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BehaviourWorks AUSTRALIA

BEHAVIOURAL INSIGHTS FOR TRANSPORT

ATRF

Dr Kavya Raj

WE ARE ON THE LANDS OF

THE KULIN NATIONS

OUTLINE

1. What are behavioural insights?
2. COM-B model of behaviour.
3. Using COM-B for evaluation.
4. Case study.
5. Q&A throughout!

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WHAT ARE BEHAVIOURAL INSIGHTS?

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BEHAVIOURAL INSIGHTS?

Behavioural insights (BI) draw on research from psychology, social sciences, and economics to understand how people **think**, make **decisions**, and **act**.

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Behavioural insights (BI) draw on research from psychology, social sciences, and economics to understand how people **think**, make **decisions**, and **act**.

- BI helps us develop a detailed understanding of how and why people behave the way they do.
- BI helps us to develop better change initiatives that actively reduce barriers faced by our audience.

THEY WORK.


REDUCTION IN ROAD DEATHS IN VICTORIA
1970
1977
1982
1983
TAC
1986
1989
1990
TAC MASS MEDIA CAMPAIGNS
MANDATORY BICYCLE HELMETS
1992
2000
2001
2003
2004
2006
2007
2008
2011
2013
2016
2018
2021
YEAR

THEY'RE OFTEN CHEAPER.

Approximately $30 million

Approximately $3.5 billion

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BEHAVIOURS ARE OBSERVABLE EVENTS.

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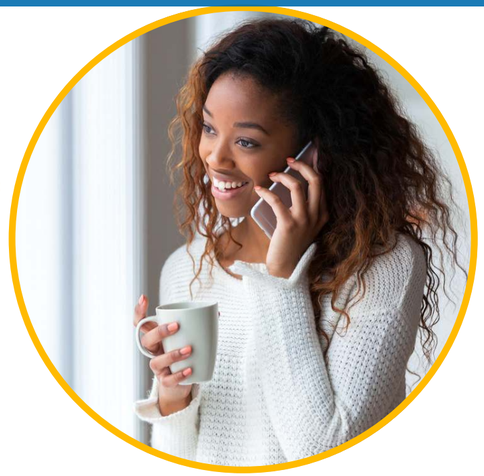

WHO DOES **WHAT** TO **WHAT**, **WHEN** & **WHERE**?

Audience Action Target Time Context

EXAMPLE: DEFINED BEHAVIOUR

Audience: **WHO** we want to perform the behaviour.

Action: **WHAT** is done to the target item.

Target: **WHAT** is the subject of the behaviour.

Context: **WHERE** the behaviour takes place.

Time: **WHEN** the behaviour occurs.

University of Melbourne students take the tram every time they travel to campus.

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Metropolitan Sydney residents commute via train once a week to work.

