Big Pocket Guide
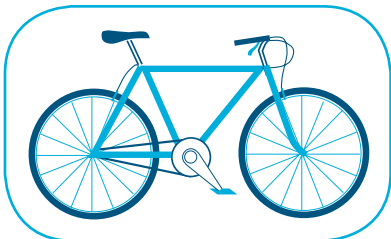
to using social marketing for behaviour change

nsmc

leading behaviour change
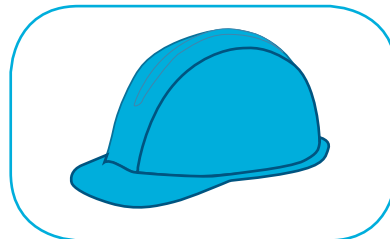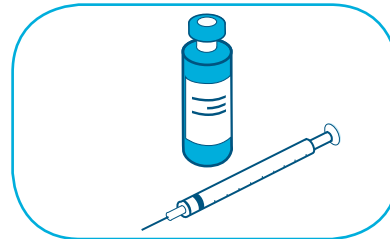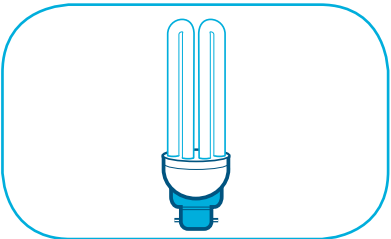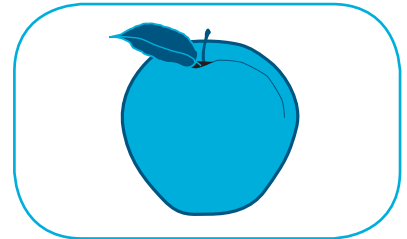
We are The NSMC, the international centre of behaviour change expertise.

We're dedicated to making change happen that improves people's lives.

We do this by supporting organisations to design cost-effective programmes that help people adopt and sustain positive behaviours – those that improve their lives. Eating healthily, being more active and saving energy are just some of the positive changes we have helped our clients achieve.

As well as programme support and strategic advice, we also provide professionals with the skills and resources to design and deliver their own cost-effective behaviour change programmes.

Originally set up by the UK Government, we now have a global reach, applying social marketing skills, knowledge and experience from around the world to solve behavioural challenges.

Acknowledgements

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Introduction

Welcome to the new edition of the Big Pocket Guide.

Much has changed since the 2007 edition – although it's still unlikely that you will have a pocket big enough to fit it in!

We want to show you what a social marketing approach to behaviour change can achieve. It is a process that does more than help you tackle a wide range of behavioural issues. The principle that underpins it – putting people first – can benefit you and your organisation in a number of ways, as well as those you serve. While creating safer, healthier, greener societies, incorporating social marketing into your business practices can lead to more cost-effective, impactful and sustainable policies, programmes and campaigns. Whatever your role or sector, you can do social marketing.

In this edition, we aim to give you a good overall understanding of social marketing and how you can use it to change or sustain behaviour. We have tried to bring as much life to the ideas described as possible – so you will find plenty of examples and case studies. We have also reduced the content to focus on what we think are the most useful, descriptive concepts relevant to 2011 and beyond.

To learn more about the ideas covered here and become a social marketer yourself, try our e-learning course, *A social marketing approach to behaviour change*. This online training course for people of all levels will allow you to progress at your own pace and in your own time. Visit www.thensmc.com for details.

Whatever your role or sector, you can do social marketing.

Social marketing in perspective

The NSMC defines social marketing as:

an approach used to develop activities aimed at changing or maintaining people's behaviour for the benefit of individuals and society as a whole.

There are three key points to take from this definition.

1. Approach

Social marketing is a systematic and planned process.

It follows six steps:

GETTING STARTED → SCOPE → DEVELOP → IMPLEMENT → EVALUATE → FOLLOW-UP
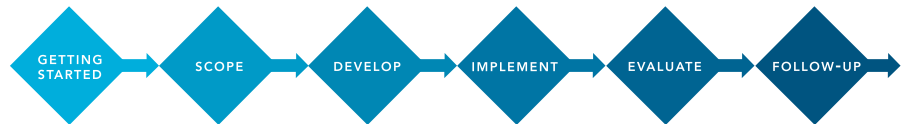
3. Benefits people and society

This is the value – perceived or actual – as it is defined by groups or 'segments' of people who are targeted by a social marketing intervention. It is **not** what is assumed to benefit them by the organisation that is trying to encourage the behaviour change.

3. Behaviour

The goal of social marketing is always to change or maintain how people behave – not what they think or how aware they are about an issue.

For example, the Department of Health England recommends that babies should be breast fed exclusively until they are six months old. This view is informed by epidemiological data, systematic reviews and other sources of evidence such as campaigning organisations, international professional bodies, tradition and public opinion[1].

The bottom line

Social marketing focuses on behaviour. If your goal is only to increase awareness or knowledge, or change attitudes, you are not doing social marketing.

Social marketing starts by identifying all of the behaviours which are relevant to your issue – including those which you would like to encourage, and those which are causing the problem.

It also looks at related or similar problematic behaviours.

Social marketing is all about:

THE PERSON ⟷ UNDERSTANDING ⟷ **THE BEHAVIOUR** (what people actually do)

people
communities
citizens
customers
consumers
clients
patients
professionals
politicians

looking at what people do

examining why they do it

influen*ces* and influen*cers*

incentives and barriers

The essence of a social marketing approach

Even if you don't take social marketing any further, just considering these four questions will add value to your projects and policies:

- **Do I really understand my target audience and see things from their perspective?**
- **Am I clear on what I would like my target audience to do?**
- **For my target audience, do the benefits of doing what I would like them to do outweigh the costs or barriers to doing it?**
- **Am I using a combination of activities in order to encourage people to achieve the desired action?**

To understand social marketing, it is important to understand how marketing is used in the commercial world.

Marketing has been defined as:

…a management process for creating, delivering and communicating value to citizens in exchange for behaviour which benefits both the customer and the marketing organisation[2].

Marketing is a discipline in its own right. However, it is influenced by social science, particularly psychology, sociology and economics. Anthropology and neuroscience also have a small but growing influence.

Social marketing uses many of the same techniques as commercial marketing. Like commercial marketing, it enables you to create products and services that meet the needs of a wide variety of people – it avoids a 'one-size-fits-all' approach! It also uses a combination of activities to do this, never just one. However, where commercial marketing benefits the customer, the company and its shareholders, social marketing benefits **society as a whole.**

Evaluate!

It is very important to evaluate your social marketing intervention and plan how you will go about it early on. Because changing behaviour is rarely easy, you need to make sure you know the 'baseline' behaviour – what people are doing before you start your intervention. This is so you can be clear about whether your intervention is working.

There are other good reasons to build in evaluation:

- **Checking how well the intervention is going – is it on track?**
- **Finding out if it is worth the investment**
- **Identifying its strengths and weaknesses**
- **Generating insight into people's behaviour and how to improve the intervention**
- **Making a case for continuation or extension**
- **Being accountable to funders and stakeholders**

The NSMC has developed a set of tools for evaluating the value for money of health behaviour change interventions. We also offer training in how to get the most from them. Download them at www.thensmc.com/resources/vfm

How social marketing helps

**STRATEGIC
social marketing**
Using social marketing
to inform policy and
strategy development

POLICY

STRATEGY

IMPLEMENTATION
AND DELIVERY
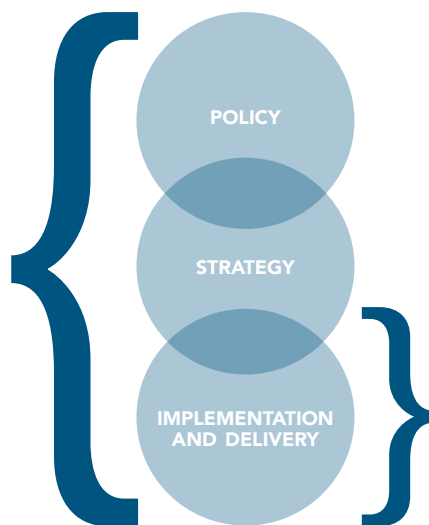
**OPERATIONAL
social marketing**
Using social marketing to
address specific behavioural issues

Policy: it helps to ensure policy is based on an understanding of people's lives, making policy goals realistic and achievable.

Strategy: it enables you to target your resources cost-effectively, and select interventions that have the best impact over time.

Implementation and delivery: it enables you to develop products, services and communications that fit people's needs and motivations.

You will find examples of these different contributions on the next few pages.

Improving policy with social marketing[3] – Jordan's water shortage

Rationing was already in place before Jordan experienced a serious water shortage between 2000 and 2005. The government proposed laws to raise the price of water in order to reduce demand. They assumed that people were using too much water – but Jordanians already used it more sparingly than most other people in the world.

Research revealed some important insights. People tended to blame the lack of water on neighbouring countries, not Jordan's rapidly growing population, industry and tourism. People also did not feel they should pay more for water if the government was not doing its bit – they did not see why they should bear a bigger burden on their already strained finances.

The government's response took all these factors into account. A survey revealed the largest water consumers: mostly public buildings and private clubs, with some private residences. Water audits were conducted and a simple auditing tool was developed, highlighting weaknesses in how the government billed for water and providing information to help improve it. The audits showed that the high consumption was mainly due to out-of-date, poorly installed plumbing – not to over-use. If £3 aerators were added to faucets, a building's water bill would be reduced by 30 per cent. The simple message that adding a cheap device to your faucet could save you money was therefore chosen

and targeted at all consumers via trained volunteers. This approach had the added advantage of being straight-forward to measure and monitor: buildings fitted with aerators should show cost savings of 30 per cent after one year, and sales of the devices should increase.

However, actually installing the devices was rather complicated. In order to keep people on side, the government redeveloped its policy, creating a new national plumbing code. This ensured all new buildings would be built with water conservation in mind. To inform it, a competition was launched to see if consumers could correctly identify their buildings' requirements. Prizes such as computers, as well as colourful,

lottery-style cards distributed by community volunteers, got people interested. This imaginative approach to research and promotion delivered the information needed to develop the new code, and created a positive, engaging 'buzz' around the campaign.

