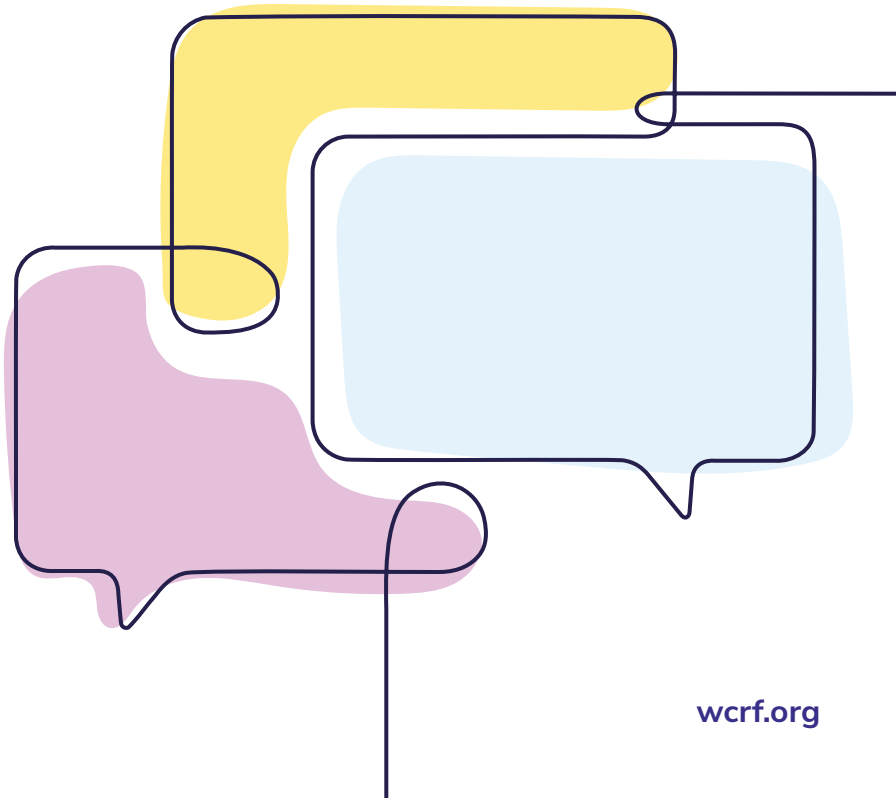
World Cancer Research Fund

CHANGING BEHAVIOURS

A guide to having conversations to support healthy behaviour change



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ABOUT THIS GUIDE

In everyday practice, it can be challenging to know whether the advice you give clients is having the impact you hope for. Starting a conversation about lifestyle and health choices isn't always easy – clients may be unsure, ambivalent or simply not ready to act. This booklet is designed to help you make every interaction count by giving practical guidance on how to raise these topics in a respectful, client-centred way, in line with current evidence-based recommendations, including NICE guidance on behaviour change (PH6).

Inside, you'll find evidence-based approaches to understanding behaviour change, alongside practical tools like conversation guides and listening tips. You'll also find prompts and exercises to help you explore what matters most to each client, set realistic goals and support them in making sustainable changes over time.

This booklet aims to help you feel more confident in having meaningful conversations and supporting clients to take small, achievable steps toward healthier behaviours.

We are grateful to Karan Thomas, an expert in health behaviour change and professional development, for her input in reviewing this guide and helping ensure it is both practical and grounded in current evidence.

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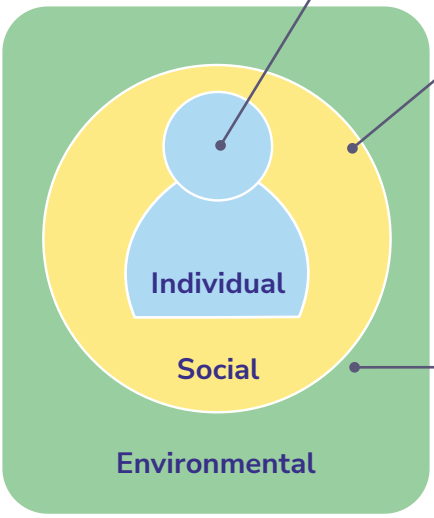
This resource is accredited by the Royal Society for Public Health (RSPH), meeting their standards for quality, clarity and best practice. It aligns with recognised behaviour change frameworks and supports the education of health professionals.