COM-B: THEORY OF BEHAVIOUR

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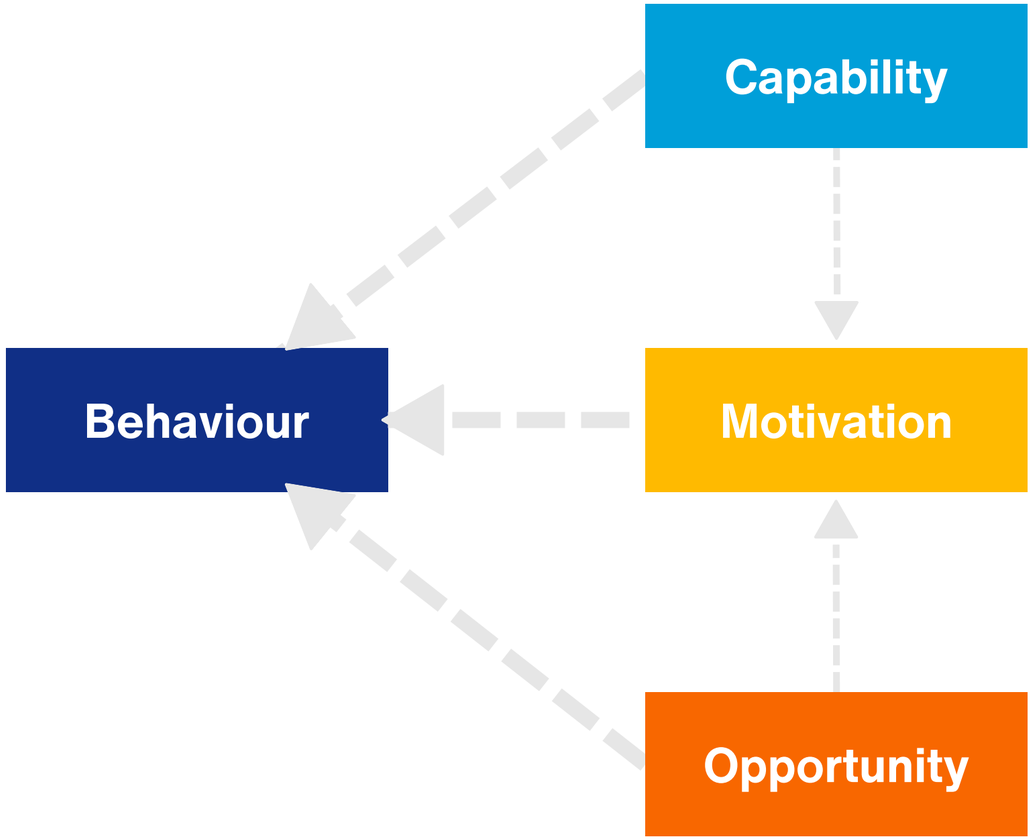
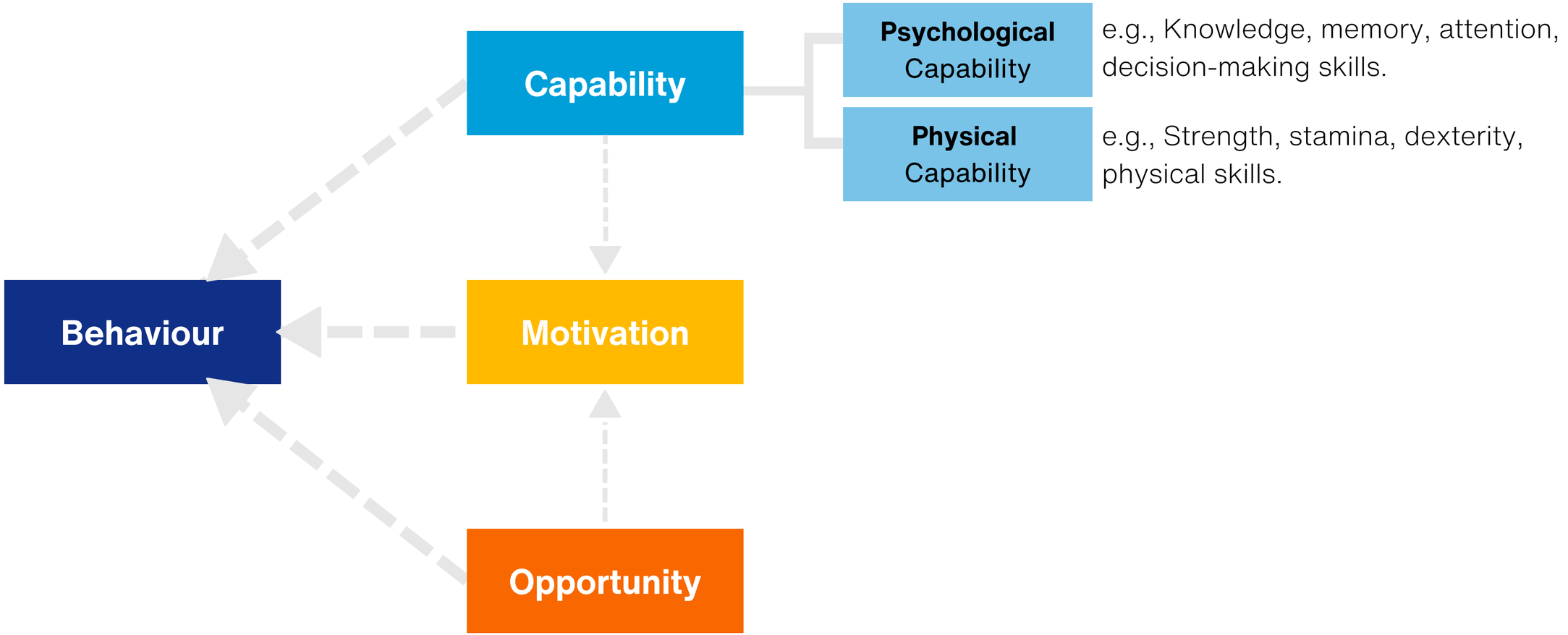
THE COM-B THEORY OF BEHAVIOUR.