Improving strategy through social marketing: the Department of Health's lung disease strategy

The Department of Health (DH) in England uses strategic social marketing thinking to tackle lung disease. Also known as chronic obstructive pulmonary disease (COPD), it currently kills over 30,000 people every year. That's a higher death rate than breast and prostate cancer combined – but most people have never heard of it.

The key to early prevention and treatment of lung disease is behaviour change among those affected or 'at risk'. The strategy has a two-pronged goal: to reduce people's risk-taking activities and encourage them to take up more health-enhancing behaviours; or to recognise and act on the symptoms. 2.7 million people have the disease without knowing it, so the biggest challenge is how to achieve earlier diagnoses. Also, 75 per cent of cases are caused by smoking, a notoriously difficult behaviour to shift. Simply raising awareness would not be enough.

DH identified the 'segments' or groups of the population who are at risk, using insight and data to establish how best to design interventions for changing, adapting or sustaining individuals' behaviour. This approach ensures that behaviour change activities fit tightly defined population segments and local needs.

The strategy's segmentation model unusually grouped individuals into overlapping

segments, based on their life-stage, social and environmental factors, job status and social group, and health motivation. These segments are then engaged by the individuals and organisations best placed to do so – depending on whether they have well-established communications channels, provide services to or are 'trusted' partners in the eyes of the particular segments.

The programme developed a quick reference risk-model to help planners and commissioners understand how a 'one size fits all' approach would not work. The figure overleaf demonstrates how any individual from a target segment can be plotted onto the model, depending on their current

and past risk. As an individual progresses along the spectrum of risk, different interventions will be required in order to deliver different changes in behaviour.

The strategy recognises that the environment in which lung disease services are provided is complex. Understanding the different 'drivers' and motivations for providers and other partner organisations is as important as understanding those of target populations. Consequently, the strategy highlights a range of benefits for partners of early identification, including better patient self-management, cost-reduction and efficiency.

INDIVIDUAL LIFE JOURNEY

	People who are well	People who may have COPD who do not have any symptoms	People who have symptoms	People who have been diagnosed with COPD
AUDIENCES & OBJECTIVES	Prevention		Early identification	High quality care
	Children and young people. Most non-smokers	Shorter-term current smokers. Exposed workers	Long-term current smokers. Ex-long-term smokers. Exposed workers	
BEHAVIOUR	**Desired response:** 'My lungs are clean and healthy, and I want to keep them that way.'	**Desired response:** 'My lungs are damaged, but I don't want it to get any worse.'	**Desired response:** 'I might have a problem, but there's something I can do about it.'	**Desired response:** 'I have COPD and I know how to manage my illness.'
MESSAGES	LUNG HEALTH			LUNG DISEASE (COPD)

Social marketing improving implementation and delivery: child safety in Texas

In West Dallas, Texas, efforts to increase the use of child car seats and safety belts among the Hispanic population kept failing. Just 19 per cent of young Hispanic children were placed in car seats, compared to 62 per cent of children from other groups. This led the Injury Prevention Center of Greater Dallas (IPCGD) to try a new approach.

Research with the target audience revealed insights that enabled the IPCGD to greatly increase their programme's effectiveness. As well as barriers such as lack of language skills to interpret safety information and lack of awareness of the law, they found that mothers had a fatalistic attitude towards road safety. They tended to believe that their children, and therefore their destinies, were 'in God's hands', causing them to not appreciate the importance of child safety seats. This led the programme developers to ask local priests to bless subsidised car seats before they were distributed to families. Alongside free traffic safety and child safety seat training workshops, community action with mothers and a police woman, and demonstration events, this helped the intervention to achieve impressive results. By 2000 (after just three years), car seat use rose to 72 per cent – outstripping use across the other communities combined by three per cent.

Notably, this approach did not work when the IPCGD applied it to the African-American community. It was only effective for the Hispanic community, based on the unique insights from their particular circumstances.

Behavioural economics and social marketing

Behavioural economics is a way of understanding how people make choices. It moves beyond traditional – or 'neoclassical' – economics, which assumes that people make decisions in a logical way. Behavioural economics recognises that we don't always behave rationally. Instead, our behaviour is governed by instinct, emotion, past events and the people around us. Many 'problem' behaviours – such as eating unhealthy food or speeding – are testament to this irrational decision-making.

Understanding this can enable us to design solutions to behavioural challenges that leverage the ways in which we actually make decisions. Relatively simple changes can sometimes be made to the external environment that can prompt behaviour change. In their influential book *Nudge*[4], Sunstein and Thaler provide the example of how the state of Texas was able to reduce littering.

By adopting the slogan 'Don't mess with Texas!' and employing macho Dallas Cowboys football players to appear in television adverts, they were able to reach the difficult audience responsible for much of the

littering – men aged between 18 and 24. Influential individuals were used to help alter decisions about acceptable behaviour, reducing roadside litter by 72 per cent in the first six years.

Social marketing encompasses the insights of behavioural economics. It is among the methods open to us when planning behavioural programmes and campaigns. It can help us to think about how we can alter the design of the environment, services or materials to make change easier. Sometimes, simple changes will be enough to bring about changes in behaviour. But some problem behaviours – such as smoking – are deeply entrenched, requiring sustained action and a variety of measures.

What social marketing *IS NOT*

Social marketing can be confused with other things:

Advertising and communications – social marketing is much more than communicating. Just because you know something doesn't mean you do it – in social marketing, it is action that counts!

Social networking/media – these are potential channels for reaching some audiences – but again, alone they may not change behaviour.

A quick fix – seeing things through the eyes of your audience can reveal opportunities to change certain things in the short term. However, developing an intervention using a combination of methods to change a problematic behaviour requires more time.

What social marketing *IS*

- A staged planning approach
- A tool to help achieve behaviour change
- Proven to work
- Customer-centric
- A strategic as well as an operational tool
- Measurable – return on investment can be demonstrated

The fit with marketing

In commercial marketing, the ultimate aim is to increase profit or brand recognition for a company.

In social marketing, the aim is to change the behaviour of people to their benefit or to the benefit of society as a whole.

Social marketing uses the same marketing techniques as commercial sector marketing: following a staged planning process; identification of the **target segment**; conducting market research to understand the customer; and consideration of the marketing mix – **product**, **price**, **place**, and **promotion**.

Despite these similarities, there are several important differences between commercial and social marketing.

Social marketing vs. commercial marketing

	Commercial marketing	Social marketing
Product	The marketing process revolves primarily around the development and sale of goods and services	The marketing process is used to change or maintain behaviour
Primary aim	Financial gain	Individual or societal gain
Primary competition	Other organisations offering similar goods or services	The current or preferred behaviour of the target segment

The four Ps

A feature of both marketing and social marketing is the focus on the marketing mix and its tactical role in an intervention.

The marketing mix is a set of tools. It enables you to use a combination of activities to achieve behavioural change. It is the combination of the 'four Ps': product, price, place and promotion.

Product:
- The behaviour you are asking the audience to adopt
- Associated benefits of doing the desired behaviour
- Any tangible objects or services that support or facilitate adoption of the desired behaviour – a stop smoking kit, or a recycling collection

Price
This is the cost and barriers that prevent or hinder the target audience from adopting the desired behaviour. They can be non-monetary; for example, physical, emotional or psychological.

Place
This is where the target audience will perform the desired behaviour, or where the product or service is made available.

Promotion
This is how the product or service, cost, proposition and place are made known to the target segment.

In marketing, the final P – promotion – should be the last activity you do. This is because you are communicating:

- **What the product is**
- **What price/exchange is being offered**
- **Where you can buy/receive the product**
- **Benefits associated with the product – short and longer term benefits**

You must be clear what you are offering and where you audience can access it before you can communicate any benefits they will value.

For example, in the commercial world, a fast food chain would never advertise a new burger for £1 if you could not buy it at their outlets for the stated price. Nor would they simply promote the message 'eat burgers'. They would advertise: 'go to our shops and for £1 you can have this great tasting burger which will be served fast. It will satisfy your hunger and all your friends will enjoy eating one with you'.

As with commercial marketing, social marketing also goes beyond the 4Ps

Some social marketers add other Ps. For example:

- **Process:** the way in which products and services are offered to the audience
- **Physical environment:** making changes to the physical environment if it is identified as a barrier or benefit. For example, since people are concerned for their safety, you could improve street lighting and introduce cycle lanes to encourage more of them to cycle
- **People:** Public, Professionals, Politicians – recognising the customer can be any or all of these and gearing efforts accordingly for example, sometimes it might be best to aim at a few people at the top who have the power to change many. If you want to reduce the number of plastic bags used, getting one politician to put pressure on the supermarkets might be more effective than talking to every supermarket chain or managing to convince the general public to reuse plastic bags

The difference between sales and marketing

Sales and marketing are fundamentally different.

Sales is...	Marketing is...
'Finding customers for existing products and convincing them to buy these products'	'Discovering the wants of a target audience and then creating the goods and services to satisfy them' Kotler and Zaltman, 1971[5]

In social marketing, we often start with existing products or services which have been developed based on evidence, such as the NHS Stop Smoking Services. In a time of reduced budgets, it is wasteful and unrealistic to start from scratch. However, even if you are trying to get more people to use your existing services, you will still need to use marketing tools. For example, you still need to gain customer understanding to make sure your product or service meets the needs of the target audience, segment your audience and evaluate its impact.

The policy context

Understanding behaviours – and the attitudes and motivations behind them – is crucial for successful public policy outcomes. It is also important for determining the drivers of success during evaluation. Through its central focus on behaviour and sophisticated methods for developing insight, social marketing can make a strong contribution to the process of policy-making. It sheds light on what people's lives are really like, rather than what they are perceived to be. This helps you to decide whether, how and where to target resources cost-effectively and with the greatest impact.

For example, segmentation enables you to assess how a policy affects different groups in society. In turn, the policy can be tailored to boost its overall efficacy, using methods that are suited to and in keeping with the lives of the people within the segments. Traditional policy tools, such as regulation and financial incentives, may work well for some groups. However, social marketing allows you to identify other methods – such as redesigned services or improvements to the built environment – that would be more successful in changing behaviour in others.

Over the next few pages, you can find snapshots of how social marketing and behaviour change principles are enhancing public policy around the world.

