year olds to co-design a peer support intervention supporting take-up of appropriate testing, and isolating if testing positive - informed by existing peer to peer public health interventions

Local Context

The Gwent team's ambition was initially broad - they hoped the impact of their participation in the programme would be felt by as many as the region's near 600,000 residents as possible, with a particular focus on more deprived communities. At the the onset of the programme, approaching £2 million had been paid as part of the Self-Isolation Support Scheme (SISS) in Gwent since its inception. However, large proportions - in some cases over 50% - of applicants to SISS had been unsuccessful which, to the Gwent team, pointed to unmet need.

However, in the process of refining their target behaviour, the team decided to change tack and **respond to an emerging trend** with local data showing a spike in cases in educational settings. As a result, the team wanted to **explore how they could adopt a peer-led approach** to increasing awareness **amongst 16-18 year olds** in educational settings of when to test and how to prepare for self-isolation.

As the work was being led by the Aneurin Bevan University Health Board, they were able to draw on their awareness of **peer-led public health interventions in educational settings** (*see details below). This, combined with desktop research, pointed to the possible efficacy of adopting a similar approach in the design of their intervention.

Alongside this, the team were also particularly keen to understand **what impact adopting a co-production approach would have** on the intervention itself.

**[Just B Smoke Free Wales](#) and [ASSIST: A stop smoking in schools trial](#)*

What they did

The team set out to develop a peer-led programme to raise awareness of Covid-safe behaviours. In order to help them in their efforts to adopt a co-production approach, the team partnered with Coleg Gwent, a five-campus college with a presence in every local authority in Gwent, where a **network of peer wellbeing activists was being developed** that could potentially form the basis of the co-design group.

In parallel to liaising with the college, they reached out to Frame, a community interest company based in Cardiff specialising in people-centred research and engagement, and commissioned them to run the co-design sessions with a core group of college students. At the time of writing these sessions were scheduled for early January.

The team also designed a survey with the support of Y Lab in order to better understand their knowledge and attitudes towards Covid-related information, testing, and self-isolation.

The data gathered would act as a baseline with which to measure the impact of the intervention, but also insights would help inform its design - a similar approach to the one adopted by CTM.

Published via the college's app, the survey had around 600 responses.



What they discovered

- The team initially assumed that educational settings would be difficult to engage because of the immense pressure to deliver core education with Covid-19 restrictions in place. They discovered the opposite was true with colleges and schools keen to take part. This raised the question - is there an appetite for additional support around how to engage with students to ensure they understand and adhere to Covid-safe behaviours?
- The young people surveyed were overwhelmingly keen to take part in testing - only 2.6% of respondents stated they would not take a test (either LFD or PCR).
- Only 3.6% think people at the same age **fully adhere** to self-isolation guidance.
- A significant number of students were worried about the impact of self-isolation on their education.
- Other concerns included the impact on mental health, concerns about their whole household needing to isolate, and the accuracy of test results.



Next steps

In early 2022 the team adapted their approach to account for a new Covid-19 variant and changes to guidance and are now co-producing a toolkit for learners. They hoped this would help “future proof” their efforts and were keen to apply the learning generated at scale, across other educational settings locally, potentially by using the toolkit as a way of supporting young learners to engage with a wide-range of information beyond Covid-19.