For a **behaviour (B)** to occur, a person needs to have sufficient **capability (C)**, **opportunity (O)** and **motivation (M)** to perform that action.

Michie et al., 2011. The behaviour change wheel: A new method for characterising and designing behaviour change interventions. Implementation Sci 6, 42.

THE COM-B THEORY OF BEHAVIOUR.



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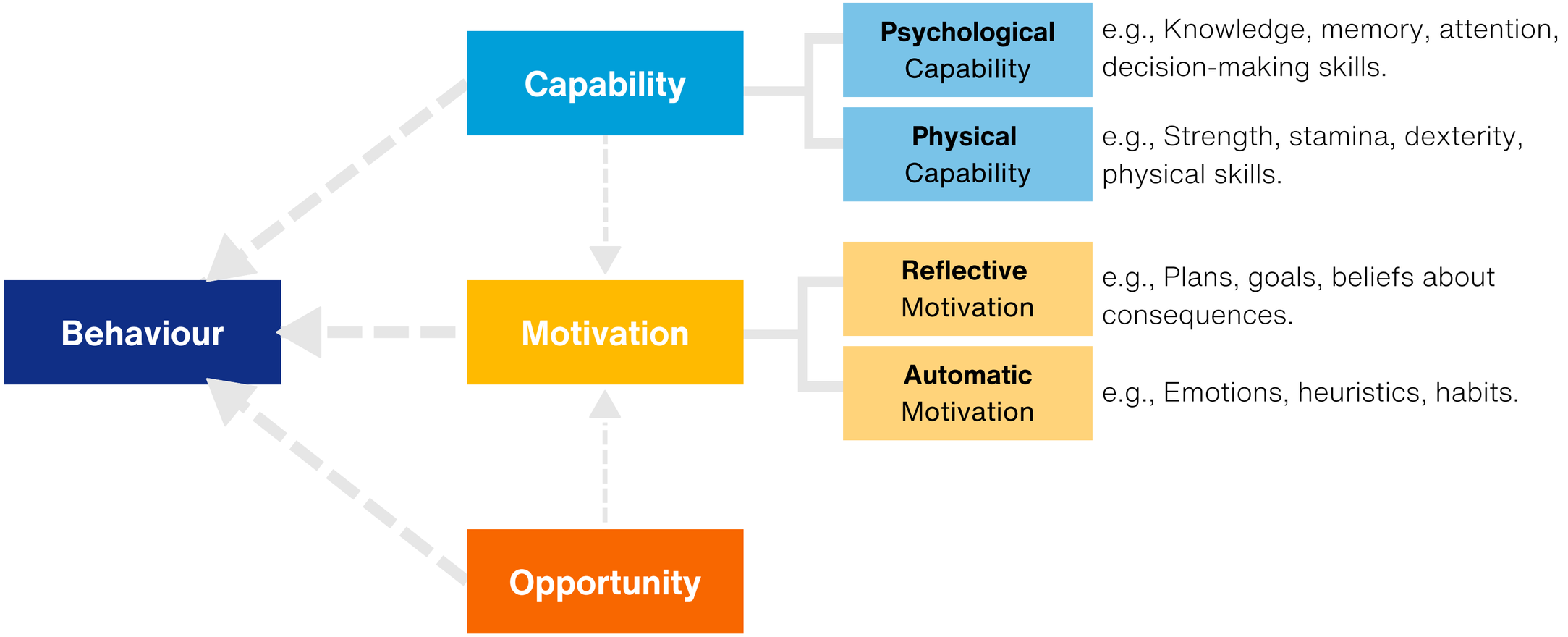

