

# Claremont

Communications for behaviour change



**COMMIT to change:  
understanding and tackling  
smoking inequalities in  
Gloucestershire**



**We are behaviour change insight + communications specialists.**

We support governments, charities and companies to use behavioural science + co-design to solve society's hardest problems.



9.5% of people in Gloucestershire smoke.

There are significant inequalities in access to stop-smoking support.



Nationally, smoking rates **reach 33.1% in the 20% most deprived areas.**

Some groups are **more likely to smoke** and **less likely to access stop-smoking services**, including:

- People from Eastern European communities
- LGBTQIA+ people
- People experiencing homelessness
- People in supported accommodation
- People affected by substance misuse

Gloucestershire County Council's goal is to **reduce smoking prevalence to below 5%** by:

- Supporting more smokers to **quit**, and
- **Reducing inequalities** in access to stop-smoking support through a **targeted outreach service** for groups currently underrepresented.



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# Our Programme of Work

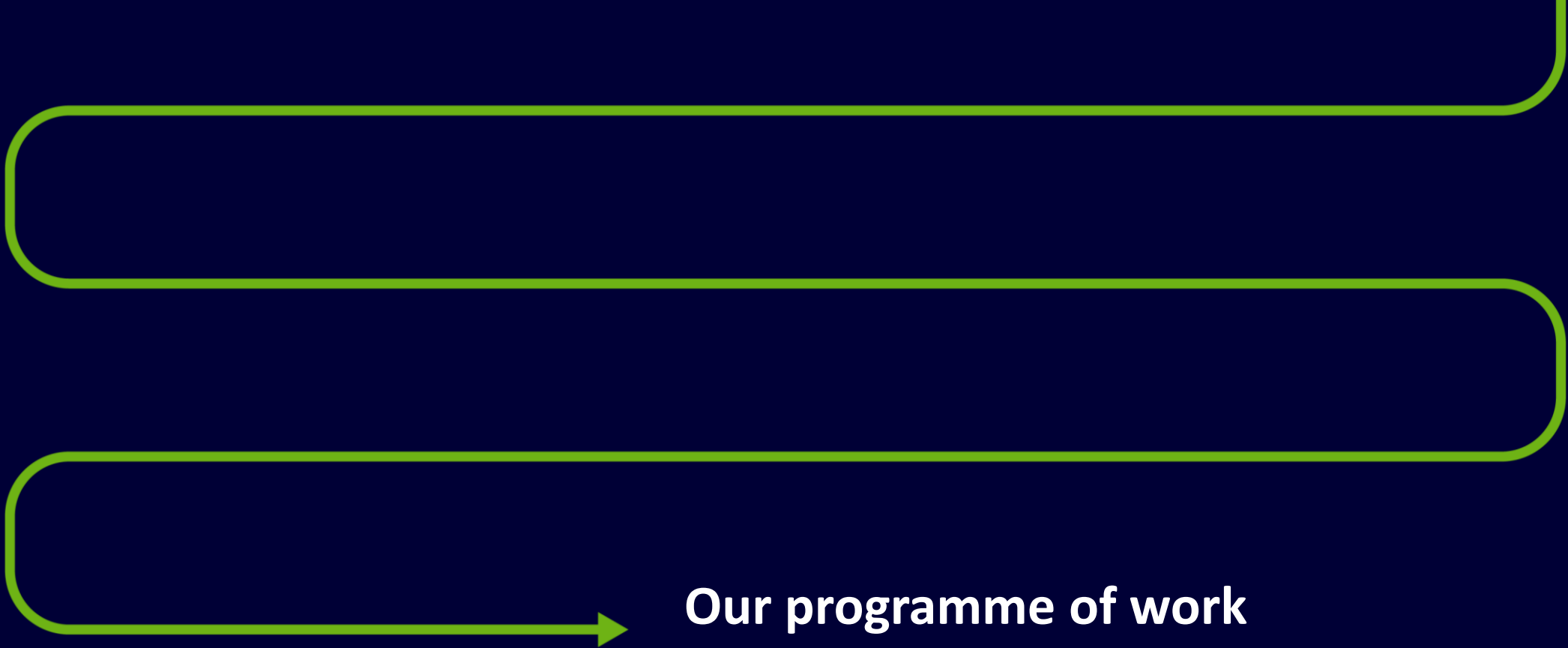
## Target Audience

- Polish people
- People who are LGBTQ+
- People who have substance misuse challenges
- People living in supported accommodation