USA: the truth® campaign[6]

In 1997, tobacco use among American high school students had reached more than 36 per cent – an increase of one-third since 1991. Research showed that despite knowledge and awareness of the dangers of smoking, teens still identified with it, seeing it as a rebellious form of behaviour.

In 2000, The American Legacy Foundation went directly to the target audience of 12 to 17 year-olds and listened to their attitudes and opinions. As well as the benefits they perceived smoking to offer, teens acknowledged that they appreciated honest, courageous messages. This led to the development of a national youth smoking prevention campaign. It was designed to reveal the marketing tactics of the tobacco industry, and educate teens on the health effects, addictiveness and social consequences of tobacco use. Through a creative, youth-driven advertising campaign and grassroots activities, the *truth* campaign focused on the message that the tobacco industry manipulated young people, and that teens could therefore take control by learning the truth about the industry's activities. Teens could then be empowered to make their own, informed choices about tobacco use. As well as broad coverage across

youth media outlets, online, in cinemas and via summer campaign 'tours', the campaign has a strong peer-to peer element. This is because the target audience are particularly receptive to the messages and behaviours of their friends and social groups.

The campaign is still running, and teens still have opportunities to contribute their views and ideas via its website: www.thetruth.com.

Studies have found that the campaign directly prevented 450,000 teens from taking up smoking in its first four years, and saved between $1.9 billion and $5.4 billion in medical care costs.

The United Kingdom: MINDSPACE[7]

In 2010, HM Government's Cabinet Office and the Institute for Government produced *MINDSPACE: Influencing behaviour through public policy.* It reviewed the contribution that behavioural theory and approaches can make to policy. It concluded that public policymaking is fundamentally about behaviour, and that government should therefore better understand the behavioural impact of its policies. It provided a practical framework for doing this, which focuses on understanding the factors which motivate or prevent us from acting. These include who delivers messages (messenger); what others are doing (norms); and how we feel about given behaviours (affect).

MINDSPACE has been influential in English policymaking. A number of government departments and public bodies are in the process of embedding these principles or have already done so. For example, the government has set up a unit, called the Behavioural Insight Team, to look at ways to solve policy challenges using behaviour change science and techniques.

The United Kingdom: energy-efficient light bulbs[8]

MINDSPACE built on work the government was already doing, such as the Department for Environment, Food and Rural Affair's (Defra) work to increase the use of energy-efficient light bulbs. Defra overcame barriers to acquiring the bulbs, such as poor awareness of the benefits and belief that they could not be easily installed.

Previous research highlighted that although energy efficient bulbs had been available on the UK market for several years, they were outsold by traditional incandescent bulbs. This suggested that consumers were not fully aware of the benefits of using more energy efficient products and in some cases, did not have the necessary information to realise they would not have to replace their existing light fittings.

Defra used four principles – encourage (give the right signals), enable (make it easier), engage (get people involved) and exemplify (take the lead) – to design policy with a combination of approaches:

- **Encourage:** the Carbon Emissions Reduction Target Programme provided free light bulbs for households

- **Enable:** a voluntary agreement with retailers will end the sale of incandescent bulbs by 2011. Minimum standards are also being implemented to gradually phase out the most inefficient products, giving consumers

greater confidence in their purchase choices. They also encourage producers to concentrate production on more efficient products

- **Engage:** information on the benefits of energy-efficient light bulbs and their compatibility with current lighting systems was provided via the 'Act on CO2' national carbon reduction campaign. Efficiency rating labelling provides point of sale information

- **Exemplify:** the voluntary agreement with retailers is a good example of government and retailers taking a lead on environ-ment action.

Total sales of low energy light bulbs reached £41 million in 2007, up from £18 million in 2005 and £26 million in 2006.

India: HIV/AIDS prevention in Tamil Nadu[9]

The southern Indian state of Tamil Nadu has a population of 62 million people. Studies have shown that in India, HIV is spread by sexual contact in 74 per cent of cases. To tackle the steep rise of the virus in Tamil Nadu in the 1990s, the state government formed the Tamil Nadu State AIDS Control Society (TNSACS). Until 1994, the state took a draconian approach to the problem, forcibly testing and incarcerating female commercial sex workers. When this practice finished, TNSACS was set up to allocate funds to local NGOs. Responsibility for coordinating their activities was given to the NGO AIDS Prevention and Control Project (APAC).

To increase condom use by CSWs and other high-risk groups, a two-pronged approach was used. APAC trained 8,000 peer educators, based on the principle that those best placed to encourage the behaviour were the CSWs themselves. There was also a broader mass communications campaign aimed at the general population. Together, these covered audiences for condom use on both the 'supply' and 'demand' sides (CSWs and their customers).

To measure the programme's impact, APAC carried out annual behaviour surveillance surveys. Based on 13,000 personal interviews with a variety of audience segments such as CSWs, truck drivers and male and female factory workers, the new data ensured the programme could meet new challenges and remain effective.

The percentage of CSWs using condoms rose from 51 per cent 1996 to 91 per cent in 2000. Among truck drivers, it rose from 55 per cent to 83 per cent.

Madagascar: 'Safe Water Saves Lives'[10]

Diarrheal disease is the second leading cause of death in children under five worldwide. In Madagascar, 75 per cent of people lack access to safe water, with 88 per cent of diarrheal disease linked to unsafe water. In 2000, the Madagascan government formed a partnership with a number of NGOs – principally Population Services International (PSI) and CARE – and the US Centers for Disease Control and Prevention, to reduce levels of diarrheal disease.

The campaign targeted 15 to 49 year-old mothers or carers of children under five. PSI used a research tool called a Tracking Results Continuously (TRaC) survey to stay informed about behaviours of the at-risk population in relation to water treatment. The research revealed a number of barriers to treating water in the home. As well as lack of knowledge and misconceptions about the dangers of contaminated water, traditional methods of water gathering were prominent and it was assumed that treating water was costly, difficult and time-consuming. The TRaC survey also revealed an important behavioural insight – that women would be influenced both by their perceived ability to carry out water purification, and the 'social norms' of their communities' water sanitation habits.

A simple, economical water purification product was developed, and branded *Sur'Eau* (Safe Water). It was able to compete with other methods,

such as boiling, solar-disinfection or bottled water, because of its relatively low price, simplicity and reliability. Targeted communications that emphasised this were delivered through channels which most effectively reached the audience, such as a bespoke radio 'edutainment' series. Trusted community members and specially-trained women's associations were used to distribute Sur'Eau and pass on hygiene and water safety messages.

The campaign was also able to boost sales after they began to slow after the third year. A smaller bottle for the solution was developed and tested with the target audience. It was found to be acceptable and its reduced size meant it could be sold more cheaply. Sales jumped immediately.

The programme, which continues to develop, is estimated to have prevented more than 441,000 cases of diarrhoea so far.

Australia: tackling drink-driving[11]

In Australia, alcohol-related car crashes kill over 4,000 people a year and hospitalise many more. In 1989, Victoria – its most populous state – began a campaign to bring together existing legislation with enforcement and advertising to effectively change attitudes and behaviour.

The Transport Accident Commission (TAC) of Victoria, a government organisation, faced an intractable problem: drinking was ingrained in Australian culture, as was car ownership. Both were particularly important in rural areas, with their remote communities and vast open spaces. Taken together, this amounted to a major cost to the audience of giving up the problem behaviour, that had to be outweighed by the benefits

of not drink driving. The TAC had to use enforcement of legislation alongside the consequences of drink driving to raise the costs and reduce the barriers to carrying out safer alternatives.

To do this, it needed to make the most of existing enforcement – such as random breath tests – as well as the social consequences of the behaviour, such as killing loved ones and acting in a way that was not in the best interest of the community. It segmented the broad audience of Australian motorists and the entire Victorian community, with advertisements aimed at different segments. Families, younger drivers and rural drivers had different viewpoints and motivations – for example, taking care of the family against acceptance by friends. They also had to

demonstrate the benefits of alternative behaviours, such as taking a cab or nominating a designated driver.

As well as the ingrained 'social norm' of drinking and driving, there were other barriers to overcome. The 'bush telegraph', an informal rural network in which motorists warned others of the locations of police breath-testing locations, contributed to road deaths as drivers used alternative but more dangerous routes. Also, drivers' good intentions not to drink drive often changed once they had become drunk. It meant that messages through billboards, television and online, had to be carefully targeted and localised to have the most effect, reaching the audience at the right moments and in

the right places. The adverts themselves combined 'shock tactics' and emotional appeals with education. Scenes of drunk drivers killing themselves and others were paired with information showing the effects of various amounts of alcohol on drivers' abilities.

Alcohol-related deaths on Victorian roads dropped from over 100 in 1989 to around 50 in 2000. To date, death rates remain more than 50 per cent lower than at the campaign's start. Drink driving has virtually ceased.

Defining and describing

A formal definition

Social marketing is:

an approach used to develop activities aimed at changing or maintaining people's behaviour for the benefit of individuals and society as a whole.

To help describe social marketing's key principles, The NSMC have developed the social marketing benchmark criteria. We reviewed behaviour change programmes to discover the elements that contributed to their success. They demonstrated all or many of the following elements:

- **Clear behavioural goals**
- **Customer orientation**
- **Theory**
- **Insight**
- **Exchange**
- **Competition**
- **Segmentation**
- **Methods mix**

The benchmarks are not a social marketing process, but the elements that can improve the impact of an intervention. Other factors, such as strategic planning, partnerships, stakeholder engagement and monitoring and evaluation, are also important. The benchmark criteria are set out, along with planning advice and tools, on the The NSMC's online *Planning guide and toolbox*, available at www.thensmc.com.

Benchmark criterion 1: BEHAVIOUR

Change people's actual behaviour

Influence specific behaviours, not just knowledge, attitudes and beliefs

Set clear, specific, measurable and time-bound behavioural goals, and establish baselines and key indicators

Understanding behaviour – some basic starting points

Behaviour is a pattern of actions over time; the action or reaction of something under specific circumstances.

It is inherently dynamic – that is, subject to change and variation in different contexts and at different times.

It is rare to find behaviour demonstrated consistently across a whole group of people.

Much routine daily behaviour is about habit and does not necessarily involve conscious and active considerations.