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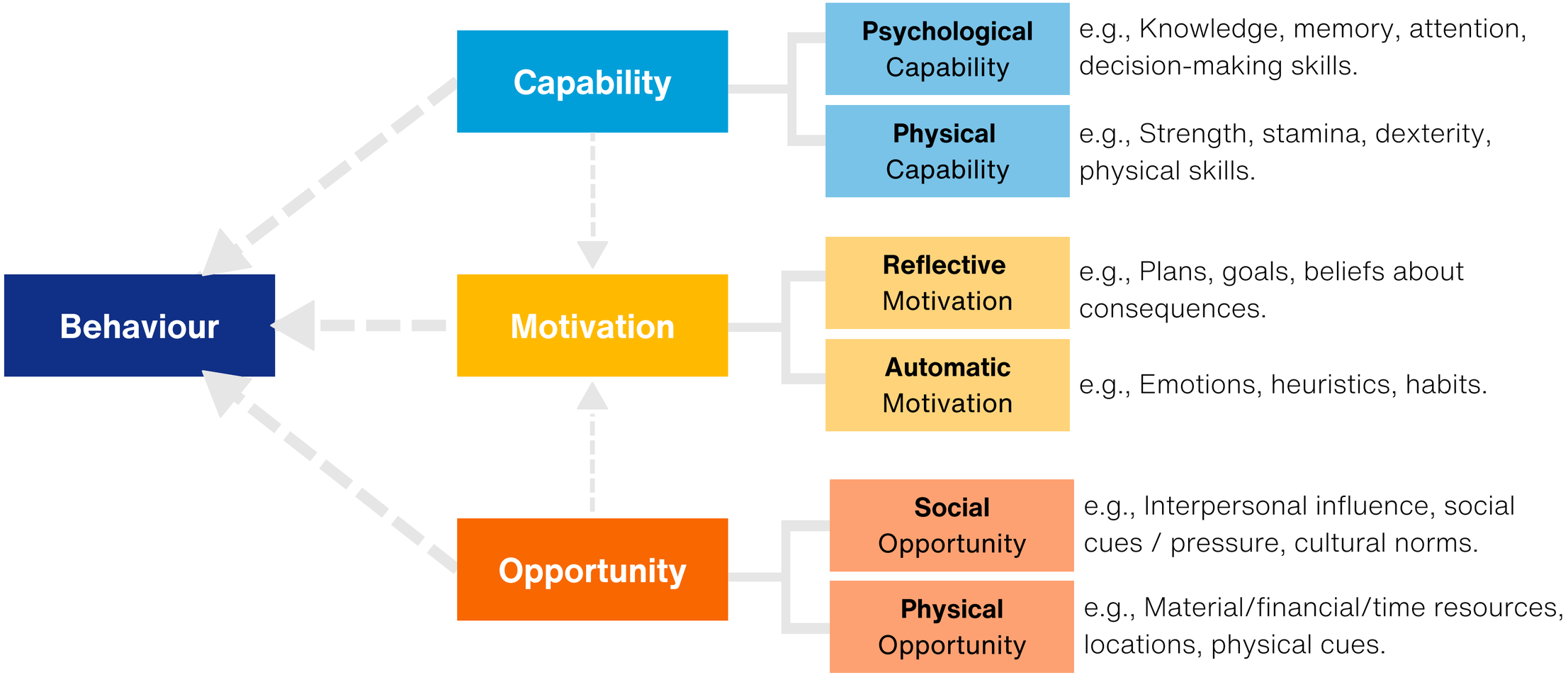

