

generating solutions to behavioural challenges

**National
Social Marketing
Centre**



Learning together

practice and progress

Social marketing learning demonstration sites

March 2009

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Foreword



This booklet sets out the progress of the National Social Marketing Centre's (NSMC) *Learning Demonstration Sites* programme. The NSMC is at the forefront in helping the Department of Health (DH) build expertise in social marketing and embed social marketing techniques into its health improvement programmes. The work carried out by the Learning Demonstration Sites exemplifies this approach and strengthens our status as the world leader in applying social marketing principles in health.

In July 2008, DH published *Ambitions for Health: A Strategic Framework to maximise the potential of social marketing and health related behaviour*. The Learning Demonstration Sites programme is an important facet of this strategic framework for building capacity and skills in the public health system. As such, we are delighted to report that good progress is underway and look forward to the successful completion of this work in Spring 2010.

Social marketing is not just the latest fad – it underpins our efforts to ensure that the consumer is always at the heart of policy-making and service delivery. The success of social marketing depends on its adoption at a local level by champions such as those involved in the development of the Learning Demonstration Sites.

Some great learning has already emerged from the sites, and key findings have been notified to policy teams at the Department of Health to inform future policy development.

I want to thank all those involved in the demonstration sites for their efforts as early adopters and champions for social marketing. I want to encourage all of you who read this booklet to go out and spread the word about the importance of developing a people-centred approach to public health.

Sarah Hendry
Director, International Health and Public Health Delivery
Department of Health

Introduction

The National Social Marketing Centre (NSMC) builds capacity and skills in social marketing, by working with others to increase its use and understanding.



As the field of social marketing in England is still developing, ten learning demonstration sites were set up with Department of Health (DH) support. The aim is to help local areas apply and integrate social marketing into their programmes and strategies, while adding to the development of a robust evidence base for social marketing. They are also a key component of DH's *Ambitions for Health* strategic framework. Based in Primary Care Trusts (PCTs) and local authorities across the country, most of the sites are now in the development or implementation stage of the NSMC's Total Process Planning framework for social marketing. As social marketing gains status in England and more and more practitioners apply it to various social issues, this booklet aims to add to the knowledge base by providing an overview of progress achieved to date by the ten sites and sharing lessons learned.

Local ownership and resources

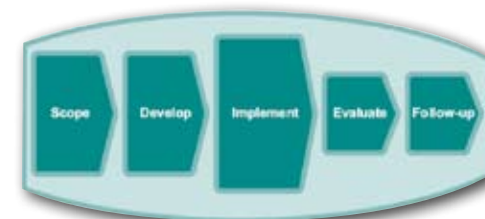
Each project is self-managed, with all key decisions made by the local partners. The NSMC's role is to support the local teams in understanding and applying effective social marketing principles in their work. This approach protects the local autonomy of partners and acknowledges that each site already has skilled and motivated staff whose engagement and ownership is crucial. In this way, each initiative aims to leave a 'learning footprint' rather than being a stand-alone project with no legacy.

The aims of the scheme are to:

- Stimulate the use and integration of social marketing into local strategic and operational planning
- Build on and develop existing skills in using and applying social marketing concepts and approaches
- Capture learning and promote effective social marketing practice
- Inform and contribute to the development and testing of a growing range of NSMC's practical resources and tools
- Support the further development of the evidence base for effective customer-focused behavioural interventions and social marketing related work

Project development

Each site follows the social marketing process from start to finish, based on the NSMC's five-stage Total Process Planning framework. Each stage has the following characteristics:



- 1. Scope:** describe the presenting issue or challenge; engage key stakeholders; examine relevant behaviour patterns and trends, along with key influences and influencers; consider initial audience focus and segmentation; agree basic behavioural goals; and examine and select a mix of intervention option(s).
- 2. Develop:** develop the marketing mix; pre-test the intervention and refine as necessary.
- 3. Implement:** roll out the chosen intervention(s), while ensuring active management of the process and effective stakeholder engagement.
- 4. Evaluate:** examine and review the intervention in terms of impact, behavioural outcomes, process and cost-effectiveness.
- 5. Follow-up:** ensure short-term impacts are built into ongoing or medium and longer term work.