Starting from an under-standing of an audience's attitudes, hopes, wishes, desires and other motivations is generally more productive than trying to identify and fill information gaps.

Understanding people's emotional engagement is critical.

The customer in their wider social and environmental context

Good social marketing does not focus on people as isolated individuals, but considers them in their wider social and environmental context. Their behaviour will be affected by a range of factors.

Effective social marketing considers:

1. Factors within the individual's control; e.g. lifestyle options and choices

2. Factors outside the individual's control; e.g. environment, service access options, employment opportunities and housing

Benchmark criterion 2: CUSTOMER ORIENTATION

Focus on the audience. Fully understand their lives, attitudes and current behaviour using a mix of data sources and research methods

Go beyond interviews and focus groups – use ethnographic techniques too

Use a range of research analyses and combine data from different sources (qualitative and quantitative)

Gain key stakeholder understanding and feed it into methods mix development

Pre-test interventions with the audience

Involve people – don't treat them as research subjects

The customer triangle – showing the customer is at the focus of all social marketing projects

BEHAVIOUR
Behavioural goals
Behavioural theory

'INSIGHT'

'EXCHANGE'

'COMPETITION'

INTERVENTION
AND METHODS MIX

AUDIENCE
SEGMENTATION
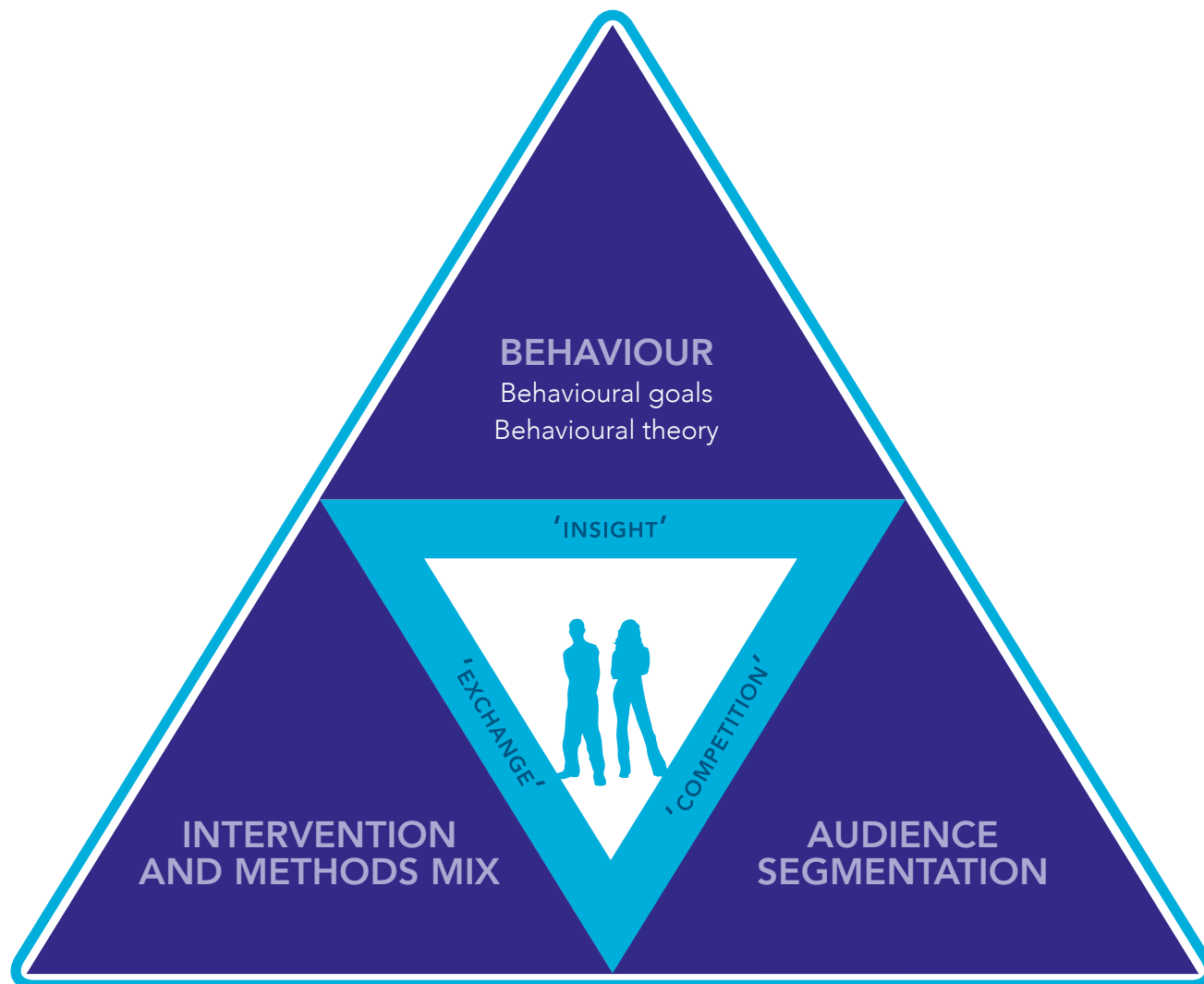
Traditional approaches often start from the perspective of the legislator, programme designer or policy maker

Social marketing takes a customer-focused approach

Traditional approach
EXPERT-DEFINED OBJECTIVES AND TARGETS
STRATEGIES: PROGRAMMES AND PLANS
IMPLEMENTATION: ADAPT TO CONSUMER WANTS AND NEEDS
EVALUATE PROGRAMME AND PLANS

Social marketing approach
CUSTOMER WANTS AND NEEDS
POLICY OBJECTIVES AND TARGETS
MARKETING STRATEGY
EVALUATION
LEARNING AND REFINEMENT
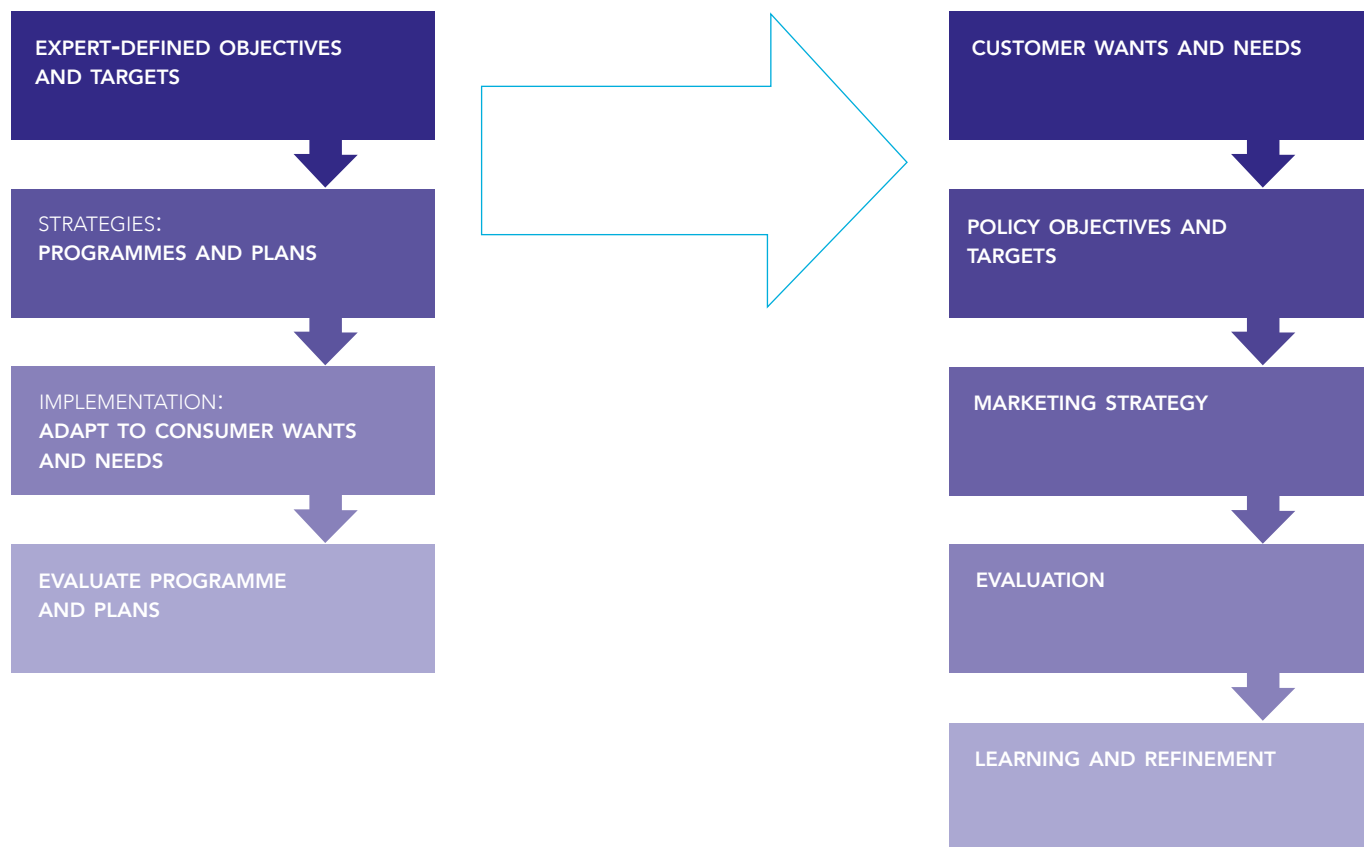
Example: tobacco and young people

What happened when we told teenagers that tobacco was bad for their health?

'Like piercing or dying hair, using tobacco is a tool of rebellion'

It is a 'significant, visible and readily available way to signal that they are in control!'

(Hicks, Crispin, Porter & Bogusky)[12]

The American Legacy Foundation's *truth* campaign aims to prevent young people from smoking. Armed with the knowledge that young people were using tobacco as a way of rebelling, an exchange was offered to the young people – 'if you want to rebel, we will give you the tools'. The truth team exposed some of the tobacco industry's marketing practices and gave the teenagers innovative tools to rebel against the industry. Since truth was launched, it has continued to have a positive impact on behaviour.