## Key objectives:

- Inform the creation commissioning of a new stop smoking service
- Improve the Public Health's understanding of the target audiences
- Increase engagement with services



**Our programme of work**

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## Our approach



We focused on what works as well as well as what needs improvement



We met people where they are and in the places they go to (80 interviews)



We conducted group-based sessions (8 sessions, 46 people)



We validated our findings



# Our sessions

- On the ground, in person engagement
- Shops, pubs, café
- Informal, unstructured
- Trauma informed
- Benefit of being an external organisation (not the council!)



# People with substance misuse challenges & living in supported accommodation

## Capability

### Barriers:

- x Complex lives including history of trauma
- x Digital exclusion limits access

### Drivers:

- ✓ Emotional-regulation techniques to manage cravings (particularly around boredom)
- ✓ Plain-language guidance on what support exists and what NRTs are/can do

## Opportunity

### Barriers:

- x Social norms (everyone around them smokes)
- x Too many appointments
- x Lack of longer-term support
- x Digital exclusion

### Drivers:

- ✓ Mentoring system
- ✓ Delivered within supported housing

## Motivation

### Barriers:

- x Other priorities (drug addiction, housing)
- x Lack of hope (tried before)

### Drivers:

- ✓ Saving money (incentives and rewards for wider determinants)
- ✓ Wanting to find a 'click' to start turning their life around

# Polish communities

## Capability

### Barriers:

- x Limited knowledge of NRT and quitting tools
- x Language barrier/limited understanding of NHS Pathways

## Opportunity

### Drivers:

- ✓ Work with community bridges to navigate services/pathways
- ✓ Services offered locally (cafes, community hubs)

## Motivation

### Drivers:

- ✓ Incentives and rewards
- ✓ Positive messaging linked to family and children



**We started spotting some patterns...**

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# COMMIT

## **C** Cultural & Community Connection

- Reflect cultural identities, values and social realities
- Trusted community bridges

## **O** Openness & Accessibility

- Operate in recognisable and familiar places and spaces
- Remove unnecessary 3<sup>rd</sup> party referrals

## **M** Motivators & Messaging

- Lived experiences and success stories; practical benefits
- Empathy and encouragement, not fear

## **M** Mental Health & Trauma Support

- Smoking as a by-product of something else
- Trauma informed
- Grief, boredom, social isolation

## **I** Individualisation & Inclusion

- Flexible, co-designed, iterative
- Visible signs of empathy. Locus of control; inclusive and culturally competent assets + staff

## **T** Trust & Time

- Prioritise relationship building, consistency and continuity
- Same faces, same narrative

# Gathered quantitative data to validate findings

## Objectives:

- Gather additional nuances
- Validate findings
- Test COMMIT - shops, pubs, cafés

English (United Kingdo...)

### Smoking survey for Polish residents in Gloucestershire

This survey is for Polish people who smoke and for Polish ex-smokers. It has been developed by Claremont Communications for Gloucestershire County Council.

For a chance to win a £60 voucher, you'll be asked at the end of the survey to (optionally) leave your email address. Your email will *only* be used for the prize draw and nothing else.

It will take between five and ten minutes to complete.

It is part of our work to make stop smoking support available in Gloucestershire to everyone, when and how they need it. The survey is confidential and anonymous - we don't ask for your name or contact details. If you have any questions or concerns, please contact [annaagnes@protonmail.com](mailto:annaagnes@protonmail.com)

Thank you for your help and support.

When you submit this form, it will not automatically collect your details like name and email address unless you provide it yourself.

