

**Checking your communication is behaviour change friendly**

Does your role involve encouraging, inspiring or supporting people to do things differently, known as ‘behaviour change’?

You can use the psychological techniques below to increase your communication’s impact. To begin:

## Visual and written communication checklist:

For a poster, leaflet, video, social media post, letter, text message, email, or PowerPoint.

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| It is important to be clear how the behaviour can be achieved. |
| 1.
 | It is clear **what** to do and **when** to do it.1,2,3 |[ ]
|  | There is enough information to know **how** to do it or **what** will happen but no more than needed.4 |[ ]
|  | The **language** and **words** used are familiar and understandable to individuals.5,6  |[ ]
|  | Information is broken down into **small chunks**. Paragraphs, bullet points, lists or subtitles are used to break up text.7,8 |[ ]
|  | Any images used are **relevant** and support understanding of what to do.9,10,11 |[ ]
|  | Images are clear and **high quality**.11 |[ ]
|  | It is clear how people can quickly **find out more** if they want to (e.g. one click to a trusted website).12 |[ ]
|  | The **font** is easy to read (e.g. Arial) and of a good size (e.g. writing on a poster is readable by most people from at least 3 metres away).13 |[ ]
|  | If **colour** is used, the needs of people with vision impairment have been considered. **Dark text** on an off-white background is ideal for most people.14,15 |[ ]
|  | Videos have **subtitles** or a **transcript**.16 |[ ]
|  | Where possible, **numbers** and **pictures** are used to support understanding. Simple infographics and images can be helpful when explaining numbers.42  |[ ]
|  | When **numbers** are used, they are presented **simply** and **rounded** to the nearest whole number where appropriate (e.g. 15 million not 15,000,214). **Proportions** can be easier than percentages (e.g. about 1 in 4 people vs. 23%). 17,42 |[ ]
|  | If there are **steps** to take, these are given in the **right order**. A **flow chart** can be a helpful visual prompt.18 |[ ]
|  | If possible, people are offered a **choice** so they can make their own decisions about how best to act.19 |[ ]
| The following techniques can help increase motivation to perform the behaviour.  |
|  | The communication is **timed** for when it is most likely to be noticed, read and acted on. In fast-moving situations, there are **early** and **regular** communications.13 |[ ]
|  | The communication is sent via popular and trusted **channels** for that group.47 |[ ]
|  | **Trusted and credible sources**, messengers and/or logos are used (e.g. a trusted community leader speaking on camera). 20,25,26,45 |[ ]
|  | **Personalisation** is used so the individual knows the message is meant for them.24 |[ ]
|  | People can see themselves reflected in **visuals of people and places**.20 |[ ]
|  | Information on the benefits people can expect (short term and longer term) **is clear and relevant** to them, and those they care about. 20,21  |[ ]
|  | If communicating about **health risks**, numbers are used rather than terms like 'rare', 'unusual' and 'common' as these mean different things to different people. Relative risk can be more motivating (e.g. 3 times higher chance), absolute risk can be easier to understand (e.g. 20 in 100). When sharing different absolute risks the same denominator is used (e.g. out of 100 each time).44 |[ ]
|  | The communication conveys both **warmth and competence** (e.g. featuring images of friendly staff a person will meet in a new service to encourage uptake).45 |[ ]
|  | A clear **timeframe** or deadline is provided or suggested.13,40 |[ ]
|  | The communication doesn’t accidentally draw attention to **myths** (e.g. instead of a ‘myths and facts’ section, try more general questions with informative answers e.g. ‘What are common side-effects of the vaccine?’).29 |[ ]
|  | If relevant, **‘we’** is used to highlight it’s a shared action we all need to take.30  |[ ]
|  | If relevant, **feedback** is given on current behaviour compared to the average or target, with empowering language for action (e.g. we can close the gap, small steps add up).37 |[ ]
| The following techniques provide support and opportunities to help someone perform the intended behaviour. |
|  | People are told about the time, equipment, travel needs or other **resources required** (e.g. you will need to organise a quiet office space for your workers).31 |[ ]
|  | If it is important to give information that could be worrying (e.g. harms of smoking), there is a clear, accessible **link to free support** to **build confidence to take action**.23,51 |[ ]
|  | If relevant, the preferred option is the **default option** and is **easy to act on.**23,49 |[ ]
|  | Numbers or figures make it clear that **other people** are doing the behaviour (if they are), to demonstrate a social norm.32,33,34 |[ ]
|  | If relevant, others who made the change and are **relatable** (e.g. similar in background, situation, or abilities) share their **positive experiences**.35,36 |[ ]
|  | The individual is invited to make an **active commitment** (e.g. writing down their own appointment time and date).27,28 |[ ]

## Spoken communication checklist:

For a team or colleague meeting, leading a training course or holding a client appointment.