UNDERSTANDING BEHAVIOURS

There are many factors that influence our health choices. This diagram shows the complex mix of internal (individual) and external (social and environmental) forces shaping our behaviours.

The example below illustrates how these factors can influence decisions around alcohol consumption.



Individual
Knowledge, skills, habits, emotions, biological needs

Enjoy taste and effects, ignore health risks, believe alcohol is healthy

Social
Family, friends, cultural norms, peer influence

Social events involve drinking, friends/family drink, worry about judgement

Environmental
Cost, availability, access, advertising, policy

Pubs and shops nearby, offers and low cost, alcohol advertising

WHY DO WE DO THE THINGS WE DO?

Knowledge and skills, habits and emotions, social networks and norms, and the environment all play a role. Some factors are more within a person's control than others.

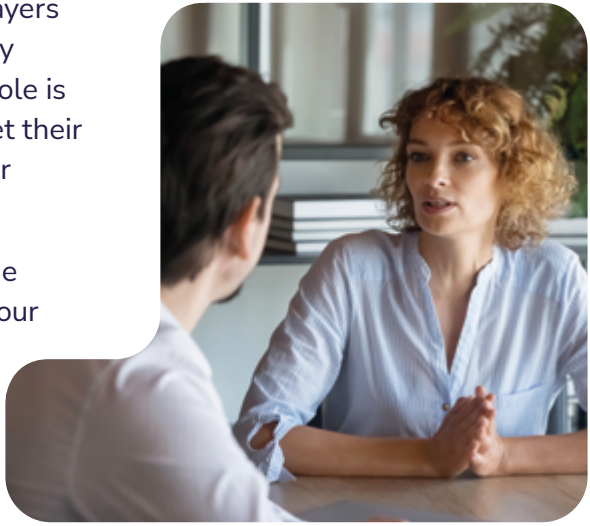
For example, someone in a high-stress job may recognise they're drinking more than the recommended 14 units of alcohol a week. But workplace culture and peer pressure can make it hard to cut down.

Recognising these pressure helps us support change in a flexible and realistic way – especially when someone isn't ready or able to make big changes. Behaviour change is rarely a simple "yes or no" – small, achievable steps are often more effective. And it's worth remembering that real change happens outside the consultation, in the busyness of everyday life.

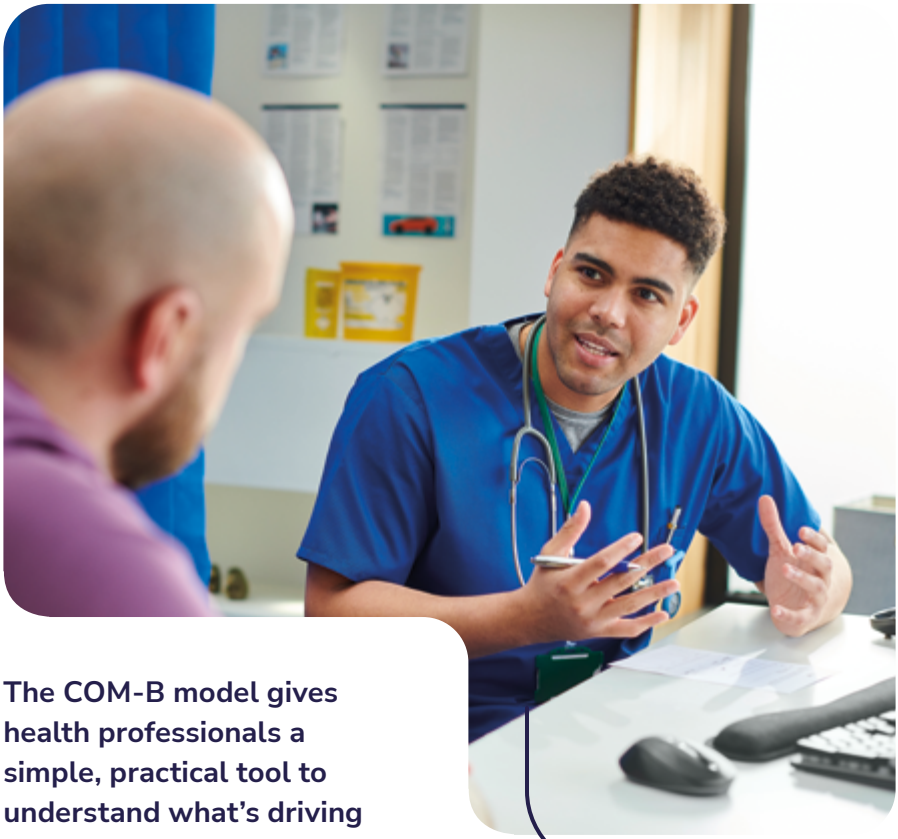
Human behaviour is also driven by a combination of biological needs (such as hunger, safety or rest), psychological drivers (such as autonomy, competence or amusement), and social factors (such as connection, respect or justice).