Social marketing national benchmark criteria

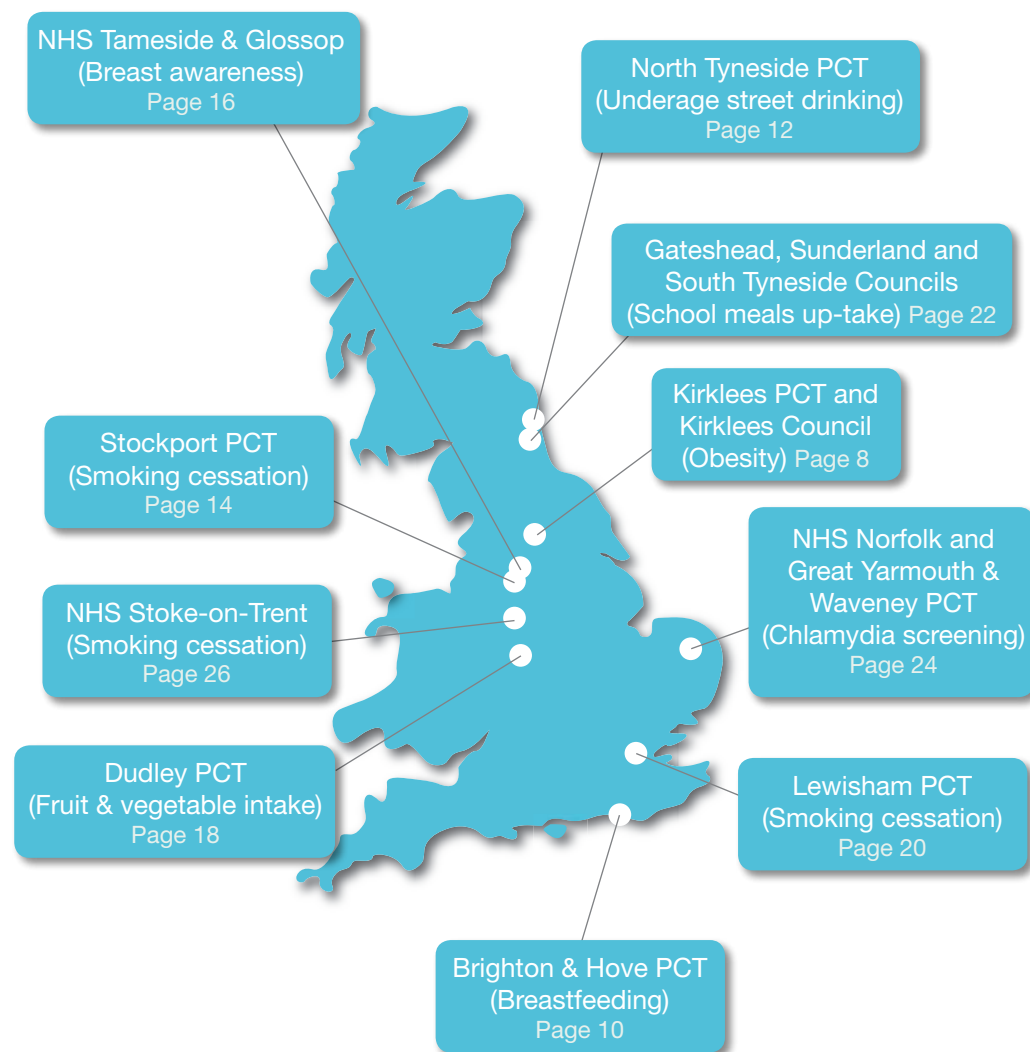
Building on the work of Alan Andreasen¹, the NSMC developed the eight-point benchmark criteria for social marketing. Each of the learning demonstration sites has considered all eight of the benchmarks when developing their project, but for the purposes of this booklet we have selected three criteria to highlight from each.

