

The MAP of Health Behaviour Change Learning Programme: Evaluation Findings (2019 – 2023)

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Introduction:

Behaviour change is key to improving population health and aligns with Scotland's population health framework¹, with conversations with have people and the way we engage with someone central to prevention.

What is MAP?

A structured approach to behaviour change conversations, underpinned by the Health Behaviour Change Competency Framework²

● **Motivation** | ● **Action** | ● **Prompts**

Supports practitioners to:

- Have person-centred conversations
- Use evidence-based techniques (BCTs)³

Enabling meaningful behaviour change across all aspects of health and wellbeing

Including:

🍏 Diet • 🚭 Smoking • 🍷 Alcohol • 🏃 Activity

Delivered via: eLearning • Workshops • Coaching

Methods:

Design: Mixed-methods evaluation

Participants: 474 MAP learners (2019–2023)

Data collection: Self-report surveys at three timepoints:

T1 (Pre-learning, before workshop):

Knowledge, confidence, BCT use

T2 (Post-workshop):

Knowledge, confidence, BCT use, intention to use, satisfaction

T3 (4-week follow-up):

Knowledge, confidence, implementation barriers and facilitators

Analysis: Quantitative (SPSS) and qualitative (thematic analysis)

Results:

Knowledge & Confidence (T1 → T2)

Significant improvements across all domains:

Knowledge: 3.81 → 5.46 (p < .001)

Confidence: 3.77 → 5.24 (p < .001)

Behaviour Change Technique (BCT) Use (T1 → T3)

Significant increases across all domains:

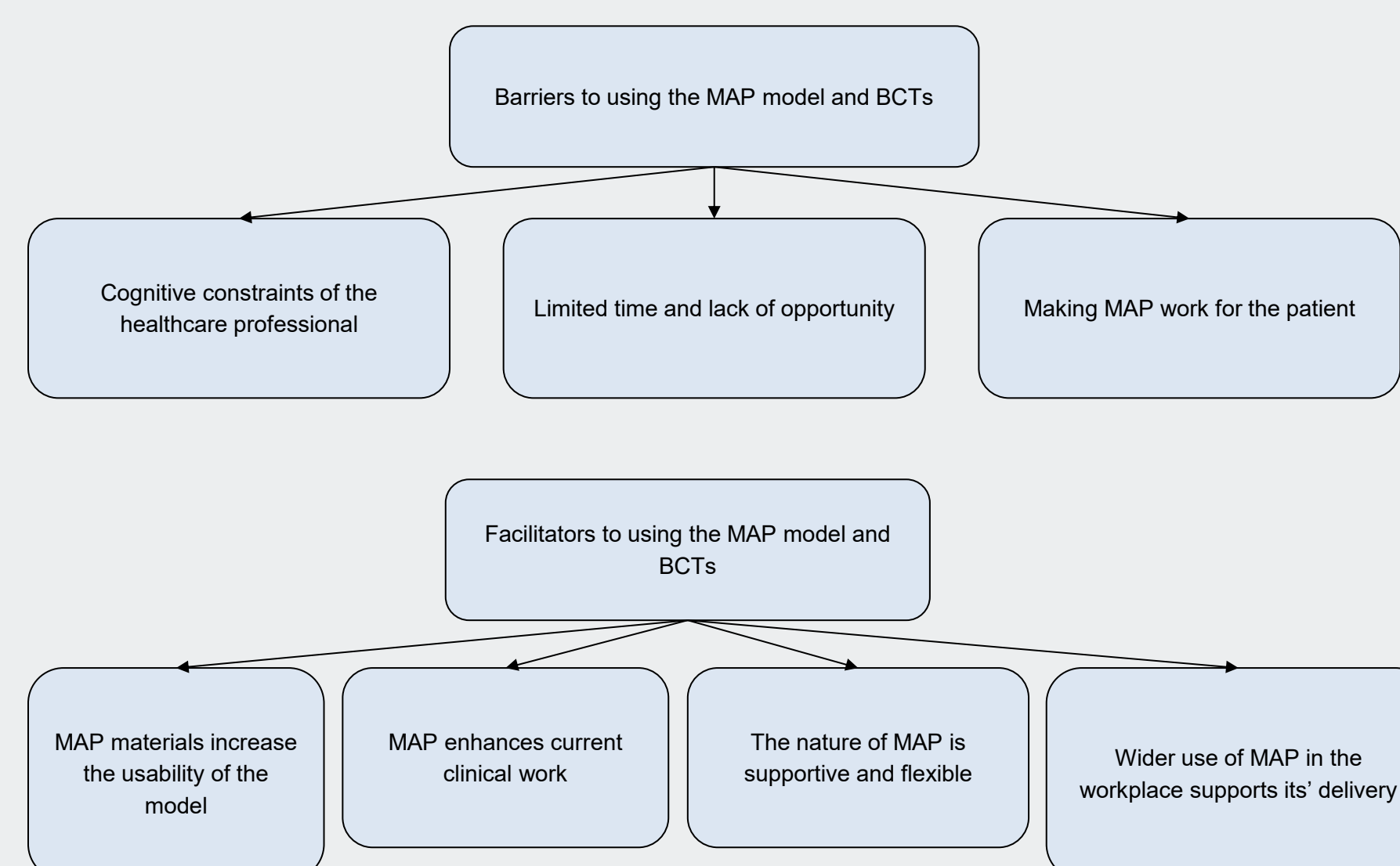
Motivation: 5.93 → 8.50 (p = .001)