\* Required

#### About You

1. Are you Polish? (this includes dual nationality and Polish people born in the UK) \*

Yes

No

Prefer not to say

I don't know

2. Are you from Gloucestershire? \*

Yes

No

I don't know

### Building Better Quit Smoking Services: Share Your Experience with Smoking

This survey is for LGBTQ+ people who smoke, LGBTQ+ ex-smokers and people who would like to share their views on stop smoking services. It has been developed by Claremont Communications as part of the work we are doing with Gloucestershire County Council. This work is also supported by the Diversity Trust.

For a chance to win a £60 voucher, you'll be asked at the end of the survey to (optionally) leave your email address. Your email will *only* be used for the prize draw and nothing else.

This is a short survey that will take you approximately 5/10 minutes to complete.

Our work will inform the stop smoking support available in Gloucestershire. We are keen to hear about people's experiences and opinions in general, you don't need to be from Gloucestershire to complete this survey.

The survey is confidential and anonymous - we don't ask for your name or contact details. If you have any questions or concerns, please contact [marta.campagnola@claremont.org.uk](mailto:marta.campagnola@claremont.org.uk)

Thank you for your help and support.

Section 1

#### About You

1. Do you identify as LGBTQ+? \*

Yes

No

Prefer not to say

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# What this meant:

## *Commissioning framework*



COMMIT FRAMEWORK		IMPORTANCE FOR TARGET GROUPS (1- low; 2- medium; 3- high)			
PILLAR	COMPONENT	POLISH COMMUNITIES	LBGTQ+	SUBSTANCE MISUSE	SUPPORTED HOUSING

# What this meant: commissioning framework

<b>O: Openness &amp; Accessibility (O)</b>	In person/drop-in access in a non-clinical setting	3	1	3	3
	Evening/weekend/out of hours availability	3	2	3	3
<b>M: Motivators &amp; Messaging (M)</b>	Financial incentives/reward-based support (wider determinants)	3	1	2	3
	Positive messaging (avoid fear based, focus on benefits)	3	3	3	3
	Emphasis on social norms	3			
<b>M: Mental Health &amp; Trauma support (C+M)</b>	Integrated mental health/emotional support	1	2	3	3
	Trauma-informed approach	1	3	3	3
	Holistic - help with stress, grief, boredom, loneliness (beyond smoking)	1	3	3	3