National Social Marketing Centre benchmark criteria:

1. **Customer orientation:** develops a robust understanding of the audience, based on good market and consumer research, combining data from different sources
2. **Behaviour:** has a clear focus on behaviour, with specific behavioural goals set
3. **Theory:** considers behavioural theory and planning frameworks when developing the intervention
4. **Insight:** develops a deep insight into the target audience by focusing on what moves and motivates them
5. **Exchange:** understands the costs and benefits associated with the promoted behaviour
6. **Competition:** develops understanding of what competes for the time and attention of the target audience
7. **Segmentation:** appreciates that people are different. Groups together audiences by different characteristics (life stage, values, etc) to avoid a blanket approach
8. **Marketing mix:** considers the 'four Ps' of marketing (product, price, place and promotion) when developing interventions

¹Andreasen A.R. (2002). 'Marketing social marketing in the social change marketplace'. Journal of Public Policy and Marketing

Site location map



Kirklees PCT and Kirklees Council

Lynne Cliffe, Phil Longworth and Spencer Robinson



Aim and target audience

This project aims to halt the year-on-year rise in overweight and obese 16 to 24 year olds attending further education (FE) and higher education (HE) institutions in Kirklees. FE and HE students with a body mass index (BMI) above 25 are the key target group, although students with a healthy weight will not be prevented from participating in the activities offered.

Current stage and timeline

The project is in the implementation phase. We launched the interventions by distributing 2,000 starter packs at university freshers' fairs at the end of September 2008. Throughout the 2009 spring term we are launching a series of activities to appeal to male and female FE and HE students. Evaluation has begun to assess what impact the starter packs have had on students' cooking behaviour.

Benchmark criteria

Exchange

Research with students suggests that while they appreciate that their current lifestyles are not healthy and need to change, they lack the motivation to do so.

Barriers include:

- time constraints
- lack of structure to the day and late nights
- low knowledge of food preparation or exercising
- stress, low self-esteem and depression among females
- denial of any weight problem among males.

Most students are also on a tight budget and perceive the cost of gym membership and fruit and vegetables to be too high. However, students do see the benefits of adopting a healthier lifestyle, such as looking fitter, boosting self-esteem, coping with stress, socialising with others, having fun and trying something new.

To overcome barriers and support healthy behaviours, the project will:

- offer free cooking ingredients, recipe cards and cheap vegetables and fruit
- deliver interactive cooking events in a sociable environment
- promote activities that appeal to males and females
- offer health MOTs and an exercise buddy system.

The underlying strategy across the interventions is to offer 'products' that are fun, engaging, appealing and motivating to students.

Competition

There are many factors that compete for students' inclination to be active and eat healthily. These include:

- study and work
- a hectic social calendar
- self-confessed laziness (particularly among males)
- spending time on the internet
- a strong takeaway and drinking culture, along with cheap drinks promotions
- a high concentration of pubs, clubs and fast food places in the town centre
- unhealthy food options in the college canteen.

To counter the competition, the project team has developed interventions that revolve around having fun and socialising with others, and television shows and films have inspired some of the project activities. An external marketing agency has been commissioned to create a cool, motivating brand and high-profile PR initiative to promote the interventions.

Marketing mix

Having pretested propositions and channels of communication with students, we are currently embarking on a multi-faceted approach to stimulate a social movement among students to adopt healthier behaviours. Working with an agency, we have developed a brand called 'Up For It' to support the various initiatives. Activities include:

- Giving out starter packs during Fresher's Week containing basic condiments, cooking ingredients, utensils and recipe cards
- A market stall on campus to improve access to fresh, affordable fruit and vegetables

- A Health and Wellbeing MOT and exercise buddy scheme
- A dodgeball tournament
- 'Take on the Takeaway' and 'Come Dine With Me' cooking events
- 'Dance Your Ass Off' competition
- A campaign micro-site and viral video competition to encourage students to eat healthily or exercise more. The winner will be the video that receives the most hits on YouTube
- Desktop pop-up messaging on FE and HE college websites to provide health tips and information on the various project activities.