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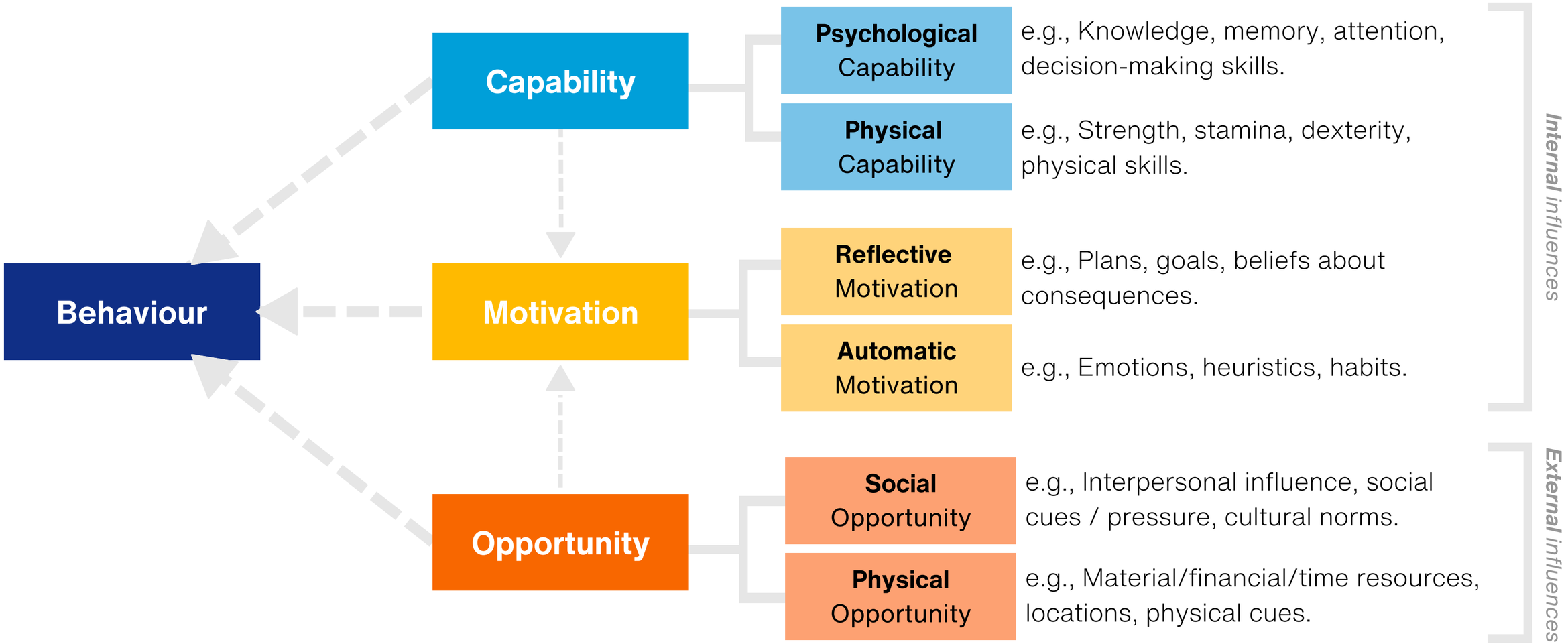

INTERVENTION FUNCTIONS: MATRIX

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	Education	Persuasion	Incentives	Training	Modelling	Enablement	Environ. Restruct.	Restriction	Coercion
Psychological Capability	✓			✓		✓			
Physical Capability				✓		✓			
Reflective Motivation	✓	✓	✓						✓
Automatic Motivation		✓	✓	✓	✓	✓	✓		✓
Social Opportunity					✓	✓	✓	✓	
Physical Opportunity				✓		✓	✓	✓	


MEASURING SUCCESS
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WHY MEASURE IMPACT?