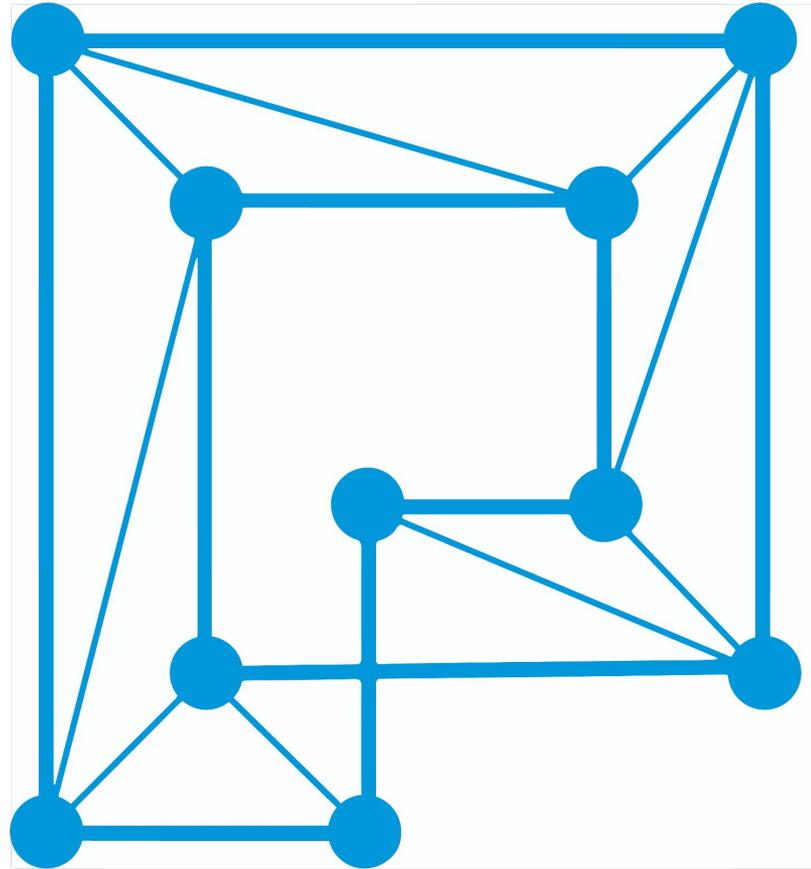
Y Lab plan to include focus group work with young people from the co-design process as part of their evaluation. The aim is to understand the advantages and disadvantages of using this approach for this age group.

Beyond the intervention the team is exploring how to **embed Behavioural Insights into tackling Omicron**, focussing on building comms capacity to adapt material for different population groups.

The programme has also taught the team **to make better use of intermediaries/other organisations to deliver messages to target populations.**

P R E D I C T I V

The national Predictiv trial was designed to underpin the programme and add to the learning generated by place-based testing. Insights from Predictiv echoed what the teams were discovering on the ground, and provided wider learning for the programme



Executive Summary

1

BIT ran an online experiment with a representative sample of 1,636 Welsh adults on 30 September - 17 October 2021 to **test which messages best communicate risk of coronavirus and how to reduce risk.**

2

The 'Keep Wales Safe' (KWS) video and the personal risk score were **easier to understand** than the 'Swiss Cheese Model' video.

3

Only **2 in 5 correctly identified the main way Covid-19 is caught** and the 'Swiss Cheese Model' and personal risk score did best on this measure.

4

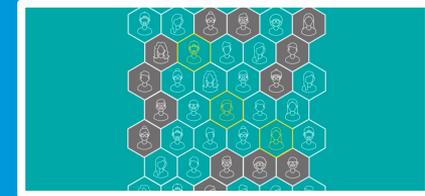
The personal risk score showed promising results in **correcting misperceptions of risk**, both in reassuring low-risk individuals and sense-checking higher-risk individuals.

5

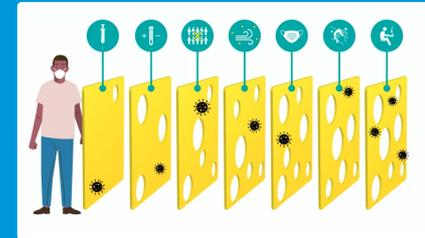
Those who rely on governmental information sources vs. other official sources (e.g. TV) **more often mistakenly thought that inhaling coughing droplets** rather than inhaling aerosols was the main way coronavirus is caught.

6

The Welsh Government's existing **Keeping Wales Safe video generally performed well** - and best on some measures - but should be supplemented with **more emphasis on ventilation** and a **focus on higher-risk individuals.**



Existing Welsh Govt message:
'Keep Wales Safe'



'Swiss Cheese Model'

HIGH RISK



Based on your answers to our earlier questions, your recent social contacts and vaccination status put you at **high risk** of catching or spreading coronavirus.