Understanding these layers helps us appreciate why behaviours occur. Our role is often to help people get their needs met in a healthier or less risky way.

Let's look at some of the most influential behaviour change theories.



BEHAVIOUR CHANGE THEORIES



The COM-B model gives health professionals a simple, practical tool to understand what's driving a behaviour and decide how to best support change. It helps you ask the right questions, identify barriers and choose strategies that fit the individual.

THE COM-B MODEL

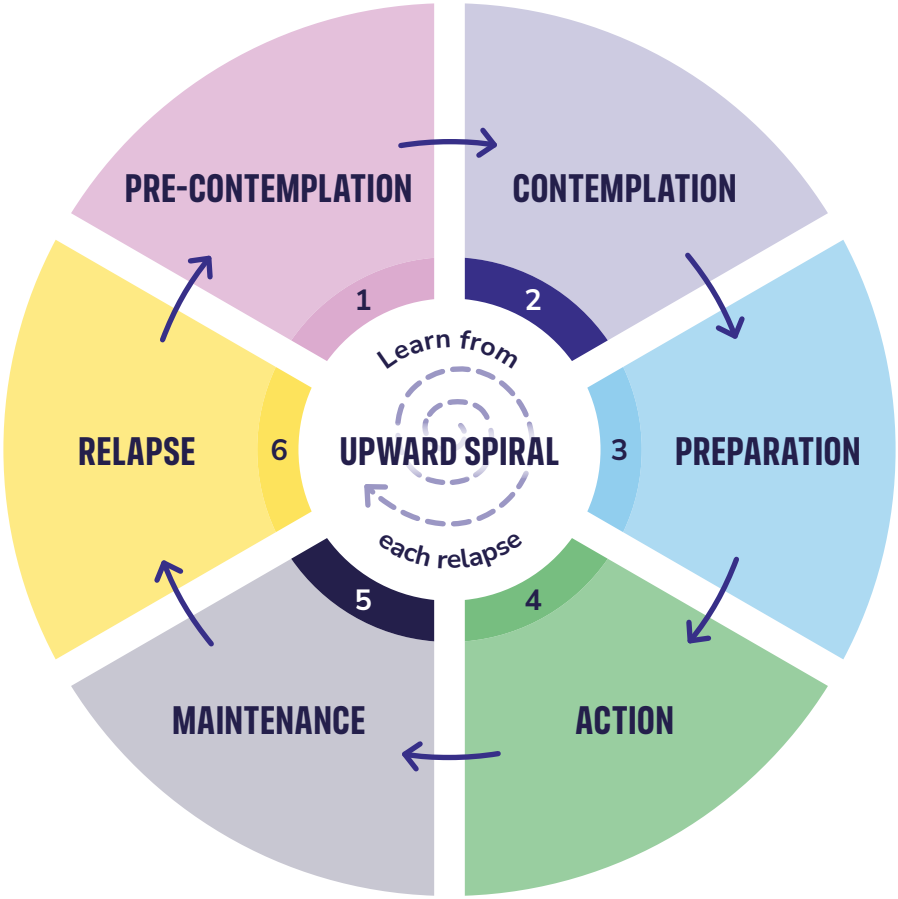
The model suggests that for any behaviour to occur, a person needs:

Component	Description	Example of barrier
C **CAPACITY**	The skills, knowledge, physical ability to perform the behaviour.	"I don't really know where to start"
O **OPPORTUNITY**	Time, resources and a supportive environment.	"It's hard to find time"
M **MOTIVATION**	Habits, beliefs and emotional drivers.	"I want to change, but I just don't feel like I can"
B **BEHAVIOUR**	The specific action you want to support or change.	Walking 10,000 steps a day, reducing sugary drinks, attending a support group

Using this framework as a "behavioural diagnosis" helps health professionals explore what's driving a behaviour and support patients or clients to make meaningful, achievable changes.