You can’t just assume that your intervention will be effective because you used behavioural science!

Measuring outcomes:

- Ensures you’re making a positive difference
- Reduces the chances of accidentally causing harm
- Better cost-benefit assessments
- Helps you sell you intervention to skeptics
- Increases decision-makers’ abilities to fund activities that have the most impact

WHAT ARE YOUR OUTCOMES?

Intervention	***Behavioural driver outcomes***	***Target behaviour outcomes***	***Real-world outcomes***
The intervention you've designed to tackle a big challenge (including any activities and immediate outputs)	The specific behavioural drivers your intervention was designed to address • Capability • Opportunity • Motivation	The target behaviour your are trying to change (and any related behaviours)	The (measurable part of the) challenge
Did enough people participate/engage?	**Did you change people's knowledge, attitudes etc?**	**Did people perform the behaviour?**	**Did you reduce/improve the problem?**

CASE STUDY: SAVING 000 FOR EMERGENCIES

Ambulance Victoria responds to 890,000 cases/year:

- Demand for ambulances increasing faster than population growth,
- Many calls are for non-emergencies,
- Creates increase in response times,
- Reduces the availability of emergency response.

CASE STUDY: SAVING 000 FOR EMERGENCIES

DHHS commissioned mass communication campaign (TV, radio, print, online) to:

- increase community awareness
- encourage greater use of alternative health services (e.g., nurse on call, pharmacy, GP) for non-emergency situations

CASE STUDY: SPECIFYING OUTCOMES

Intervention	*Behavioural driver outcomes*	*Priority behaviour outcomes*	*Real-world outcomes*
• Exposure to mass media campaign over 8 months across Victoria (TV, radio, print and online) • Awareness of campaign	• **Attitudes (motivation)** towards the use of ambulance services • **Knowledge (capability)** of alternative health services • **Plans (motivation)** to use emergency and non-emergency health services	• Use of emergency health services • Use of selected non-emergency health services	• Reducing use of ambulances for non-emergency situations

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How could you measure?

SUMMARY & WRAP UP

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IF YOU ONLY REMEMBER THESE THINGS...

Behaviour must be observable:
Who does what to what when and where?

There are multiple drivers of behaviour:
Capability, opportunity, motivation (and more)!

Be creative with your interventions:
There are nine functions with lots of combinations.

Outcomes for evaluating change:
Consider what success looks like for you.

Behavioural science is iterative:
Constantly reflect and revisit - try again!

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THANK YOU!

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MEASURING COM-B.

Surveys, interviews, focus groups	**Psychological** Capability	e.g., Knowledge, memory, attention, decision-making skills.
Observation, interviews, surveys	**Physical** Capability	e.g., Strength, stamina, dexterity, physical skills.
Surveys, interviews, focus groups, implicit association tests (attitudes)	**Reflective** Motivation	e.g., Plans, goals, beliefs about consequences.
Observation, self-report habit index, psycho-physiological (state), surveys?	**Automatic** Motivation	e.g., Emotions, heuristics, habits.
Observation, interviews, inferential data	**Social** Opportunity	e.g., Interpersonal influence, social cues / pressure, cultural norms.
Observation, surveys, interviews	**Physical** Opportunity	e.g., Material/financial/time resources, locations, physical cues.

CHOOSING YOUR STUDY DESIGN.

Design	How big is your sample?	Can you divide them into groups?	When can you measure?	Best for:
Qualitative	Small	No	After the intervention	Going deep into various aspects of the impact
Pre-Post (with control?)	Medium-Large	No	Multiple points before and after intervention	Measuring change when you can't divide into groups
Matched Control (diff-in-diff)	Medium-Large	Yes, but not randomly	Multiple points before and after intervention	When you have a similar comparison site
Randomised Controlled Trial	Large	Yes, and randomly	After the intervention (optional: and before)	Determining if the intervention was the direct cause of the change in outcome