Personal Risk Score

Background

At the time of the experiment, Wales was at Alert Level 0 with close to no legal limits on the number of people who can meet, including in private homes, public places or at events. In addition all businesses and premises were open. And at that point in the Autumn, as in the rest of the UK, Wales was **moving away from a rules-based approach to a guidance-based approach.**

Consequently, **the public was less exposed to obvious environmental reminders of Covid-19 risk**, such as restrictions on gatherings. Instead, **people would have to rely on their own judgement in making risk based decisions.** It was therefore important to maintain and improve the accuracy with which people in Wales interpret the risk of catching and spreading Covid-19.

To ensure continued economic and social recovery, we wanted people with a low risk profile to feel safer as they engaged in society. At the same time, for the ongoing management of the pandemic, people, especially those with a higher risk profile, to take precautionary measures to avoid catching and spreading the virus.

Primary research question:

Which messages better communicate risk and risk mitigation to individuals, in terms of understanding the protective effects of ventilation, vaccination, masks, testing and isolating as required?

Methodology

We tested 3 ways of communicating risk that address different aspects of risk perception. Participants were randomly assigned to see one of 3 risk communications. Highlights personal risk score based on individual answers re vaccination and activities.

Keep Wales Safe video (KWS)



(n = 550, MVT = 2m 22s)

Improve understanding of coronavirus **transmission routes**

Swiss Cheese Model



(n = 556, MVT = 2m 1s)

Improve understanding of the effectiveness of different **precautions**, including their cumulative effect.

Swiss cheese film

Personalised risk score

HIGH RISK



Based on your answers to our earlier questions, your recent social contacts and vaccination status put you at **high risk** of catching or spreading coronavirus.

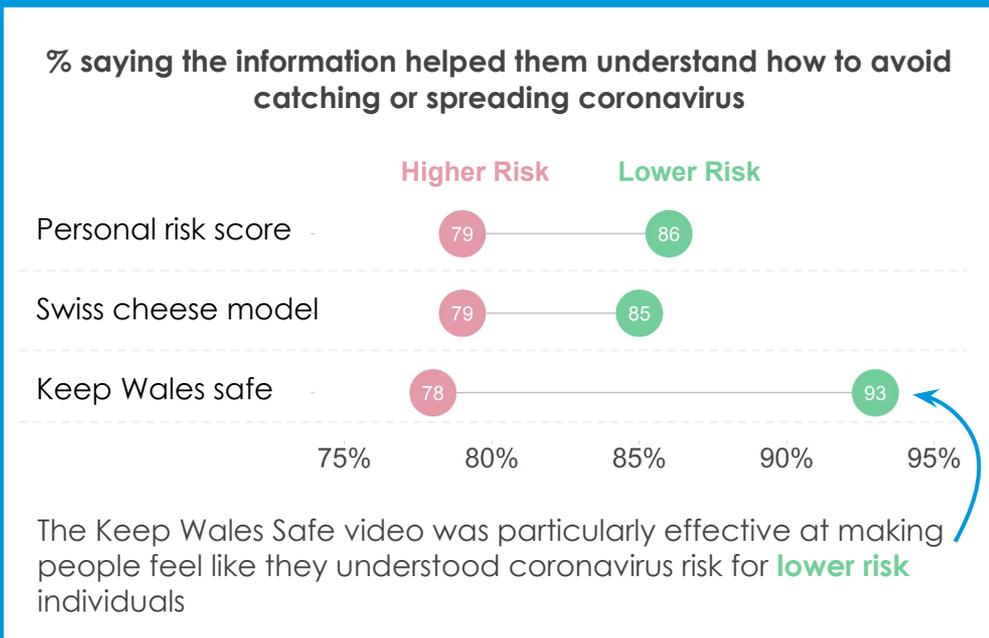
(n = 530, MVT = 11s)

Personalise: Highlights personal risk score based on individual answers re vaccination and activities.

Key Findings I - Sentiment Findings

Keep Wales Safe (KWS) performed best across these outcomes. KWS was particularly effective for lower risk individuals in increasing the understanding of how to avoid catching or spreading coronavirus.

