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The EAST Framework to scaling and spreading change.

Background

For decades, and even centuries, people have debated the problem of the slow spread of innovations in social and health care. Many development programmes and interventions are struggling with creating impact at scale. In Africa and specifically Uganda, there are so many successful and impactful programs/innovations, all of which stop at pilot or proof of concept stage. It is important to understand the barriers to spreading these programs by innovators, implementers and governments so as to realise expanded impact.

There is a great realization that almost all community issues and challenges need behavioural change strategies if they are to be squarely addressed. While that is true, there is another barrier of limited appreciation of the role of agency in implementation as a way of creating and/or catalysing social and behavioural change.

In addition, while implementers realise that behaviour change is vital for their interventions, most of interventions do not apply behavioural centred designs that allows a targeted/intentional focus on behaviour. Attention is often placed on understanding the effects of behaviour or at the behaviour and less on behavioural context and setting. A behavioural setting is more than just the physical location where a behaviour takes place. It refers to all of the circumstances and things that are involved in a behaviour taking place. The place itself can be considered the stage on which the components of the setting are enacted, where these components include objects, opportunities, the physical infrastructure, the roles we play and the control mechanisms that govern behaviour such as rules or social norms.

Behavioural science and social norms

At personal and community level, behaviour change occurs when someone is faced with a familiar situation but suddenly does something new or different. For example, if a particular family had always practiced open defecation but then one day build a toilet and begin using it, this would be an example of behaviour change. Behaviour change is often considered to be a hard, mysterious and time-consuming process. But it can be easy (Wateraid). The misperceptions on the complexities of change, especially social norms needs to be rethought.

Social norms as a behavioural science concept draws on individuals' personal networks, and in theory works as a persuasion method as it shows them that other people are already performing the desired behaviours. There are a wide range of ways to employ this tactic, from simply telling people that others like them are already doing the thing you want them to do, to using visual cues to drive noticeability and indicate popularity. Therefore, for interventions that seek change of social norms, a systems approach should be integrated in designing the interventions. In Africa, social norms are likely not to change at scale if the social-cultural institutions and networks are not engaged.

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The challenge of spreading new approaches

There is urgent need for community development and health organizations to understand the barriers to scaling change if they are to breakthrough in maximizing impact. The evidence for the benefits of promoting a person and community-centred approaches in human wellbeing interventions is growing, yet spreading and scaling change within health and social care organisations is notoriously challenging.

Behavioural science offers some reasons for why this is the case:

1. **People tend to be confronted with much more information than they are willing or able to process.**
2. **People seek to minimise effort and are disproportionately affected by small barriers to change.**
3. **People typically stick with the way things are - the status quo. People tend to interpret facts using mental 'shortcuts' (rules of thumb or assumptions) that confirm our existing views. These factors mean that efforts which try to affect behaviour change primarily by sharing new information are likely to flounder.**

People's behaviour strongly influences their health and social wellbeing. However, even when people know what the right or healthy thing to do is, and intend to do it, they often encounter significant barriers rooted in social-cultural constructs. This this means that awareness and intention are rarely enough, we need to find other ways of helping people and whole communities to change their behaviour. The challenge for practitioners is to identify the most effective ways of supporting communities to make these changes, and ensuring that they become sustainable. The potential gains from helping communities manage their own health using person and community centred approaches are great. These approaches represent a source of untapped value for the social-cultural system and the health system.

Helping communities to help themselves could also result in more meaningful interactions between people and change agents or community development practitioners. Where change agents have the sense that they are sustainably supporting people to improve their livelihood and family wellbeing.

The Easy, Attractive, Social-cultural and Timely (EAST) Framework

Spreading change, especially behavioural change requires the use of both person centred and community centred approaches if interventions are to achieve sustained impact. If change actors/agents want to encourage a behaviour or a practice, it is important to make it Easy, Attractive, Social-cultural and Timely (EAST).

Key points

- The core message of EAST framework is that if you want to encourage a behaviour, you should make it Easy, Attractive, Social and Timely.
- It features a number of indigenous, low-tech, pragmatic and manageable activities which can increase the reach of person and community centred wellbeing programs.

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- The EAST framework targets people who champion person and community centred approaches in health and social care, and community-based organisations.

Key terminology

Intervention: An intended change to existing practices or services that aims to improve social care, health care and wellbeing of a community. An intervention may consist of a single component or several different components that each contribute towards the intervention's aims.

Innovator: The individual, team or organisation that developed the idea for the intervention or that first implemented it in Uganda.

Spread programme: An initiative aiming to achieve the replication of the intervention in new sites, contexts or settings.

Programme leader: The individual, team or organisation leading the spread of the intervention to new sites or settings. (Where the innovator is leading the spread of an intervention they have developed, they are also be the programme leader.)