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| It is important to be clear how the behaviour can be achieved.  |
|  | It is clear **what** to do and **when** to do it (e.g. advising someone how to take a medicine or introducing the intended outcomes of a training course). 1,2,3 |[ ]
|  | Enough information is provided to know **how** to do it or **what** will happen but no more than needed.4 |[ ]
|  | The **language** and **words** used are familiar and understandable to individuals. 5,6 |[ ]
|  | Spoken information is broken down into **small chunks**.7,8 |[ ]
|  | The [chunk-check and teach back](https://joinedupcarederbyshire.co.uk/stay-well/quality-conversations-personalisation/health-literacy/resources/) techniques are used to check that what you have said has been understood by people.7,8 |[ ]
|  | Where **numbers** are shared, important numbers are **repeated** to be memorable, using rounding where appropriate and using proportions as these can be easy to visualise (e.g. about 1 in 4 people vs. 23%). 42,44 |[ ]
|  | If there are **steps** to take, these are given in the **right order**. Consider also using written and visual aids to aid memory (see written and visual checklist).18,22 |[ ]
|  | There is time set aside for people to **ask questions** & **problem solve** barriers.19,23,52 |[ ]
|  | If possible, people are offered a **choice** so they can make their own decisions about how best to act.19 |[ ]
|  | Frequent **verbal** **summaries** remind people of the key desired **behaviours** with five or fewer key points to remember.50 |[ ]
|  | People are guided on how they can **quickly find out more** if they want to.12 |[ ]
| The following techniques can help increase motivation to perform the behaviour. |
|  | The communication is **timed** for when people are most able to listen, reflect, plan and act. In fast-moving situations, there are **early** and **regular** communications.13 |[ ]
|  | **Trusted and credible sources** and messengers are used (e.g. a senior executive attending a team meeting to introduce and endorse a new initiative).20,45 |[ ]
|  | In a behaviour change conversation, **open questions** are used to help people to think about **change** (e.g. ‘what difference could this change make to your life?’). 48 |[ ]
|  | The person’s **permission** is sought before personal questions or giving advice.38,52  |[ ]
|  | A clear **timeframe** or **deadline** is provided so it is clear when to do it.13,40 |[ ]
|  | **Personalisation** is used to help the person feel the communication is relevant.24 |[ ]
|  | The communication conveys both **warmth** and **competence** (e.g. in the speaker’s tone, confident communication, dress, facial expressions, body language).45 |[ ]
|  | Information on the benefits people can expect (short term and longer term) **is clear and relevant** to them, and those they care about.20,21 |[ ]
|  | In a list of options, the preferred option **is spoken about first** or **last**, as these are more likely to be remembered.46 |[ ]
|  | If communicating about **health risks**, numbers are used to clarify terms like 'rare', 'unusual' and 'common' as these mean different things to different people. **Relative risk** can be more motivating (e.g. 3 times higher chance), **absolute risk** is easier to understand (e.g. 20 in 100). **Prioritise** the most important numbers to share verbally.44 |[ ]
|  | If relevant, **‘we’** is used to highlight it’s a shared action we all need to take.30 |[ ]
|  | If relevant, **feedback** is given on current behaviour compared to the average or target, with empowering language (e.g. we can close the gap - small steps add up).37 |[ ]
|  | For a quality conversation, **open questions** are used to help people **decide how best to act** (e.g. ‘how could you go about making this change?’).19,52 |[ ]
|  | People are invited to make a **specific plan or active commitment** (e.g. writing down their own appointment time and date).27,28 |[ ]
| The following techniques provide support and opportunities to help someone perform the intended behaviour. |
|  | The speaker explains what **time, equipment, travel needs or other resources** are needed, and/or prompts discussion about these to help resolve **potential barriers**.23,31,52 |[ ]
|  | If relevant, there are opportunities to see the behaviour **demonstrated.** 53 |[ ]
|  | If relevant, there are opportunities to **rehearse or practise** the behaviour and receive encouraging feedback.22,32,53 |[ ]
|  | If relevant, others who made the change and are **relatable** (e.g. similar in background, situation, or abilities) share their **positive experiences** verbally.35,36,53 |[ ]
|  | The speaker communicates that many **other people** are doing the behaviour (if they are), to highlight actions that are in line with the social norm.32,33,34 |[ ]
|  | If it is important to give information that could be worrying (e.g. harms of smoking), there is a clear and accessible **link to free support** to **build confidence to take action**.23,39 |[ ]
|  | Individuals are asked what **reminders**, **prompts and cues** (including **people**) could help them remember to do the behaviour.22,43,54 |[ ]

### Additional resources for behaviour change

1. **Health Literacy checklist** is a useful resource developed in Derbyshire to help you check that any communications have been written in a simple, accessible way. [Checking-your-reports-letters-and-leaflets-are-easy-to read-](https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fjoinedupcarederbyshire.co.uk%2Fwp-content%2Fuploads%2F2025%2F07%2FChecking-your-reports-letters-and-leaflets-are-easy-to-read-JUCD.docx&wdOrigin=BROWSELINK)
2. **Quality Conversations** is a free, engaging program open to all staff across Joined Up Care Derbyshire, providing training and support to improve communication. [Quality Conversations website](https://joinedupcarederbyshire.co.uk/stay-well/quality-conversations-personalisation/quality-conversations/#what-is-a-%E2%80%98quality-conversation)
3. **Making Data Talk** is a useful guide developed by the US National Cancer Institute, explaining how to plan and present data-related communications for lay audiences. [Making Data Talk](https://www.cancer.gov/publications/health-communication/making-data-talk.pdf)
4. **Response Playbook** is a resource for developing effective written communications developed by the Local Government Association. [Response Playbook pdf](https://www.local.gov.uk/sites/default/files/documents/Response%20Playbook%20Final.pdf)
5. **Developing Behaviourally Informed Communications** is a step-by-step guide created by Public Health Wales to help you develop your written communications using behavioural science.[Developing Behaviourally Informed Communications](https://phwwhocc.co.uk/wp-content/uploads/2023/03/Developing-Behaviourally-Informed-Communications.pdf).
6. **Behaviour Change Communications Checklist** is a short simple checklist used to review key aspects of behaviour change communications. This resource is available on the NHS Health Education England website. [Behaviour Change – Message Checklist](https://behaviourchange.hee.nhs.uk/downloads/toolkit/EASTBehaviourChangeChecklist%286%29.pdf)
7. **Seven Graphic Principles of Public Health Infographic Design** are a set of guidelines to create effective infographics for public health communications, based on research conducted in the UK. The guide helps you ensure visuals are clear and simple. [Infographic guidelines.pdf](https://visualisinghealth.com/wp-content/uploads/2014/12/guidelines.pdf)

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