% saying that the information...	Keep Wales Safe (n = 550)	Swiss cheese model (n = 556)	Personal risk score (n = 530)
... helped them understand how to avoid catching or spreading coronavirus	91%	84%	85%
... helped them understand their personal risk from coronavirus	94%	84%	91%
... was easy to understand	94%	85%	92%



Green shading identifies statistically significantly highest (or joint highest) value within row.
 Higher risk individual N per arm ~ 67, Low risk individuals N per arm ~ 478
 Data collected by BIT on 1,636 adults in Wales 30 Sep - 17 Oct 2021

Key Findings II - Perceptions/ Understanding of COVID-19

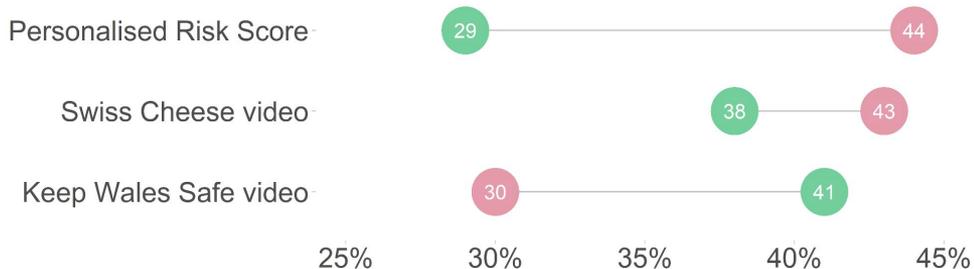
The Personal Risk and Swiss cheese communications helped people correctly identify common way coronavirus is caught. KWS helped people identify the efficacy of Ventilation, Vaccination and Isolation more often than the other interventions.

% Who...	Keep Wales Safe (n = 550)	Swiss cheese model (n = 556)	Personal risk score (n = 530)
... correctly identify most common way people catch coronavirus (through inhaling small particles suspended in the air that are exhaled by people who have covid)	33%	45%	43%
... correctly identify the most effective preventive measures (Ventilation, Vaccination and Isolation)	44%	36%	37%
... correctly estimate their likelihood of catching coronavirus compared to others their age (match between their objective risk score and perceived relative risk in comparison to others)	57%	56%	55%

Key Findings III - Perception vs risk profile

Personal risk communication was the only arm where low risk and high risk individuals correctly identified their risk of catching coronavirus in the next few months.

% thinking it likely they'll catch coronavirus in the next few months



Lower risk individuals estimated their risk as **low**, and **higher risk** individuals estimated their risk as **moderately high** after receiving personalised risk score.

Additional Findings

Most people mistakenly think that coronavirus is spread through droplets, rather than aerosols. Those who rely on official sources (but not governmental sources) are more likely to correctly identify aerosols as the main source.

% who thought the main way to catch coronavirus was...	% by main information source
... through coming in direct contact with droplets that come from other people coughing or sneezing 46%	government 47% regulated media (eg BBC) 39% other (eg social media) 42%
... through inhaling small particles suspended in the air that are exhaled by people who have coronavirus 41%	government 39% regulated media (eg BBC) 51% other (eg social media) 40%
... when people touch surfaces which have coronavirus on them 10%	government 10% regulated media (eg BBC) 6% other (eg social media) 15%
... when people go somewhere where a person with coronavirus has recently left 3%	

Data collected by BIT on 1,636 adults in Wales 30 Sep - 17 Oct 2021

Recommendations

- 1** **Supplement the Keep Wales Safe video** with more information on how coronavirus is most commonly spread and the importance of ventilation.
- 2** Continue to emphasise the **importance of vaccines, ventilation and isolation.**
- 3** **Target high risk individuals.** These individuals largely underestimate their risk and only 1 in 10 of them engage with all preventative behaviours; providing personalised risk information was an effective strategy in this trial.