Benchmark criterion 3: THEORY

Use behavioural theories to understand behaviour and inform the intervention

Identify theories after conducting customer orientation research

Use theory to inform and guide the methods mix

Test theoretical assumptions as part of the intervention pre-testing

Human behaviour is complex. However, by following a theory, you can gain a greater understanding of your target audience and the factors that influence them and their actions.

Theory helps you to see the broader picture. It provides a structure or 'road map' to guide your examination of the behaviours you are dealing with.

Theoretical assumptions should be tested as part of the developmental process. You should try to find the most appropriate theory based on what you know about your target audience's behaviour, rather than apply one you are most familiar with. Select a theory after you have gathered information about your audience and the behaviour as part of your customer orientation work.

There are a wide range of behavioural theories which have been used in social marketing projects:

- The 'Time to Change' programme run in partnership by MIND and Rethink used **Social Contact Theory**: discriminatory attitudes and behaviours can be challenged by bringing people in direct contact with each other

- A successful smoking project in Stockport used **Stages of Change theory**. It accepts that quitting is a process, not a one-off event, aiming to move people from pre-contemplation of a new behaviour, through contemplation, towards action and maintenance

Details of how these theories and others have been used in social marketing projects can be found on ShowCase:
www.thensmc.com/resources/showcase

Benefits of using behavioural theory:

- It can help you to identify different segments within your audience. Theories like Stages of Change are very helpful in this regard

- It can help you explain why people might do what they do. It can enable you to put people's behaviour in a context that can shed light on their reasons for acting (or not acting)

- It can help you decide what type of intervention you need to change people's behaviour. Many theories also include potential strategies for change that can help shape the intervention.

Behavioural theory is explained in detail in module 5 of The NSMC's e-learning course: *Insight into action*.

Benchmark criterion 4: INSIGHT

Customer orientation lets you identify 'actionable insights' – pieces of understanding that will lead intervention development

Gain a deep understanding of what moves and motivates the target audience and influences the behaviour

Identify emotional barriers (such as fear of testing positive for a disease) as well as physical barriers (such as service opening hours)

Use insight to develop an attractive exchange and suitable methods mix

Insight definition

A deep 'truth' about the customer based on their behaviour, experiences, beliefs, needs or desires, that is relevant to the task or issue and 'rings bells' with target people.

gcn.civilservice.gov.uk

Insights include two types of barrier:
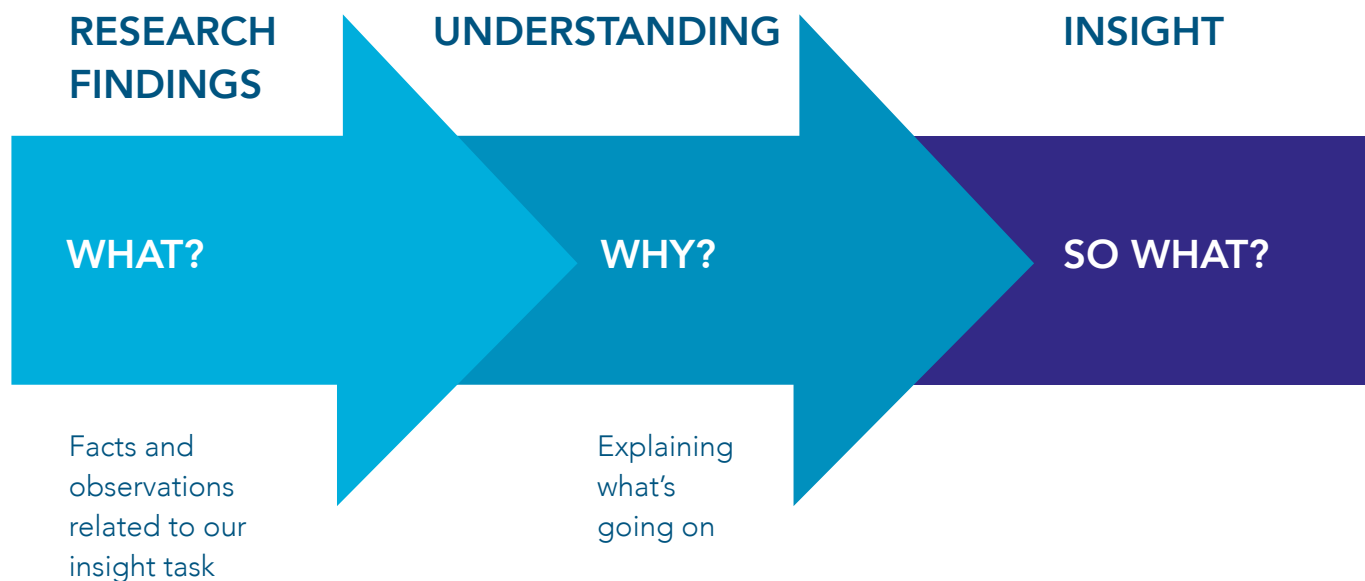
Tangible barriers

These are barriers that can be addressed through changes to the physical environment. For example, a current service may be underused because it is not open after 5pm, preventing many working people from attending. It is important to try and reduce these barriers through your methods mix (for example, longer opening hours for those who work, or services provided in the workplace).

Emotional barriers

Only addressing the tangible barriers may not bring about the behaviour change. Social marketers are often trying to change complex behaviours which are the 'social norm'. Barriers to the behaviour change are often emotional. For example, women may not attend their mammogram appointment because they fear finding a lump. By solely changing service opening times, and ignoring the emotional reason, it is unlikely that behaviour change will occur.

It is important that both types of barriers are addressed.

Insight is more than just pieces of data. It is what the data can tell us about people's feelings, motivations and current behaviour

RESEARCH FINDINGS	UNDERSTANDING	INSIGHT
WHAT?	WHY?	SO WHAT?
Facts and observations related to our insight task	Explaining what's going on	

Source: Government Communications Network

Example: **rear seat belts**

RESEARCH FINDINGS

UNDERSTANDING

INSIGHT

- 85% believe they won't have an accident on a short journey/locally
- People believe they can control their movements in the back seats
- 86% believe they aren't at risk on short journeys

- 'It won't happen to me - I'm in control'

- People believe they are in control in the back, but they can't be in reality
- Most fatalities are not to unbelted back seat passenger
- Only 6% of fatalities are on long journeys or motorways – most are in day-to-day travel

- Biggest risk to front seat passengers on short local journeys

- Young people feel safe in the back
- Young people shocked when confronted by statistics

- Risk to self not important – risk to others shocking

'I don't want to live with the guilt of killing someone else'

Source: Government Communications Network

Benchmark criterion 5: EXCHANGE

Consider benefits and costs of adopting and maintaining a new behaviour; maximise the benefits and minimise the costs

Analyse the perceived/actual costs versus perceived/actual benefits
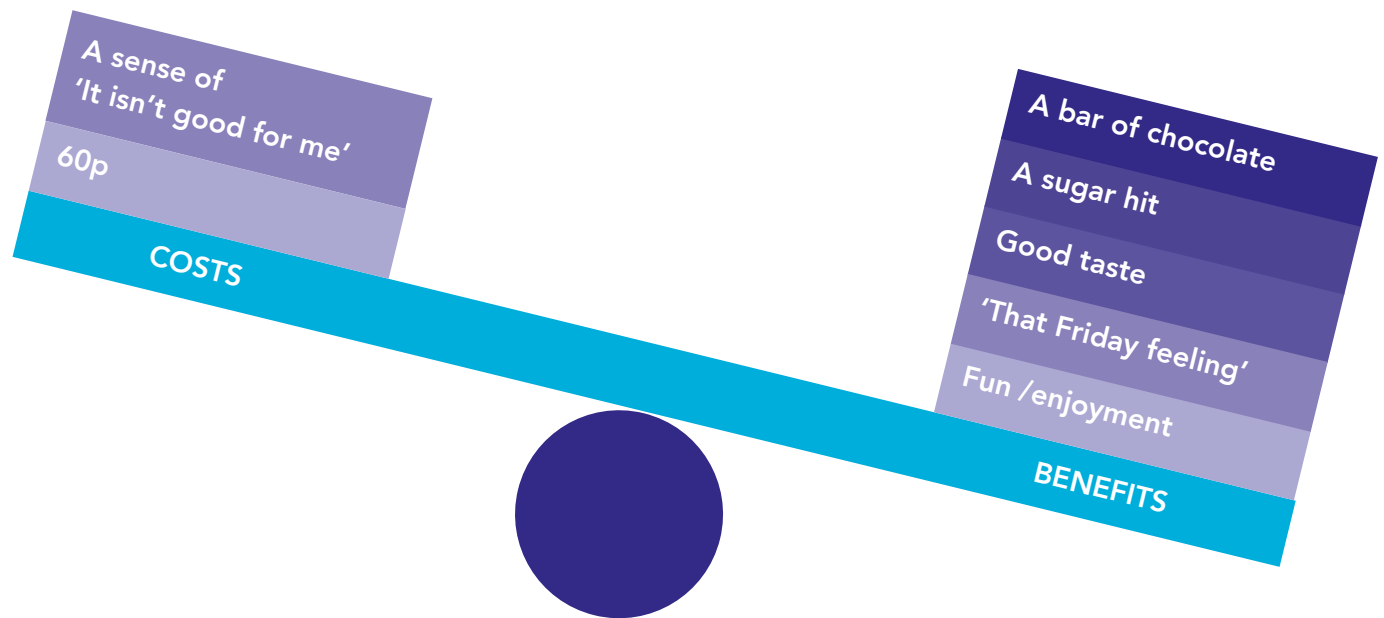
Consider what the target audience values: offer incentives and rewards, based on customer orientation and insight findings