Adopter: An individual, community, institution, team or organisation other than the innovator that implements the intervention in a different site, context or setting to the one in which it was originally developed and piloted.

Adaptation: A change made by an adopter to the intervention, compared to the innovator's original version, as they implement the intervention in a new site, context or setting.

Codification: A description of the intervention, along with any supporting materials, aimed at enabling others to reproduce it. Codifying an intervention requires thinking through what adopters will need to know in order to reproduce it successfully, for example, what is core to making the intervention work and what can be adapted. This ensures fidelity of the intervention.

Innovation and improvement: New approaches, practices, treatments, technologies and services that aim to improve community wellbeing. (As described above, we use the term 'innovator' to refer to the individual, team or organisation that developed the idea for the intervention, whether it is an 'innovation' or an 'improvement'.) Improvement, including formal quality improvement (QI) using a structured method, is often used to describe incremental change within an existing service delivery model, whereas innovation can be used to mean disruptive change that creates a new service model. Innovation is often viewed as a discrete, one-off change, whereas improvement is ongoing.

Scaling and spread: Activity that results in an intervention being replicated across multiple sites. Scaling, which is a subset of spread, refers to an initiative to replicate an intervention specifically through a higher-level organisation or geographical entity (such as a professional body or government agency); but spread can also happen through horizontal connections between adopters, without the involvement of a higher-level entity.

The principles of the EAST framework to spreading change and impact

1. Make it Easy

The first principle is to consider how to make it easier for someone to do something, stop doing something, live more healthily or pay their taxes. What to consider:

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- **Harness the power of defaults.** People have a strong tendency to go with the default or pre-set option, since it is easy to do so. Making a change option the default makes it more likely to be adopted.
- **Reduce the ‘hassle factor’ of changing or taking up a service.** The effort required to perform an action often puts communities off. Reducing the effort required can increase uptake or response rates.
- **Simplify behavioural change messages.** Making the message clear often results in a significant increase in response rates to communications. In particular, it’s useful to identify how a complex goal can be broken down into simpler, easier actions.

2. Make it Attractive

Behavioural scientists use the term ‘salience’ to describe the way in which people are more likely to respond to stimuli that are novel, simple and accessible. Key points to consider:

- **Attract attention.** We are more likely to do something that our attention is drawn towards. Ways of doing this include the use of images, colour or personalisation.
- **Design rewards and sanctions for maximum effect.** People can do a behaviour or withdraw based on the rewards and sanctions expected, and these should be socially motivated.

3. Make it Social-cultural

Humans are social and cultural animals. People are influenced by social cultural beliefs, values and norms, and to reverse this influence, the change must fit the social-cultural constructions of society. Individuals and communities are heavily influenced by what those around them do and say. There is a wrong belief and common misperception that the technical components of an innovation form the ‘hard’ core of an intervention, while the social components are ‘soft’ that is, discretionary or more open to variation. In fact, the social components are more often essential for the intervention to work.

- **Show that most people perform the desired behaviour.** Describing what most people do in a particular situation encourages others to do the same, and is more valuable when social and cultural institutions are promoting or reinforcing the change. Similarly, policy makers should be wary of inadvertently reinforcing a problematic behaviour by emphasising its high prevalence.
- **Use the power of social-cultural networks.** People and communities are embedded in a network of social relationships, and those we come into contact with shape our actions. Religious and cultural institutions have a great potential for harnessing networks. Governments can also foster networks to enable collective action, provide mutual support, and encourage behaviours to spread peer-to-peer. When networks already exist, the main role for government and other organisations is likely to be supportive which increases the cost-effective chances of sustaining the behaviour.
- **Encourage people to make commitments to others.** We often use commitment devices to voluntarily ‘lock ourselves’ into doing something in advance. The social nature of these commitments is often crucial and promotes social accountability. The easiest way to ‘raise the stakes’ is to make commitments in public, or to another person (ideally, someone whose respect you value). This is clearly seen in the case of perhaps the oldest commitment device, marriage, where people are gathered together to increase the weight of the vows being made.