Lessons learned

- It's important to win the hearts and minds of the internal team and to have an organisation that has the capacity to develop a sustainable approach
- It's important to have full stakeholder engagement and buy-in, and to give stakeholders the opportunity to help shape and develop the interventions
- Keep revisiting the insight with stakeholders and the target audience to help refine the interventions
- Always pre-test ideas, don't assume you've got it right
- Enhance your interventions with various innovative ideas

'Having consumer insight has opened up a whole new set of options that we wouldn't have considered using 12 months ago.'

Brighton and Hove PCT

Martina Pickin and Catherine Perry-Williams



Aim and target audience

The aims are to:

- increase exclusive breastfeeding at six to eight weeks among women who initiate breastfeeding
- increase the length of time that mothers breastfeed (exclusively and partially) to six months and beyond.

Phase one will concentrate on developing the required services and support for breastfeeding. The primary audiences for this phase will therefore be health professionals, including community and hospital midwives, maternity support workers, health visitors, early years visitors, nursery nurses and others in the community under-fives team.

Phase two of the project will focus primarily on mothers, their partners, families and friends.

Current stage and timeline

We are in the process of completing the development stage of phase one and are planning to move into the implementation stage in late Spring 2009.

Benchmark criteria

Theory

Breastfeeding has been called a 'bio-cultural phenomenon' because it is determined by both biology and culture. Biologically, breastfeeding is a physiological process governed by complex hormonal responses which change at different stages of lactation. The cultural influences at each of these stages are distinct, occurring in different settings and involving different people. For example, breastfeeding initiation is influenced by midwives and health professionals in the hospital setting, but continuation of breastfeeding is conditioned more by the influence of family and friends and public norms.

This means that different strategies tend to be required to support breastfeeding at different stages. Based on an understanding of both the physiological and behavioural aspects, distinct phases of breastfeeding have been proposed to improve clarity of objectives and provide opportunities for effective monitoring. These include:

- intention: plan to breastfeed
- initiation: give breast milk in the first 48 hours
- early breastfeeding: post-initiation and up to the first ten days

- establishment: breastfeeding beyond the early period and up to six weeks
- maintenance: breastfeeding beyond six weeks and up to six months during the milk-only period
- continuation: breastfeeding beyond six months, alongside feeding solids.

Insight

With breastfeeding behaviour, removing barriers originating in the health sector will need to be addressed first if interventions directed towards mothers are to have a good chance of success. Mothers' desire to breastfeed can be undermined by inadequate service provision regarding antenatal preparation, support post-delivery and early postnatal support. Thus the first phase of this project will focus on trying to increase the number of staff available to provide support and providing midwives and health visitors with effective tools, support networks and training.

Competition

A key competitor is formula milk. Formula manufacturers have extensive marketing, advertising and distribution mechanisms. The potential impact is that formula is perceived to be equivalent to breastfeeding and an acceptable alternative when breastfeeding problems arise.

Many mothers who switch to formula feeding are then sad that they gave up breastfeeding before they were ready to do so. The situation is exacerbated by the heavy workloads of midwives and health visitors, which means they do not always have sufficient time to discuss problems or provide continuity of care. Mothers frequently introduce formula or give up breastfeeding due to lack of support.

To tackle this we need to:

- educate health professionals and mothers about the differences between formula and breast milk
- give breastfeeding a higher visual profile through baby-friendly locations
- give health professionals the necessary time and resources to support breastfeeding
- help partners, particularly fathers, to understand the importance of their role and the types of support they can provide to encourage breastfeeding
- work with DH to address the marketing might of formula manufacturers.

Lessons learned

- It would have helped the pace and development of the project if we had appointed a dedicated project manager and engaged stakeholders earlier in the process
- Planning further ahead and securing funding would have made the project progress at a faster pace
- Many of the developments will take time to come to fruition because they are linked to other strategic developments such as the breastfeeding and maternity strategies

'We have all learned a lot from working together and now have a better idea of how we would approach social marketing work in the future.'