Replace benefits the audience derives from the problem behaviour and competition

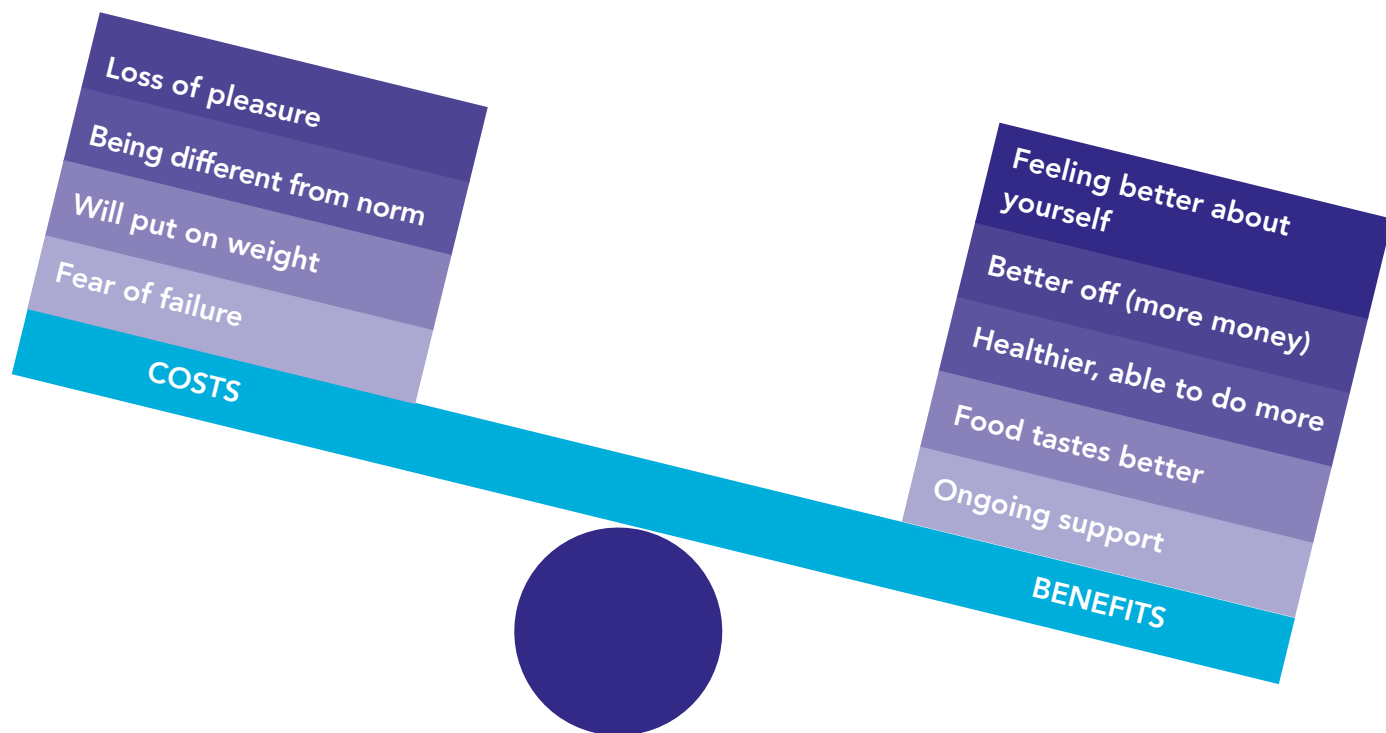The exchange you offer is clearly linked to 'price' in the methods mix

'Exchange' concept

- Exchange is 'the exchange of resources or values between two or more parties with the expectation of some benefits'[13]
- Whether consciously or sub-consciously, people go through a cost-benefit analysis at some level before they decide to act. The social marketer's task is to ensure that the benefits associated with the desired behaviour are equal to or greater than the costs

A sense of
'It isn't good for me'

60p

COSTS

A bar of chocolate

A sugar hit

Good taste

'That Friday feeling'

Fun /enjoyment

BENEFITS

Example from the commercial world:
Cadbury's 'Crunchie' chocolate bar

Social marketing example:
giving up smoking

Loss of pleasure

Being different from norm

Will put on weight

Fear of failure

COSTS

Feeling better about yourself

Better off (more money)

Healthier, able to do more

Food tastes better

Ongoing support

BENEFITS

When offering an exchange, don't just look to reduce the barriers. Are there any incentives and benefits you can give the target audience based on what they value?

When looking to stop the problem behaviour, try to identify and replace the benefits they currently receive from doing it.

For example, drinking alcohol gives young people a sense of confidence, making them feel sexy and 'part of the gang'. If you want them to stop drinking, or reduce the amount they drink, your intervention must look to replace the benefits they currently receive from drinking alcohol.

Example: **Binge drinking**

Problematic behaviour:

• Underage kerbside binge drinking

Current benefits received from doing the problematic behaviour:

• Sense of freedom
• Friendship groups
• Increased confidence

Benchmark criterion 6: COMPETITION

Understand what competes for the audience's time, attention, and inclination to behave in a particular way

Address direct and external factors that compete for the audience's time and attention

Develop strategies to minimise the impact of competition, clearly linked to the exchange offered

Form alliances with or learn from the competing factors

Definition

In the commercial world, competition is defined as:

- Other organisations offering similar goods or services

In social marketing, competition is defined as:

- The current or preferred behaviour of the target segment

Often, the competition is thought to be the companies themselves. However, it is what the company offers your target audience which is the actual competition. For example, McDonald's offers:
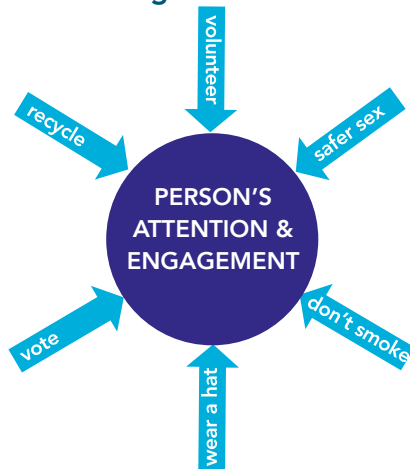
- Fun
- Convenience
- Cheap food which fills you up
- A child-friendly environment

Example competition:
Healthy school meals

- Packed lunches
- Going home for lunch
- Buying food from the local shops

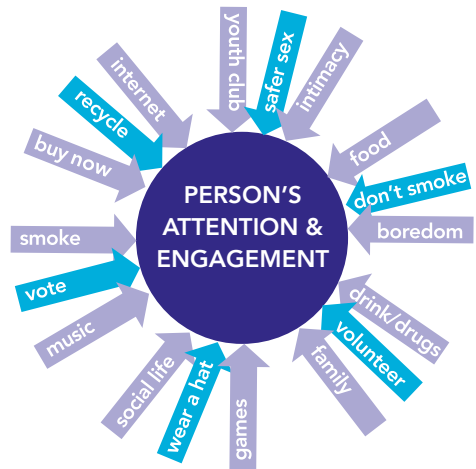**The diagrams below show how cluttered with competing influences and messages people's lives can be.**

'Our' mission and messages

Everyday life

Reality check

Benchmark criterion 7: SEGMENTATION

Avoid a 'one size fits all' approach: identify audience 'segments', which have common characteristics, and tailor interventions appropriately

Segmentation is made possible by the customer orientation and insight work

Don't only rely on traditional demographic, geographic or epidemiological targeting

Draw on behavioural and psychographic data

Identify the size of your segments

Prioritise and select segments according to clear criteria, such as size and readiness to change

Directly tailor interventions in the methods mix to specific audience segments

What is segmentation?

The process of dividing a market into distinct subsets
of customers that behave in the same way or have similar needs.

There is NO SUCH THING as 'targeting the general public'!

Common variables

Demographic

Age   Education
Gender   Religion
Family size   Race
Income   Generation
Occupation   Nationality

Geographic

Country or region
Postcode
City/inhabitants size
Density – urban/rural
Climate

Behavioural

Occasions – regular, social
Benefits – quality, service, convenience
User status – non-user, ex-user, potential
Usage rate
Loyalty status
Readiness stage
Attitude towards product

Adapted from Kotler, Roberto, Lee (2002)

Psychographic

Attitudes
Motivations
Personality
Values/beliefs
Social class
Lifestyle

Cost-effective segmentation

To maximise return on investment, limited resources can be focused on the segments whose characteristics make them most likely to change their behaviour.

The TARPARE[13] method is a useful way of considering different segments and identifying one to target.

T	Total number: is the segment large enough?
AR	**Proportion of at-risk people in the segment (greatest reduction in costs if behaviour changed)**
P	**Is the segment easily persuaded? Are they likely to persuade other people in the segment? Less resources will be needed to effect change**
A	**Is the segment easy to access? Again, less resources are needed to make an impact**
R	**Resources required to meet the needs of the segment**
E	**Equity, the need to target specific disadvantaged segments**

Using the TARPARE method

The U.S. Centers for Disease Control and Prevention 'Take, Charge. Take the Test' intervention to increase HIV/AIDS testing used the TARPARE method to identify a priority segment among a large potential group.

More than one million people lived with HIV/AIDS in America. 40,000 were infected each year, two-thirds by people who did not know they were infected. The intervention's behavioural goal was to increase testing for HIV/AIDS three to six months after unprotected sex. Existing data revealed two potential groups for increased testing:

• Men who have sex with men (MSM)
• African American adults

MSM represented most new AIDS cases (42%) but data revealed they got tested more regularly. It was therefore decided to focus on African American adults.

Health data was used to further define the group, focusing on 18 to 34 year-olds. Five potential groups were identified by their sexual behaviour:

• Men who have sex with men only
• Men who have sex with men and women
• Men who have sex with women only
• Single women who have sex with men only
• Married women who have sex with men only

TARPARE enabled the intervention to target **African American women who have sex with men only.**

T	A large group representing 42 per cent of all African Americans aged 18 to 34
AR	Research showed that 40 per cent had not been tested in the last year and 44 per cent were not using protection
P	Research revealed that this segment was easier to persuade than men – 99 per cent wanted to know their HIV/AIDS status
A	They were relatively easy to access. Various media and community groups existed that specifically targeted them
R	They were influential over their family, friends and partners, so they could make resources more effective
E	The need among this group was evident so it was appropriate to target them

This enabled the segment to be defined as:

- Single African American women
- Aged 18 to 34
- Who earned less than $30,000 annually
- Who had no or some college education
- Who lived in high HIV prevalence areas
- Who had unprotected sex with men

Benchmark criterion 8: METHODS MIX

Use a combination of approaches to bring about behaviour change. Don't rely solely on raising awareness

Use all four Ps (product, price, place and promotion) or primary intervention methods (inform and educate, support, design and control)

Use promotion to 'sell' the product, price, place and benefits to the target audience, not just to communicate a message

Consider existing interventions to avoid duplication

Create a new brand, or leverage existing brands that the target audience value

Keep your methods and approaches financially and practically sustainable

There are four primary ways of influencing behaviour

Most successful behaviour change and social marketing programmes use at least two elements.