What we learnt

Here we outline the key learning that has emerged from the programme, in particular where place-based testing has confirmed the findings of the initial evidence review and national Predictiv trial



Risk and structural barriers

Three key insights emerged regarding risk and the role that structural barriers play

The evidence review illustrated how risky behaviours, risky places, and risky occupations combined to heighten risk of transmission, infection and hospitalisation. Both the place-based testing and national Predictiv trial echoed this, with Predictiv reflecting that lack of accurate **perception of risk** plays an important role with high risk groups often less likely to perceive risk accurately.

1 People's risk perception is often inaccurate

This finding puts into context how a small percentage of the population can account for a significant amount of transmission of Covid-19 as these groups often have far more contacts in riskier spaces (e.g. farmers packed together in badly ventilated indoor areas). This suggests that a reasonably significant reduction on transmission can be achieved if targeted interventions can support this group to modify risky behaviour.

2 Teams reported fearing 'super-spreader events'

Where risks haven't been properly recognised and mitigated, there have been high rates of transmission from relatively small numbers of people. In Powys, a "drink the pub dry" event and a young farmers dance both led to a spike in transmission locally.

3 Type of employment is closely linked to levels of risk

In Powys, farmers **feared a loss of income**, and a disruption to their business, if testing positive meant they had to stay at home. In CTM employed staff had access to LFDs on site, but as these were stored in the office subcontractors may have been unaware or less able to access them. Their employment status sometimes changed, between employed and self-employed, **complicating responsibility for health and safety**. Learners at Coleg Gwent **feared what a positive test might mean for college and paid work**, and for education payments, perhaps incorrectly perceived to be tied to attendance (eg, Education Maintenance Allowance).

How information lands

Covid-19 guidance **seemed remote from some groups' lives and day to day employment** although it is often welcomed when delivered in key locations and in a way that people can understand. The evidence review drew attention to a difficult balancing act, between ensuring messages are consistent (within and between agencies) and developing and delivering tailored advice for groups with higher levels of non-adherence and lower levels of understanding of Covid-19 symptoms (including young males, key workers, people from lower socio-economic status groups and some minority ethnic communities).

The role information plays in communicating and mitigating against risk is significant. For instance, **self employed construction workers** were unaware of the financial support available for self isolation; **students** were confused about which test (LFT or PCR) to administer and in which circumstance; and Test, Trace and Protect staff reported that **farmers** found self isolation guidance difficult to follow because their home and work lives were not easy to separate.

This resulted in:

- Lack of knowledge or understanding about testing.
- Misperception of the adverse impact not being able to work would have on the return of a positive test.
- Lack of knowledge of support available if needing to self-isolate.
- Inconsistent messaging from place to place, and region to region

This challenges assumptions about how important public health messaging is being received. The lack of engagement highlighted by the teams led them to conclude that a new approach is required...

Employers and community groups can play a vital role in communicating about and supporting self isolation, creating positive social norms within organisations and more widely.

The importance of social and cultural norms

The evidence review outlines that different groups develop different maps of risk formed by **both psychological and structural matters and life experiences**. All three teams were at pains to understand the experiences of those they were targeting with interventions, and the impact these experiences had on how they engaged with efforts to encourage Covid-safe behaviours.

Social/cultural norms play a significant role in the likelihood of exhibiting risky behaviours

Powys TTP staff observed **no mask wearing or social distancing at market sites**, which often saw people gather in close confines indoors. These same people were also ambivalent about testing - "several walked by and wondered what we are doing. Once a team member explained they lost interest as not keen on the idea of testing" - observation of TTP staff at market sites.

Conversely, Gwent found that the young people they surveyed **were overwhelmingly (97%) in favour of taking either an LFD or PCR test**, suggesting that the cohort was comfortable with testing and it was accepted as a means to enable them to engage in normal activities such as their education or socialising. However, they were substantially less confident in their peers' ability to self isolate with **only 3% said they think people at the same age fully adhere to self-isolation guidance**.

CTM found **different norms in place between permanent office staff and subcontractors working on the same site**. Office staff reported testing (but were largely unaware of the request to upload results), subcontractors on the other hand did not know about the guidance around testing twice a week. There be may structural causes for this difference, for instance, related to sick pay.