THE STAGES OF CHANGE MODEL

The Stages of Change model shows that behaviour change is a process, not a one-off event. People move back and forth between stages, and the most effective support looks different depending on which stage they are at. Motivation naturally fluctuates, and setbacks are common.



What it can mean	How you can help
PRE-CONTEMPLATION	
Not thinking about change. Downsides seem greater than benefits.	Gently raise awareness of benefits. Ask permission to share information. Acknowledge their choice.
CONTEMPLATION	
Aware of the issue, starting to see benefits. Torn between staying the same or changing.	Explore pros/cons. Use reflective listening. Offer support, not persuasion.
PREPARATION	
Keen to change soon. Planning small steps.	Ask: “What would make this easier.” Help build confidence and skills.
ACTION	
Actively making changes.	Celebrate effort. Offer advice only if wanted. Ask what support they need.
MAINTENANCE	
Keeping up new behaviour. Avoiding relapse.	Reinforce what’s working. Help prepare for setbacks. Acknowledge success.
RELAPSE	
Slipping back into old habits. Normal and human.	Normalise relapse. Ask about triggers and responses. No blame, just support.

SUPPORTING BEHAVIOUR CHANGE IN PRACTICE

TRADITIONAL VERSUS BEHAVIOURAL APPROACHES

A traditional approach to supporting behaviour change is based on the idea that the practitioner knows best and has to simply tell the client what to do to 'fix' the problem.

> "What you need to do is lose weight, cut down on your alcohol and eat less red meat."

A behavioural approach sees the client as the expert in their own situation, with the practitioner helping their client explore the options that might work best for them.

> "How important is making this change for you at the moment?"
>
> "What has worked for you in the past?"

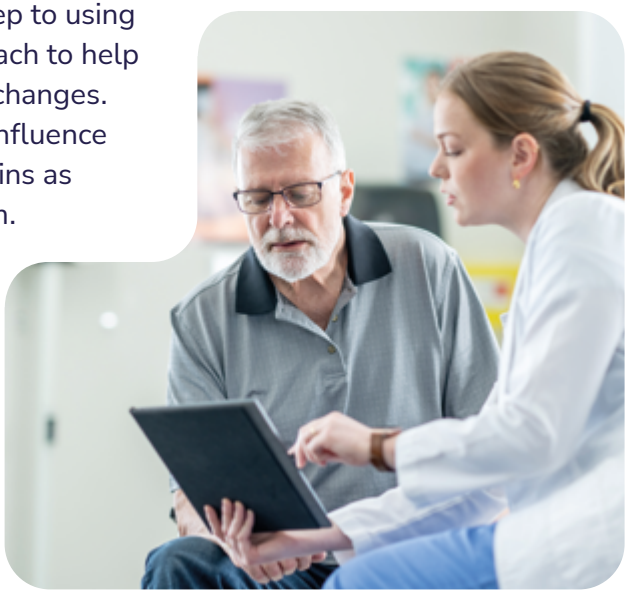
Ask yourself:

- Am I mostly giving advice or creating space for the client to explore?
- Am I solving the problem or supporting them to solve the problem?
- Am I doing most of the talking or guiding the conversation, giving them room to lead too?

! Avoid the “fix-it” trap. People are more likely to follow their own ideas. Instead of **“You need to…”** try **“What feels manageable right now?”**

CORE CONVERSATION SKILLS

Building rapport with our clients is the first step to using a behavioural approach to help them make healthy changes. Our opportunity to influence their motivation begins as soon as we see them.



Practical tips:

- offer a warm welcome and smile
- introduce yourself and use small talk if appropriate
- check their preferred name
- mention how much time you have
- give an open invitation for them to talk

“The consultant has asked me to see you. It would be really helpful if you could tell me what led them to suggest that.”