Action: 5.95 → 8.68 (p < .001)

Prompts & Cues: 5.17 → 8.11 (p = .001)

Satisfaction (Post-workshop)

High ratings for: Workshop quality, Skills practice Trainer competence



Conclusion:

MAP training:

Improves practitioner confidence and behaviour change skills

Supports improved health and wellbeing outcomes

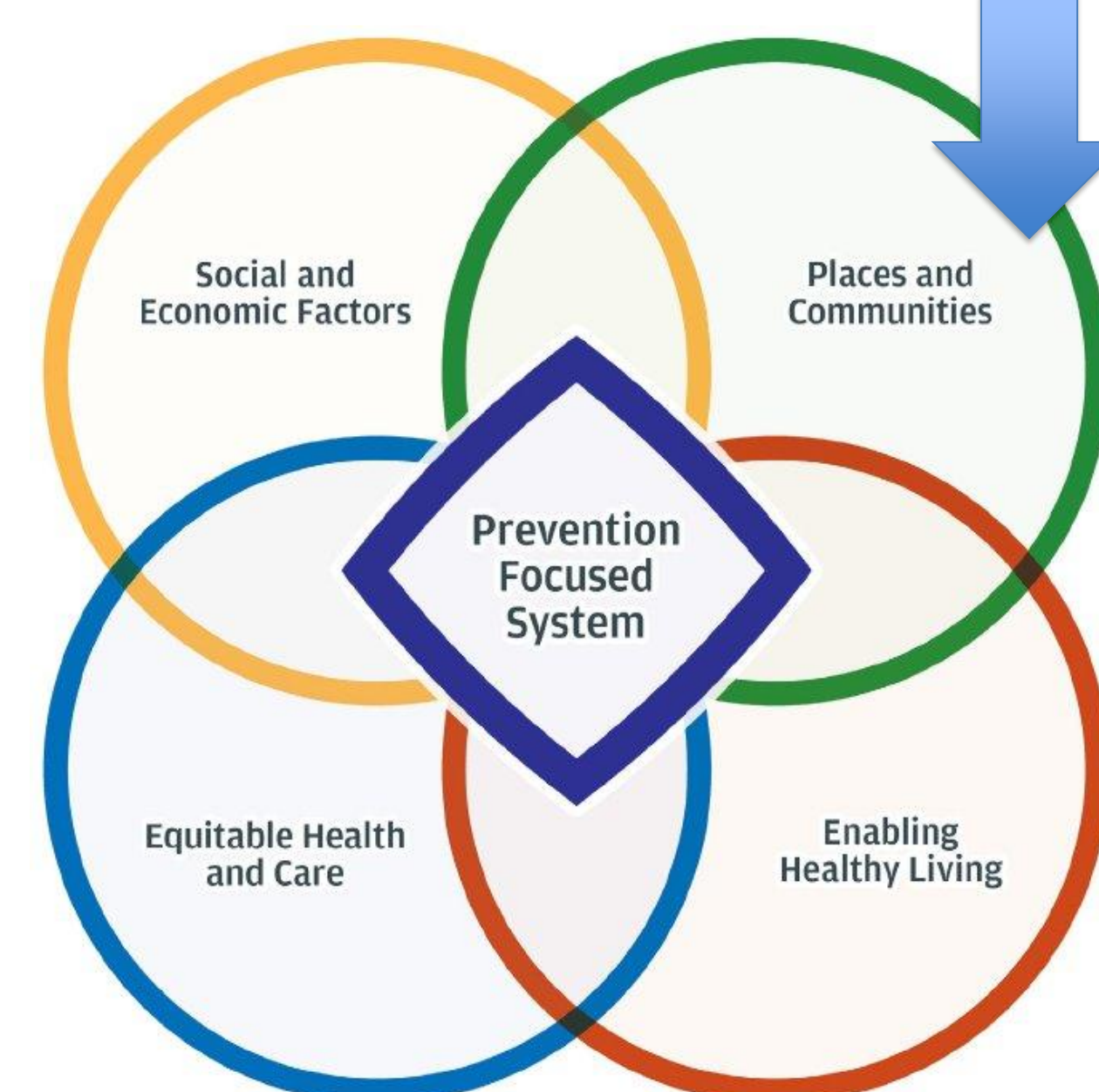
Implications:

Strong potential for embedding in routine practice

Relevant to key priority areas

Opportunity to scale and strengthen practitioner networks

Turning prevention policy into behaviour change practice



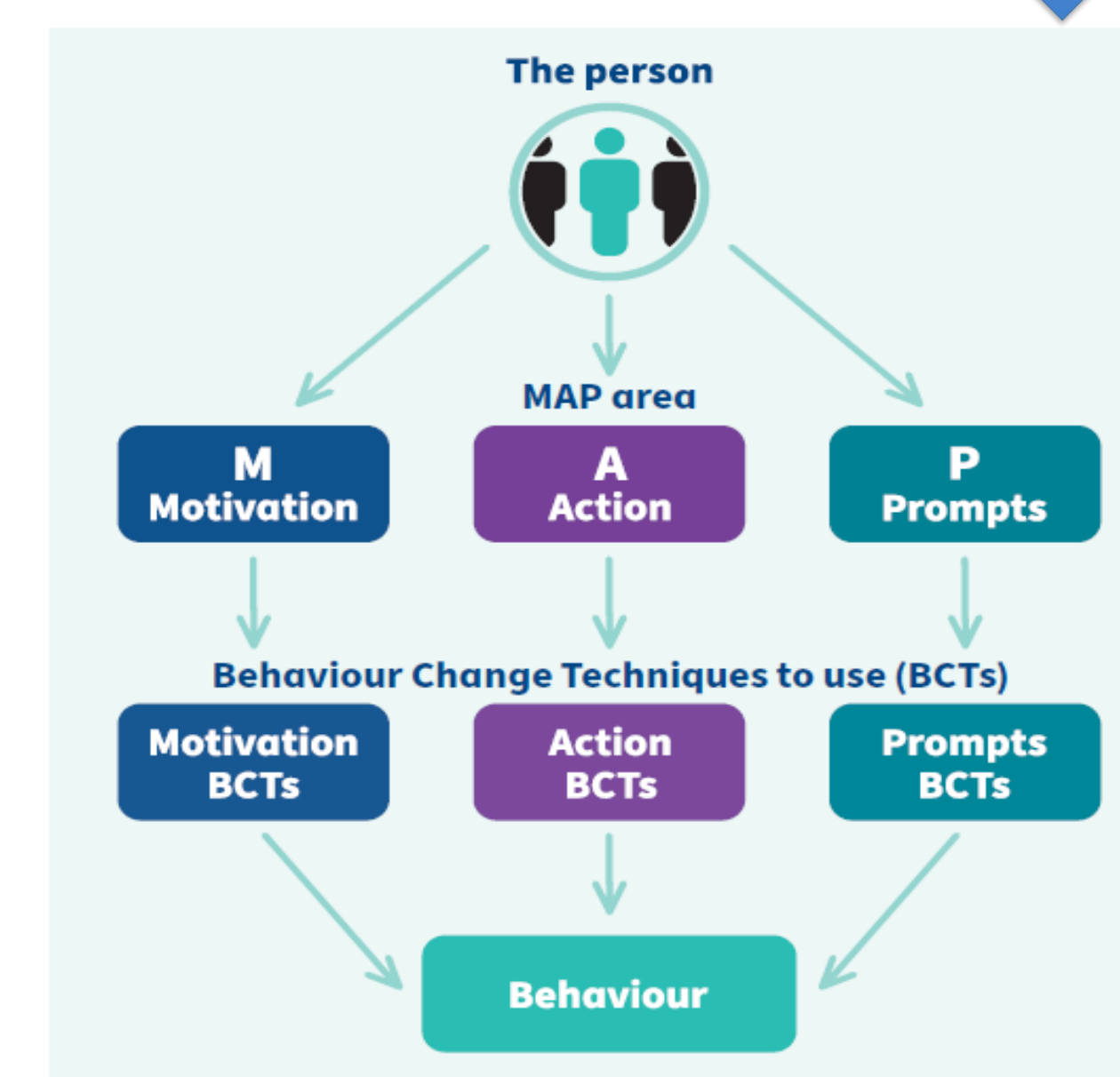
MAP Training Builds Capability



The MAP of Health Behaviour Change

Behaviour Change Techniques support delivery in practice

MAP Model



"The MAP training has enhanced my previous knowledge and learning and provided me with new techniques to use as part of my working practice."

"The simplicity of the model - it's very easy to pick up and add into consultations when appropriate."

"Knowing you have a model/framework to use for supporting health improvement/HBC conversations particularly to help identify where a person is in terms of making HB Changes."

"I feel I listen more and look at the bigger picture why a person is the way they are"



"I have found just implementing more open-ended questions into general conversation has been very useful. Also using pro/cons techniques works well within my field of practice."

References: 1. The Scottish Government. Scotland's Population Health Framework 2025-2035. Edinburgh: Scottish Government; 2025. 2. ohnston M (2010). Health Behaviour Change Competency Framework: Competences to deliver interventions to change lifestyle behaviours that affect health. Edinburgh: The Scottish Government. Available from: <http://www.healthscotland.com/documents/4877.aspx> 3. Michie S, et. al. The behaviour change technique taxonomy (v1) of 93 hierarchically clustered techniques: building an international consensus for the reporting of behaviour change interventions. Annals of Behavioural Medicine. 2013; 46(1):81-95.

Visit: [Behaviour change for health | NHS Education for Scotland](https://www.nhs.uk/health-behaviour-change)

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