**C**  
Cultural & Community Connection

**O**  
Openness & Accessibility

**M**  
Motivators & Messaging

**M**  
Mental Health & Trauma support

**I**  
Individualisation & Inclusion

**T**  
Trust & Time

## What this meant: Commissioning Framework

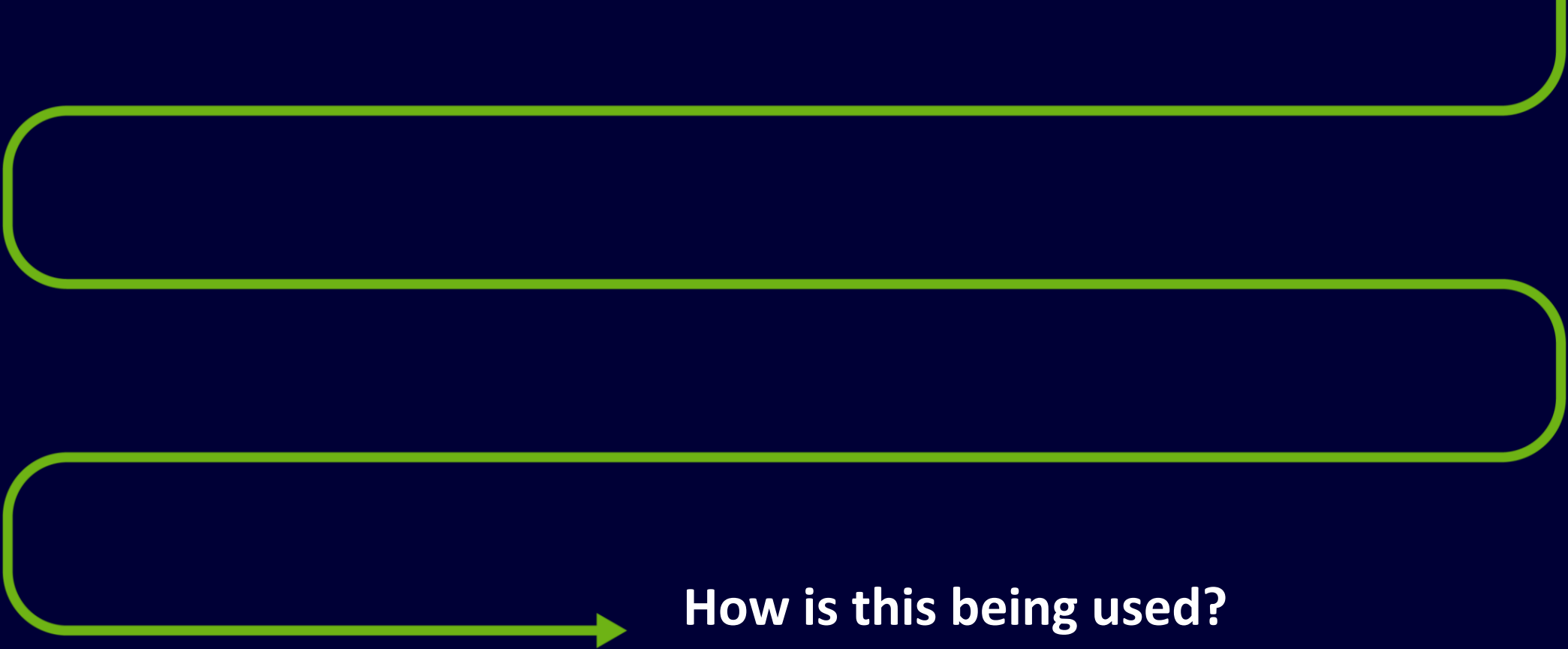
- ✓ Nuanced recommendations for engagement, service delivery, content, and messaging.
- ✓ People centred model created to guide the commissioning and development of smoking services.
- ✓ Behaviour matrix to help service providers, commissioners, and campaigns estimate and anticipate levels of engagement with services.
- ✓ Used to develop tender evaluation and shape services

COMMIT FRAMEWORK		IMPORTANCE FOR TARGET GROUPS (1- low; 2- medium; 3- high)			
PILLAR	COMPONENT	POLISH COMMUNITIES	LBGTQ+	SUBSTANCE MISUSE	SUPPORTED HOUSING
C: Cultural/Community Connection (O)	Bilingual and culturally aligned staff and peers	3	3	1	1
	Community-led outreach and driven local connectors ('community bridges')	3	3	3	3
	Culturally adapted materials and messaging	3	2	1	1
O: Openness & Accessibility	In person/drop-in access in a non-clinical setting	3	2	3	3
T: Trust & Time (O+C)	Evening/weekend/out of availability	3	2		2
	Long-term, longevity and follow-ups over time	3			
	Peer/mentor-led, based on lived-experience, not just medical advice				
	Consistent and structured				

Each letter in COMMIT represents a pillar of support that enables meaningful engagement, sustained behaviour change, and improved health outcomes

C: Cultural & Community connection  
 O: Openness & Accessibility  
 M: Motivators & Messaging  
 M: Mental Health & Trauma support  
 I: Individualisation & Inclusion  
 T: Trust & Time

		3
		3
3		
		3



**How is this being used?**



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## How this work is being used

- Informed the commissioning of the tobacco dependency outreach service – including tender quality evaluation questions
- Feeding into service implementation including – marketing and communications messages and imagery, delivery locations, relationship development, methods of engagement and delivery, use of incentives
- Shared widely among other commissioners interested in engaging and improving access and experience for people from these groups

**For a copy of the insights report contact:**  
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# Claremont

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# Thank you

Questions? Email Tiago Moutela

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