There are three main things a client wants from any consultation:

- the opportunity to tell their story
- to be heard and understood
- to obtain clear information that’s relevant to them and their situation

Give a timeframe

Let the client know how long the consultation will take: **“We have 20 minutes today which will take us to 2.20pm, is that ok?”**

Giving a timeframe shows respect for their schedule, builds trust, encourages focus and helps you make best use of the time you have – but try not to say, **“We ONLY have 10 minutes.”**

Listen more, talk less

Use reflective listening:

- **“It sounds like you want to feel fitter for summer”**
- **“You’ve mentioned your knee pain makes walking harder.”**

Encourage reflection:

- **“How much of a priority is that for you right now?”**
- **“What might get in the way?”**

Always ask permission

Before giving advice or making notes, check:

- **“Would it be OK if I shared some information with you?”**
- **“Do you mind if I take notes while we talk?”**

Use Ask-Offer-Ask:

ASK	“What do you already know about the link between processed meat and cancer?”
ASK PERMISSION	“Would it be ok if I tell you a bit about that and then you can share your thoughts?”
OFFER	Give information simply and without jargon.
ASK	“How does that sound to you? What are your thoughts?”

A structured, patient-centred approach for brief conversations

Listen out for change talk

Notice language showing design, reason, need or ability to change:

- **“I wish I could…” / “I should because…” / “I need to…” / “I can…”**

Reinforce it:

- **“It sounds like you are getting to the point where drinking less would be a good thing for you.”**

Ambivalence:
A mix of wanting to change and feeling held back. This often happens when reflective thoughts (“I should do this”) clash with automatic motivation (“I’m too overwhelmed”).

As practitioners, we can miss the change talk because it often comes with a “BUT”: **“I’d really like to manage my stress, BUT life is complicated at the moment.”**

We often focus on the last part of this sentence in our eagerness to help our client through their difficulties and so we miss the opportunity to reinforce their motivation to change.

Your role isn’t to convince them, but to keep the conversation open without pressure.

Helping someone move from ‘*I should*’ to ‘*I want*’ builds the motivation needed for change.

“It sounds like the time might not be quite right for you. Shall we revisit this later?”

Use affirmations

Highlight effort and strengths, not just outcomes to increase your client's confidence in their ability to change.

- **"It sounds like you've worked really hard to get to this stage."**
- **"You've clearly given this a lot of thought – this shows how important it is to you."**

! Avoid generic praise like "well done" and instead highlight specific effort and why it matters.

Body language

Non-verbal cues matter as much as what you say.

- Show open body language – try not to cross your arms or legs.
- Smile, nod and give eye contact to reinforce that you're listening and want to know more.
- Sitting at a slight angle, rather than directly opposite, can feel less intimidating.

Activity: Reflective listening practice

Read the sentence and try writing two examples of how you'd respond using reflective listening.

"I would love to be more active, but I can't afford trainers."

1. .....

.....

2. .....

.....

Try to avoid jumping into problem-solving – just reflect what you've heard with empathy and curiosity.

Summarising

Summarising what your client says is useful throughout the conversation, especially when concluding sections. It helps them hear their own thoughts reflected back clearly.

"So, am I right in understanding that you'd like to try lose weight again, but don't want to go on another restrictive diet?"

STARTING THE CONVERSATION

Look for opportunities

A good way to start a conversation is to use a specific event to bring up the topic of your client's health. This creates an invitation to talk without being too personal.

- **new patient checks**
- **NHS health checks**
- **medication reviews**
- **screening**
- **clinical appointments**
- **flu clinics**
- **health awareness events**
- **cancer treatment reviews**
- **vaccinations**

The 30-second conversation

Once you find your moment, introduce the topic early to set expectations and reduce resistance.

"Thanks for coming to see me today. My understanding is that this appointment is to check your blood pressure and talk about your general health. Is that what you were expecting?"

Ask-Advise-Assist (simple structure for brief conversations):

Tip: Ask–Advise–Assist is designed for conversations where you have time to explore readiness and support change.

ASK:

Ask about their current habits using open, non-judgemental questions

"Has anyone ever spoken to you before about alcohol consumption and how it relates to cancer?"