North Tyneside PCT

Jan Thompson and Louise Pinkney



Aim and target audience

The aim is to reduce underage street drinking in the pilot area of Wallsend in North Tyneside. While 13 to 16 year olds in North Tyneside are the primary target audience, retailers, the community, and service providers (such as police, youth services and schools) are also target audiences.

Current stage and timeline

The project is entering the implementation stage. The proxy sales campaign was introduced to retailers in February 2009 and the youth activity pilot will run over a ten week period from April 2009, when both activities will launch simultaneously.

Benchmark criteria

Customer orientation

Primary research with young people who drink on the streets, their parents, local shopkeepers and trading standards was conducted to explore the recreational patterns of young people in North Tyneside, the motivational drivers of street drinking, and the activities and services that could be offered in exchange.

In developing the youth service intervention, young people themselves have been directly engaged through group sessions with students from Churchill Community College. Their views were sought on a range of topics, including the activities they would like and opportunities that would inspire them. Retailers were involved in the development of the proxy sales scheme.

Insight

The scoping research revealed three key motivational drivers for underage street drinking in North Tyneside:

- A shortage of affordable, appropriate activities and out-of-hours leisure services for young people in the area
- Peer pressure and the normalisation of drinking as an activity associated with being with friends
- The low cost and wide availability of alcohol, making drinking an attractive and easy option as a leisure activity. Retailers reported that the existing approach taken towards them by authorities could be antagonistic rather than supportive.

Marketing mix

This project uses a mix of interventions and a two-pronged approach to reducing underage street drinking. The first is a structured, rolling programme of attractive, exciting out-of-hours youth activities. The variety and location of activities allows easy access and there is no cost to participate. Young people are involved in choosing and programming what is on and the knowledge, skills and confidence they build through the activities rewards regular attendance.

To be sustainable, the programme is building on current activity at Wallsend Boys Club (a local youth charity) and extending the range and options for young people in the area. Partners include Extended Schools, Positive Futures, local arts organisations and Northumbria Police. The initial pilot programme will offer young people taster sessions from which a sustainable model can be created.

In conjunction, a scheme for retailers will offer a range of benefits such as police visits, staff training and monthly meetings to help them tackle illegal and proxy sales, including a voluntary ban on alcohol sales to under-21 year olds during certain evenings.

A volunteering and peer mentoring programme will offer the local community opportunities to get involved in the youth activities and support retailers who choose to implement the ban. Retailers will promote youth activities and volunteering opportunities in store, while the police and young people from Wallsend Boys Club will visit retailers to explain the scheme and encourage them to sign up.

The entire programme is branded 'Sub21'. The brand needs to communicate to a diverse audience – young people, retailers and the community. The under-21 focus of the retailer scheme is captured, while young people associate with the messages around substituting street drinking for structured activities.

Lessons learned

- The success of the project depends on good partnership working, which doesn't happen overnight. Building these relationships takes time, commitment and hard work
- People tend to work to their own agenda, so seeing the bigger picture can be difficult to communicate
- Limited funding has created long delays and required us to find low- or no-cost solutions that don't compromise quality
- Negativity can be infectious, so steering group meetings should be scheduled with care. It is the enthusiasm, belief and determination of individuals within groups, rather than the group itself, that make things happen

'The local police now have a tool to use with alcohol retailers, so they can address the problems raised'.

Stockport PCT

Sarah Clarke and Fiona Spotswood



Aim and target audience

The aims of the project are to apply a social marketing approach to:

- increase the number of target audience members accessing smoking cessation services
- redesign smoking cessation services for the target audience
- increase quit attempts and successes within the target audience.

Through scoping we identified men and younger women with children as the target audiences. The intervention will exclusively target the estate of Brinnington in the northern part of Stockport.

Current stage and timeline

The project is in the implementation stage. We have completed the scoping and development stages, including service redesign, branding, communications strategy, staff training and internal infrastructure design. The new services are ready and the communications strategy is due to be rolled out following a launch to press, major stakeholders and community members.