1. Inform and educate:
What can we do to advise, build awareness, encourage and inspire? What can we do to improve knowledge, understanding and skills?

- Example: a health organisation trained health professionals to address sexual health issues with young people. This gave them the confidence to encourage the young people to have a health check

2. Design:
What can we do to shape the environmental and physical context – design, engineer, increase availability/ distribution?

- Example: a local authority encourages motorists to slow down by planting trees by the road. Arranging them unequally creates the impression that the road is narrowing, causing drivers to reduce their speed

3. Support:
How and what can we do to provide support?

- Example: a stop smoking programme lets members of the community choose their preferred venues for its services

4. Control:

What constraints or incentives can we use – legislation, regulation, enforcement, standards?

- Example: European Commission law that sets targets for recycling prompts European governments to address recycling behaviour
- An intervention to encourage young, pregnant women to quit smoking offers shopping vouchers for every week that they can prove that they are smoke-free

- There are many examples of where 'control' has been used effectively to create behaviour change – for example, smoking legislation

- However, often 'control' is not an option and social marketers work to achieve a voluntary behaviour change

- They offer people an exchange they will value using any of the four domains of influence

- 'If I do X, you will do Y'

The methods mix must be based on an in-depth understanding of the target audience

It is based on commercial marketing's four Ps. This is a model used by commercial marketers to plan the decisions they must make to satisfy customer needs better than the competition.

There are four principle marketing 'tactics' used to achieve marketing objectives:

- **Product**
- **Price**
- **Place**
- **Promotion**

Product

This includes all products and services to help the target audience achieve the behaviour change.

It could mean putting recycling bins into a block of flats, or developing a new service to help people quit smoking.

Adapting existing products to meet changing consumer trends.

Instead of creating a new product, look to develop your existing products to meet the different segment needs.

Commercial companies do this frequently, by expanding their product range:

- Coca-Cola (the original)
- Coke Zero (developed to appeal to men conscious of their weight)
- Diet Coke (developed to appeal to people conscious of their weight (mainly women))
- Caffeine-free Coke
- Cherry Coke
- Other special editions – such as coke with lemon

A social marketing project to get more children eating healthy school meals developed their existing product:

- Menus were redeveloped to be healthier and more appealing
- The canteen was refurbished to look more like a high street fast food outlet
- A reward scheme was introduced to incentivise healthy options
- A 'fast track' queue was introduced for those buying healthy options

Price

The *price* is the cost that the target audience associates with adopting the new behaviour.

It should be integrated with the benchmark: exchange.

Costs may be monetary or non-monetary, such as:

- Time – 'I have to find the time to recycle my old fridge'
- Physical cost e.g. effort – 'I have to carry it to the recycling point'
- Psychological costs e.g. fear – 'I'm afraid of the youths who hang around near the recycling point'

Place

Place is where and when the target audience will perform the desired behaviour, acquire any related tangible objects, and receive any associated services.

We live in an environment where time is in short supply and a valuable commodity – so convenience is is often a key element of success.

To encourage men at risk of high blood pressure to get checked, screening was made available at community events and supermarket car parks. This was because:

- They tended to frequent these places in the evenings or at weekends
- They tended to have time available at these places
- They were often at these places with their families, who were likely to prompt them to get their blood pressure checked

Promotion

Promotion is the final component of the marketing mix.

It is used to communicate the product benefits, its value in relation to the competitors and the place where it is available.

It should not just communicate a message, such as 'smoking kills'; or 'don't drink and drive'.

A stop smoking project for pregnant women did not use promotion to say, 'smoking harms your baby'.

Instead, they promoted an offer to mums:
'You don't have to give up your 'me time' to give up smoking'.

This articulated a benefit of the intervention – it offered mums 'me time' via a new support group.

The benchmark criteria are not a 'tick box' checklist – the concepts are integrated.

1. BEHAVIOUR
Underpins all other benchmarks as the focus of the intervention, strategy or policy

2. CUSTOMER ORIENTATION
Key customer understanding is fed into methods mix development

3. THEORY
Appropriate behavioural theory is used to inform and guide the methods mix. The most appropriate theory to use can be derived from the customer orientation work

4. INSIGHT
Generated from the customer orientation research. Used to develop an attractive exchange and suitable methods mix

5. EXCHANGE
The exchange is clearly linked to 'price' in the methods mix – benefits of the positive behaviour are maximised and costs are minimised

6. COMPETITION
The impact of the competition is minimised through the exchange offered. Alliances with the competition may also be formed as part of the methods mix
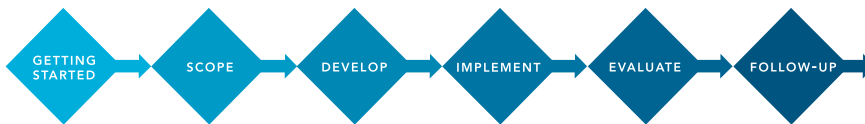
7. SEGMENTATION
Drawn from the customer orientation and insight work. Interventions in the methods mix are directly tailored to specific audience segments

8. METHODS MIX
Developed using learning from the other seven benchmarks

The six stage
planning process

GETTING STARTED → SCOPE → DEVELOP → IMPLEMENT → EVALUATE → FOLLOW-UP

Visit The NSMC's *Planning guide and toolbox* at www.thensmc.com for detailed information, tools and support for carrying out the social marketing process.

GETTING STARTED

Before you start your social marketing project, it is useful to do some initial planning. This will help you to find out whether you have the support to carry it through.

There are four areas that you should think about at this stage:

1. The issue or challenge you want to address
2. The resources and assets you might be able to draw on
3. Potential risks
4. Initial timescales

You may also want to think about how much original research into your target audience you will need to carry out and if you will need to commission external help to do it. If you do feel extra support will be needed, a good source of advice and guidance is The NSMC's *Procurement guide for social marketing services*.

OUTPUT: A 'challenge statement', describing the issue you will address and clarifying who is affected.

The *getting started* stage is covered in module 1 of The NSMC's e-learning course.

CHALLENGE STATEMENT EXAMPLE:
Increasing use of stop smoking services

What is the issue?
42% of people in our borough smoke (against a national average of 22%). In areas where people continue to smoke, rates of cardiovascular disease and cancer are well above average.

Yet only 3% of smokers use our stop smoking service, despite the fact that it is four times more effective than using will power alone.

Who is affected by it?
An area in the borough has the highest smoking prevalence and mortality rates from cardiovascular disease and cancer. Across the borough 'routine and manual workers' have the highest smoking prevalence.

What current policies or organisational objectives concern this issue?
Organisational targets to increase our service reach and quality, and to increase the number of quitters.

What is our challenge? (The behaviour we want to change or maintain)
Our challenge is to increase the number of routine and manual workers who smoke in the area of high prevalence using our stop smoking service.

SCOPE

The scoping phase is where you consider which interventions to select, based on what is most likely to achieve and sustain the desired outcome, given your resources.

Typically, scoping involves:

- Bringing people together who might be important for the intervention
- Forming a steering group and reviewing expectations and resources
- Investigating what has already been done
- Analysing factors that may affect the issue and what you can do about them
- Getting the information you need to forge ahead by carrying out both secondary and primary research

It is critical to develop a complete understanding of your audience and what motivates them to behave in the way they do, including the key influences, incentives and barriers. You may want to segment your audience, allowing you to prioritise and target the intervention. Behavioural goals need to be set and monitoring and evaluation methods must be decided.

The *scoping stage* is modules 3,4 and 5 of The NSMC's e-learning course.

To help with scoping, The NSMC's online *One Stop Shop* has a range of unpublished research studies. It is free to the public sector in England: www.thensmc.com/oss

OUTPUT: A written scoping report, summarising your work to date and setting out the rationale for the interventions.

SUMMARY SCOPING REPORT EXAMPLE:
Reducing harmful drinking

England's Department of Health carried out a detailed scoping stage as part of its efforts to tackle problem drinking. Its aims were to:

- Understand the issue and impact of harmful drinking
- Map the extent of the problem
- Identify initial insights from public and commercial data

Several important insights were identified, which informed and were addressed by the project:

- There was widespread ignorance about the health consequences of heavy drinking, the Government's 'sensible drinking' guidelines, and how to apply them
- People can take up harmful drinking at various points in their lives. The strategy therefore needed to consider all drinkers, rather than just individuals who are drinking at harmful levels
- Frequency of consumption was identified as a key indicator of harmful drinking
- Males over 35 were identified as being most at risk

- Although harmful drinkers may appear to be motivated by the same factors as the rest of the population, they are in fact passionate about alcohol and drink plays a central part of their lives
- While higher social and economic groups consume more alcohol, lower social and economic groups experience greater alcohol-related harm

DEVELOP

This is where the interventions selected as a result of scoping are taken forward. By this point you should have a good understanding of your audience. You will have analysed their behaviours and set goals, engaged with key stakeholders and produced a scoping report.

You are now in a position to develop a specific programme, campaign or intervention.

It is crucial to pre-test ideas with the audience. Check that the evidence and assumptions are relevant and actionable, and adjust plans accordingly. Plan your methods mix, maintaining stakeholder engagement and, where appropriate, building a working relationship with external partners.

OUTPUT: A social marketing plan with SMART (specific, measurable, achievable, realistic and time-bound) objectives.

The *development stage* is covered modules 5 and 6 of The NSMC's e-learning course.

SMART OBJECTIVE EXAMPLE

A health organisation in the East of England wanted to increase the numbers of young people who were being screened for chlamydia.

Its aim was to meet the annual target of screening 25 per cent of 15 to 24 year olds.

Segmentation in the scoping stage revealed a number of potential target audiences. But because of limited resources, they decided to focus on just one – the screening providers, rather than the young people.

The following SMART objective was decided on:

Increase the chlamydia screening of 15 to 24 year olds at screening sites in the area to 25% by the end of March 2010.

IMPLEMENT

This is where your social marketing intervention goes live. What happens in this stage will differ for every intervention, but there are a number of tasks that you should try to undertake:

- Preparing for the intervention launch
- Spotting opportunities and dealing with problems during delivery
- Monitoring and evaluating the process as it unfolds
- Gathering feedback from staff and stakeholders involved in delivery
- Monitoring the wider environment for any changes or developments that might affect the intervention

Depending on the feedback from your stakeholders, you may be required to adjust the implementation plan.

