

READY, SET, CHANGE

It might be seen as unusual in the second article in the *WME* series on motivating behaviour change to go back to discuss one of the first principles of making change happen. But understanding how to motivate change is like that, two steps forward and one step back.

It sounds like common sense to say change happens best when people are ready for the change. And it is! Motivating change is not as simple as just putting the desired behaviour out there and telling people to do it. People have to be ready to make the change or it won't happen.

As author and doctor James Gordon says: "It's not that some people have willpower and some don't. It's that some people are ready to change and others are not." Often the best behaviour change initiatives spend time establishing the context where change might be acceptable, prior to the delivery of the program.

Often we try to force tough changes on to a community that is just not 'ready' for it. An example may be the current push back against carbon pricing. It can be argued that in late 2009 and 2010, we had a community in Australia ready for change and broadly prepared to support a carbon emissions trading scheme. For a variety of reasons, that change did not eventuate, and now the level of readiness has fallen backwards and it has to be re-established, indeed re-built. Readiness is a fickle and

'Readying' people for change is the all-important step in educating, motivating and preparing people to accept - and back - the tougher decisions. By Grahame Collier.

surprising construct at times but, nonetheless, readying is essential.

Lessons from another sector

Change programs in health promotion show the importance of community readying. The provision of clean injecting equipment is a case study of relevance for the environment sector as it too is about

maintaining community support for a challenging change.

Since the late 1980s, the Australian community has supported the introduction of needle and syringe programs. Readying has been essential in maintaining that support and motivating those who inject drugs to continue to be engaged.

These days, support for the needle

and syringe program can be prompted by hard data. According to a review of the Australian program in 2006, it has saved \$2.48 billion in patient and family healthcare costs and \$5.85 billion in productivity costs. For every \$1 spent on

the provision of needles and syringes, \$4-5 has been returned in taxes and 0.2 days of disability-adjusted life has been gained.

In the early days, however, it was different. Government had to build a partnership of trust between medical professionals and the communities most affected by AIDS, empower that community to become the vanguard in the fight against HIV and

AIDS, and gain community support for contentious interventions like the provision of clean injecting equipment.

People were helped understand and accept harm minimisation endorsed national public policy. Countless public meetings, media interviews and community information materials 'readied' the community for this tough change.

Highly credible sources were also used to support the change. The

The 'concept of readiness' or 'creating

World Health Organisation (WHO), for example, noted needle sharing programs do not increase drug use and do get injecting drug users into treatment earlier.

FACT FILE: WHAT MIGHT WORK FOR YOUR PROGRAMS?

If you think readying people for change is important, then you might analyse the desired changes and identify which people in the community might find them most challenging and why - it might be cost, unpalatable lifestyle change, lack of supportive infrastructure, values related or something else.

If the change is going to be difficult for people, then work out your readying strategy. Here are some suggestions:

- Find experts to state their support for the change publicly.
- Provide opportunities for local champions to talk about the need for change at community forums and events, service clubs and religious services.
- Provide any data about the success of that change elsewhere, or the anticipated success locally.
- Meet in advance with possible opposition bodies/individuals and try to reduce negativity about the changes proposed. Look for common ground – negotiate a way forward.
- Do this in a spirit of good will.
- Pilot the change program with a select group and monitor it closely. Tell people the results before rolling out your program more widely.
- Show the benefits of the change in the simplest terms possible.

a supportive environment' is spelt out in the WHO's 1986 Ottawa Charter of Health Promotion. It states that in order to be effective, health promotion must address five core elements in an integrated manner. Failure on any one will reduce the possible impact on the problem. The five hub elements are:

- Build healthy public policy;
- Create supportive environments (readying);
- Strengthen community action;

- Develop personal skills (also knowledge and attitudes); and
- Reorient health services.

Although it has been around a long time, the Ottawa Charter is still the best behaviour model in town because it argues that as public policy is being built, it is essential that work is undertaken to create a culture in the community where that policy can live, breathe and drive changed behaviour. This is the step at which readying must occur.

Readying and sustainability

What is the relevance of all of this to sustainability and change? In simple terms, the community has to be ready to embrace the behaviour that your sustainability program is promoting.

Given we are at the stage where many of the more simple changes have been undertaken – for example, most of us now have low-flow shower heads and toilets - promoting the tougher and deeper changes is our next challenge.

For some significant changes, education and public policy goals are needed to seed the readiness of the community. For example greenpower would be more wholeheartedly embraced if the community understood the reasons for the extra costs. This communication needs to occur clearly and be reinforced constantly so people are ready to accept and support the program. Perhaps our relative failure to get support for higher energy pricing is a result of readying not done well.

This is the second in a bi-monthly series about behaviour shift and how to motivate it. Grahame Collier is principle of T Issues Consultancy (www.tissues.com.au) WME