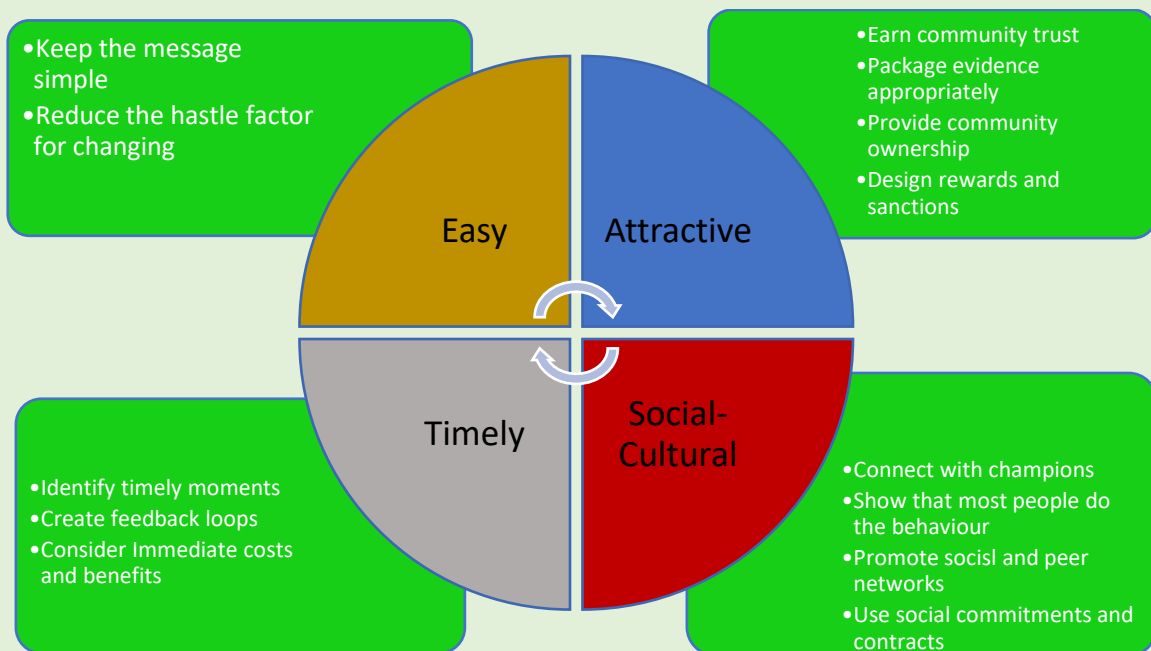
4. Make it Timely

People’s decisions, thoughts and behaviours are often influenced by the ideas, objects and people they experience from moment to moment. Well-timed text messages are a highly effective way of increasing response rates. Key considerations for implementers.

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- **Prompt people when they are likely to be most receptive.** The same offer made at different times can have drastically different levels of success. Behaviour is generally easier to change when habits are already disrupted, such as around major life events.
- **Consider the immediate costs and benefits.** People are more influenced by costs and benefits that take effect immediately than those delivered later. The question to ask is will the immediate effect of the behaviour be perceived as a profit or loss?
- **Help people plan their response to events.** There is a substantial gap between intentions and actual behaviour. A proven solution is to prompt people to identify the barriers to action, and develop a specific plan to address them. It is vital for implementers to help communities to make concrete, specific plans. One way this has been demonstrated is by simply asking community groups to write down their plans. For example, encouraging people due for vaccinations to write down the time and the date of the appointment has the potential to increase vaccination rates.

Figure one: Spreading person and community centred approaches



Conclusion

At Fidelitas, we believe that we can address the misconception that social norms and beliefs need a long time to change. We are adapting the EAST framework to guide the spread of community-based interventions. There is growing interest in applying behavioural insights in simple, inexpensive ways to enhance the spread of social care and wellbeing programmes in resource constrained settings.

The EAST framework highlights the power of making things Easy, Attractive, Social-cultural and Timely in spreading change. We recommend that champions and leaders use this framework when thinking about how behaviours may spread through the social and health system.

Ultimately, reproducing complex interventions is not easy, but attempts to support spread and diffusion will stand the greatest chance of success when the innovations are Easy, Attractive, Social-cultural and Timely.

Let us know how you would like to partner, collaborate or support this effort.

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References

1. The Behavioural Insights Team (2014) 'EAST: Four simple ways to apply behavioural insights.' London:-BIT.http://www.behaviouralinsights.co.uk/wp-content/uploads/2015/07/BIT-Publication-EAST_FA_WEB.pdf
2. Elster, J. (1989). Social norms and economic theory. *Journal of Economic Perspectives*, 3(4), 99-117.
3. Implementation intentions have been shown to increase the healthiness of eating. Verplanken, B. & Faes, S. (1999). Good intentions, bad habits, and effects of forming implementation intentions on healthy eating. *European Journal of Social Psychology*, 29(5-6), 591-604.
4. Realising the Value (2016) 'At the heart of health: Realising the value of people and communities.' London: Nesta. <http://www.nesta.org.uk/publications/heart-health-realising-value-people-and-communities>; Realising the Value (2015) 'How should we think about value in health and care?' London: Nesta. <http://www.nesta.org.uk/publications/how-should-we-think-about-value-health-and-care>
5. Webb, T. L. & Sheeran, P. (2006). Does changing behavioral intentions engender behavior change? A meta-analysis of the experimental evidence. *Psychological Bulletin*, 132(2), 249-268.