KEY CONCERN: Achieving the desired impact on the audience's behaviour within the timescale you have identified.

The *implementation stage* is covered in module 7 of The NSMC's e-learning course.

MONITORING PERFORMANCE AND ENGAGING STAKEHOLDERS EXAMPLE

New Zealand's Campaign for Action on Family Violence 'It's Not OK' programme found key strengths in engagement and monitoring.

Campaign designers used a model of 'listening leadership', in which all stakeholders had a voice and were able to contribute to the campaign dialogue, without losing focus on the campaign's ultimate audiences.

Flexibility and adaptability are important to the campaign's continued success. The social context of views about family violence is complex. It includes the value and status of children, gender roles and relationships, general attitudes to violence, crime and punishment, and the acceptability of state intervention. The campaign acknowledges that it must be prepared to change any strategies that no longer resonate with the audience.

EVALUATE

At this stage, you formally review the intervention's impact. The aims of evaluation are to identify the strengths and weaknesses, determine if it is making a difference, and measure its return on investment. You will be required to gather detailed information about how the intervention has worked and what it has achieved.

You should gather the type of data that will allow you to measure success or failure against the original aims and objectives. Because it can take time until an intervention's full effect on behaviour can be seen, try to identify interim changes that will allow you to check if you are moving in the right direction.

You should have planned how you are going to evaluate your intervention earlier in the process. This includes deciding on short, medium or long term indicators for measuring the change in people's knowledge, attitude, and behaviour.

As well as the outcomes, the actual process of the intervention should be assessed.

To help with evaluation and planning, The NSMC's free Value for Money tools help to calculate the cost-effectiveness of your health interventions: www.thensmc.com/resources/vfm

OUTPUT: An evaluation report, setting out the original objectives, methods used, outcomes identified and recommendations for further action.

The *evaluation stage* is covered in modules 6 and 7 of The NSMC's e-learning course.

EVALUATION EXAMPLE

Transport for London's (TfL) 'Smarter Travel Sutton', a project to increase sustainable transport in a London borough, developed an evaluation plan three months before the project began. TfL carried out a baseline survey, and repeated it every three months to measure the difference.

They were aiming for a five per cent decrease in car use and achieved six per cent – beating the overall objective. They also saw some good gains in cycling, walking and bus use. Overall, the project was found to be popular and well-received by local people..

FOLLOW-UP

The follow-up stage is when the results of the evaluation are considered by you and your stakeholders. Implications are digested and forward plans made. This helps to ensure that you, your organisation and stakeholders learn from the experience and the learning is captured for future work. It is also an important opportunity to recognise and thank those involved.

Sharing evaluation findings enables future developments and interventions to build on your successes and failures. This increases the chance that successful interventions will enter mainstream practice.

The *follow-up stage* is covered in module 7 of The NSMC's e-learning course.

FOLLOW-UP EXAMPLE:
sharing learning

Smarter Travel Richmond was developed after the Sutton project, building on its experiences.

TfL allowed a longer planning period for the Richmond project. This enabled more research into the barriers faced by the target audience.

Learning from the Sutton project was presented at a conference to other London boroughs. They also produced a paper for senior transport staff at these boroughs on replicating Smarter Travel on a smaller scale.

Lessons from the field

The following top tips have all emerged from The NSMC's work with local public sector organisations on pilot social marketing projects.

1. Dedicate local project management and senior support

Appoint a project manager with proven experience of delivering projects to time and budget and who will dedicate sufficient time to the project. However, the success of a project should not rest on the shoulders of one individual. Staffing changes and absences can cause the project to lose momentum, potentially leading to huge delays.

2. Conduct a focused and rigorous scoping stage

To increase efficiency during the scoping stage, first clarify with your sponsors, commissioners and key project staff what the priorities, timescales and resources are for the project. This will help you concentrate your efforts on what is important and achievable. Make use of existing data where possible, checking its relevance to your area. In some cases, the reasons why people in one region think or behave a certain way are relatively similar to those of another region.

3. Plan evaluation from the outset and draw on external expertise

Partnering with an academic institute can be a cost-effective way of acquiring external research and evaluation expertise and capacity. They can help you design an evaluation strategy and draw on post-graduate students to collect and analyse data. Make sure you start planning your evaluation at the start of your project – universities can help you define meaningful objectives and outcome measures and ensure that data collection methods are in place before you implement.

4. Involve the local community and target audience

Tap into existing community networks of colleagues within your organisation or partner organisations. Try to avoid commissioning out the community engagement work, so that local relationships developed will be with your organisation (rather than with a third party supplier) and can be leveraged for future initiatives.

5. Access expertise in social marketing

Be clear about where you need extra support and expertise. Marketing is a diverse discipline that requires a broad range of skills. Many professional marketers specialise in one particular area and it is unrealistic to expect to employ a marketer who has expertise in all areas of marketing. As your project develops, seek specialist skills as and when you require them, such as market research in the scoping stage, or creative development and media planning if you identify the need for a communications campaign.

6. Engage key stakeholders and partners and develop an effective communications strategy

Be creative and think laterally about who to include – consider the third sector, arts and recreation, media and other partners who have a stake in the issue. And don't forget your internal stakeholders – make sure your sales force (frontline staff who will promote your interventions) are engaged from the start so that you don't encounter resistance or delays when you reach the implementation stage.

7. Set clear and achievable behavioural goals

Try to be as specific as you can in defining exactly who you want to adopt what behaviour, and by when. Set short, medium and long-term objectives and be realistic about what you can expect to achieve with limited budget and time – it is not feasible to change a social norm with £20,000 and six months!

Further reading

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Gerard Hastings: *Social Marketing: Why should the Devil have all the best tunes?*, Butterworth- Heinemann, 2007

Philip Kotler and Kevin Keller, *Marketing Management* (13th Edition), Prentice Hall, 2008

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1. Central Office of Information and Department of Health, *Breastfeeding and Introducing Solid Foods*, DH, 2010

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3. Philip Kotler and Nancy Lee, *Social Marketing: Influencing Behaviours for Good* (Third Edition), Sage, 2008

4. Cass Sustein and Richard Thaler, *Nudge*, Penguin, 2008

5. Philip Kotler and Gerald Zaltman. *Social marketing: an approach to planned social change*, Journal of Marketing 35, 1971

6. Kotler and Lee, 2008

7. Dr David Halpern and Michael Hallsworth, *MINDSPACE*, Institute for Government and HM Government, 2008

8. A. Collier, A. Cotterill, T. Everett, R. Muckle, T. Pike & A. Vanstone, *Understanding and influencing behaviours: a review of social research, economics and policymaking in Defra*, Defra, 2010

9. Hong Cheng, Philip Kotler and Nancy Lee D (ed) *Social Marketing for Public Health*, Jones and Bartlett, 2010

10. Cheng *et al*, 2010

11. Cheng *et al*, 2010

12. Jeffrey Hicks, *The strategy behind Florida's 'Truth' campaign*, British Medical Journal vol. 10 issue 1, 2001

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Further support from The NSMC

Practical advice and support from experts

- If you need some fresh thinking to improve your results, we'll carry out an **expert review** of your current approach to behaviour change. Practical recommendations on how to plan, manage, implement and evaluate your projects will ensure you're able to make progress
- Need help taking a behaviour change approach forward? We can develop a **behaviour change strategy** for your organisation – ensuring you're better placed to deliver effective future programmes

- We'll **support you through developing and managing** your project, with **mentoring** offered as and when you need it. Using our 'learning by doing' approach, we bring our tried and tested behaviour change planning process to your behavioural challenge
- To help make your project happen, we can also **bring your stakeholders together** and secure their involvement in achieving your objectives
- Our **tailored, interactive workshops**, delivered by The NSMC's expert behaviour change professionals, will explore how to take an audience-led approach to your challenge – using the latest thinking in behaviour change from your sector

Implementing an effective behaviour change project on your behalf

- Whatever your behavioural challenge, our experts' unrivalled experience in **delivering behaviour change programmes** will ensure it is addressed cost-effectively. Our network of consultants and suppliers means the **best specialists** will take your project forward

Training and resources to build your organisation's capacity

- To give you and your team the skills you need to run your own behaviour change projects, we provide both **classroom and online training courses**. Devised and delivered by expert

professionals, they draw on real experience of what works

- To help ensure your staff have the right tools and support when they need them, our online **planning guide and toolbox** provides everything they need to plan and implement a behaviour change programme. Tried and tested by a range of professionals and organisations, we can develop specialised versions, tailored to meet your organisational needs

Supporting your organisation to keep your audiences at the heart of everything you do

- We'll help you **develop and conduct research** that will give you a firm foundation for a behaviour change intervention. Our experts will help ensure you get the most from your research budget

- Our **One Stop Shop** database of unpublished market research gives you the means to quickly get to grips with your audience and behavioural challenge. It will enable you to focus your research and make the best use of your resources

- If you're pushed for time, our **data synthesis** service will package up the most relevant research into your challenge held on the One Stop Shop

Providing best practice in behaviour change

- ShowCase is our **online case study database** of behaviour change initiatives. From smoking to active travel, young people to health professionals, it highlights honest learning and success from the real world on a wide range of issues and audiences

- You can follow the journey project teams took and find detailed information on the 'how' of delivering a behaviour change intervention: capitalise on others' achievements and learn from their mistakes and barriers, without having to commission expensive research

Independent evaluation

- We have specialist experience of **evaluating behaviour change** programmes of all kinds. We'll help you demonstrate the impact of your projects to your stakeholders and capture lessons to improve future work

- We'll also help you put together an **evaluation plan** that will ensure you collect the right information to effectively measure success and avoid knowledge gaps from the outset

- Working with the National Institute for Clinical Excellence and leading health economists, we've developed **tools for evaluating the value for money of your behaviour change projects**. The adaptable tools allow you to assess your work independently. They'll also help you to plan cost-effective interventions and give you the confidence that your current work is economically efficient

- To help you get the most from our VFM tools, we offer **specialist training** in evaluating value for money in behaviour change