COM-B prompt: Exploring barriers

- **Capability:** what information do you feel you need?
- **Opportunity**: what are the things around you that could help?
- **Motivation:** where does reducing your alcohol intake fit in for you right now? How doable is this for you? How important is it for you?"

ADVISE:

Advise with permission and share the potential benefits linked to what matters most to your client

"Would it be OK if I shared the national alcohol guidelines?"

ASSIST:

Assist according to their readiness – from referrals to follow ups

Responding to readiness

Willing

Offer next steps (referral, signposting, goal-setting)

"You seem interested – I can make that referral now if you'd like?"

Receptive but not ready:

Accept their pace, suggest follow-up

"Many people need time to think. Shall we revisit this next time?"

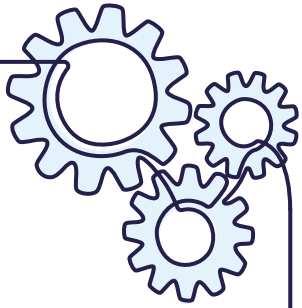
Not willing:

Respect their decision, leave the door open

"Maybe now isn't the right time. We can talk at a later stage if you'd like."

This tiered approach supports autonomy, reduces confrontation and helps build trust.

THE C-H-A-N-G-E FRAMEWORK



The **C-H-A-N-G-E framework** can guide a person-centred conversation that encourages helpful discussion about health, behaviour change and reducing cancer risk.

C **Give context:** provide your client with a clear reason for starting the conversation but try not to single them out.

H **Have permission:** ask them if it's OK to have the conversation – this is respectful and gives them control. Empowerment is more likely to lead to effective and sustainable behaviour change.

A **Ask what they know:** show interest in what they already know, what has worked well for them in the past and what didn't go so well.

Use Ask-Offer-Ask technique

N **Give neutral information:** give evidence-based information without an opinion, such as information from our website (**wcrf.org**) or printed materials.

G **Gauge a reaction:** ask what they think about the information you've given them. This opens up a two-way conversation.

E **End with a follow-up:** offer to check in next time, showing you care about their progress.

Activity: Now it's your turn

A woman, 42, with BMI 34, has tried to lose weight by becoming more active, but hasn't maintained it. She has controlled hypertension and a family history of diabetes.

Use the **C-H-A-N-G-E** model to start a conversation about increasing her physical activity.

C	
H	
A	
N	
G	
E	

Stuck for ideas? Here are some prompts.

	Sample language you could use
C	"Our surgery is running a cancer prevention month..."
H	"Would it be OK if we spoke about that, as it relates to your condition?"
A	"I'm just wondering what you know about how best to prevent certain cancers?"
N	Provide an resource to support your advice
G	"What are your thoughts on discussing this further?"
E	"I'd be interested to hear how you get on next time I see you."

Using resources

Resources can be a helpful way to start conversations about making healthy lifestyle choices, especially if time is short.

- **Show them how:** demonstrating how to use the resource makes it more likely they'll take action later.
- **Make it personal:** highlight the most relevant sections. It helps focus their attention and shows you value their time.

If you're seeing your client again, you can ask what they thought of the resource next time.

CANCER PREVENTION RECOMMENDATIONS

Be a healthy weight

Be physically active

Eat a diet rich in wholegrains, vegetables, fruit and beans

Limit consumption of ‘fast foods’ and other processed foods high in fat, starches or sugars

Limit consumption of red and processed meat

Limit consumption of sugar-sweetened drinks

Limit alcohol consumption

Do not use supplements for cancer prevention

For mothers: breastfeed your baby, if you can

After a cancer diagnosis: follow our Recommendations, if you can

Not smoking and avoiding other exposure to tobacco and excess sun are also important in reducing cancer risk.

World Cancer Research Fund examines how diet, weight and physical activity affect your risk of developing and surviving cancer. As part of an international network of charities, we have been funding life-saving research, influencing global public health policy and educating the public since 1982.

While society continues searching for a cure, our prevention and survival work is helping people live longer, happier and healthier lives – free from the devastating effects of cancer.

For any enquiries or to request the information in large print, please contact us:

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All information correct at time of print.
Next review date December 2028 WED9CB