New approaches to codesigning solutions with communities

Throughout the course of the programme a clear appetite was emerging **to create shared spaces where cross-sector frontline staff can work with communities on local solutions to local problems.**



Taking a **blended behavioural insights approach**, based on local data, teams were able to explore key assumptions and test new solutions in real time. They were also assisted to consider how to gather meaningful evidence to assess the impact of those interventions. This approach helped teams to connect with at risk groups and tailor interventions to tackle structural and individual barriers to lower risk behaviour.

"The programme was a vehicle to generate and test ideas that wouldn't have conceivably arisen 'organically' in the context of operational Covid-19 response."

- Programme Participant -

Teams have welcomed the opportunity to build Covid-19 responses around **behaviourally informed practice**, making the most of the tools and frameworks available to better target local issues and then design interventions that address them.

Teams have benefitted from **building a shared goal** which has been shaped together, where there was some specificity to the aims (specific behaviours and target groups in this case).

Teams had various levels of capability and capacity in terms of evidence review, data collection and evidencing impact, and so **have welcomed researcher input**. This approach was **agile and proportionate** - allowing teams to generate enough insight and evidence to progress the work/iterate their interventions.

Taking the work forward



Scale and Spread: next steps for teams

Teams are already considering how they can sustain both the interventions and the approach itself to tackle local challenges. For example, in Powys they are considering targeting larger markets, further development of co-designed communications to use with new cohorts such as sports clubs and larger social venues. CTM have identified potential for this approach to co-design interventions to strengthen vulnerable groups in the community. For example, early interventions around volunteering and employment that boost capacity for independence, build wellbeing and prevent ill-health. Gwent are waiting until they launch their intervention in the new year, but also have plans to consider scale and spread in evaluating the intervention.

Teams identified key elements of the programme as:

- Space to collaborate across sectors and with communities to understand local influences.
- Help to and identify target behaviours and design effective interventions around them.
- The pace and freedom to experiment and learn from what doesn't work as well as what does.
- Permission from senior level to implement changes.

They identified scope to scale and spread this approach in their own areas through sharing the experience of change more widely and selecting further local challenges to work on that would support areas to embed a blended behavioural approach. This could be further resourced to enable team members to work more widely on ways of building capacity to use this approach.

Further development could be scaled through sector bodies, such as the Welsh Local Government Association and Welsh Health Boards, public sector structures including Public Service Boards to assess appetite and capacity to embed the principles of the programme to support high risk groups both around minimising the risk of Covid-19 transmission and to meet other complex health and wellbeing challenges.

Applying the approach to systemic change

Welsh Government commissioned the partnership to develop the Keeping Wales Safe: Covid Behaviours programme in response to a very specific problem: how do policy makers actively partner and work with populations and communities across Wales to reinforce messages and manage the ongoing challenge of Covid-19? Six months on, both the expert steering group set up at the start of the programme and the teams themselves, have identified potential for this approach to create systemic change. In particular, focussing on the provision of space, support and methodology to enable collaborative, place-based approaches that can navigate complex pathways to change and create a culture of innovation across organisations or support systemic change.

Essential elements to creating that culture were identified as:

- Working with people most closely involved, frontline and cross-sector staff, to understand and build support around the real challenges experienced on the ground.
- Building interventions around evidenced behavioural science more broadly.
- Testing those interventions in real time, with a rigorous approach to collecting and analysing data on their impact.

Both teams and experts described the approach as a way for systems to learn, and sometimes unlearn assumed knowledge.

Suggestions for ways forward included:

- Share findings with Welsh Government policy professionals to consider how to weave behaviour insights into developing public sector policies, with the programme acting as a “demonstrator” and teams as “ambassadors” for change.
- Multi-agency discussions on embedding behavioural insights approaches into collaborative, cross-sector citizen and community led models of service design and delivery.

The steering group also listed **policy areas** where this approach had potential to prioritise action, including achieving net zero, obesity, homelessness prevention, public health approaches to wellbeing, action plans on race, gender equality, LGBTQ+ and disability rights. 58

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