Benchmark criteria

Customer orientation

The target audiences are at the very heart of this intervention. A robust understanding of the context of people's lives was established through rigorous primary research, involving focus groups and interviews with various segments of the target audience and health professionals. Target audience members were also involved in the solutions group, which was convened to develop briefs for the creative development and service development stages. Community members working in the two new service partnership sites form the backbone of the new services, having been trained as Level 2 smoking cessation advisors.

Theory

The central theory used is the Transtheoretical Model (TTM)², which describes the stages an individual passes through on the way to adopting a behaviour: pre-contemplation, contemplation, preparation, action and maintenance. This intervention targets smokers in the contemplation stage, who are already considering their next steps towards quitting.

Another key facet of the TTM is perceived self-efficacy. Evidence suggests that people living in disadvantaged areas with little experience of success in smoking cessation may suffer from low perceived self-efficacy. This may reduce their willingness to make a quit attempt and their ability to sustain it, because they think that they will fail. A key part of the intervention, therefore, is breaking down barriers for people, with an emphasis on taking small steps towards change.

Marketing mix

The intervention is a mixture of *servicing/supporting* and *informing/encouraging*. The two key elements of the intervention are consumer-oriented services and communications. Two new services have been developed in partnership with the community-based solutions group and as a result of the primary research with the target audience. These services directly target the two key audience segments.

The communications strategy has a strong call to action in the form of a freephone number and text-back services. A community stop smoking worker will act as a broker for these incoming messages and direct the client to the most appropriate service, ensuring the service encourages them to attend as well. All communications materials

will have the text and freephone numbers as their primary focus.

Lessons learned

The most important lesson learned is that the project design was a successful model. This involved significant amounts of early consultancy support by the NSMC followed by a gentle retraction of support as the project lead grew in confidence and social marketing expertise. There is no doubt that Stockport PCT's public health directorate will benefit from their involvement with this project and already dissemination further afield is taking place.

'The initiative ensures that the desires and needs of local people to get rid of cigarettes from their lives are central to our smoking cessation offer. We look forward to seeing real benefits for people in Brinnington who will be much better supported to make this important behaviour change.'

²Prochaska J.O. and DiClemente C.C. (1983). 'Stages and processes of self-change of smoking: toward an integrative model of change', Journal of Consulting and Clinical Psychology

NHS Tameside and Glossop

Gideon Smith and Denise Ong



Aim and target audience

The aim is to increase breast awareness in 35 to 50 year old women in areas of greatest deprivation in Tameside and Glossop. The five-point code of breast awareness presented by the NHS includes:

- Know what feels normal for you
- Look and feel
- Know what changes to look for
- Report any changes without delay
- Attend full breast screening if aged 50 or over

The age group has been targeted to increase early cancer detection in younger women and to increase uptake of free breast screening once women reach the qualifying age. The ultimate outcome sought is a reduction in late presentations and death rates of breast cancer.

Current stage and timeline

The project is still in the scoping stage. Following completion of secondary research, a social marketing company has been commissioned to conduct primary research with target women and health professionals, and to develop and pre-test interventions by June 2009.

Benchmark criteria

Customer orientation

In the primary scoping work, stakeholders and partners will be engaged through online consultation and interviews to help us understand and map out the customer journey for breast awareness and screening. We will also conduct field research to gather quantitative baseline data, and focus groups with target women in April 2009 to explore lifestyles, attitudes, knowledge and behaviours related to breast awareness and screening.

Exchange

Through the secondary research, we identified several real and perceived costs and barriers that deter women from being breast aware. These include time, fear of pain or finding cancer, embarrassment, religious beliefs, language, and lack of awareness of symptoms or how to self-examine.

Perceived benefits that we want to promote to women include early identification of breast health problems; increased survival rate from breast cancer; feeling empowered about personal health; being informed and in control; and being there for their families.

Competition

Factors that may compete for women's time, attention or ability to be breast aware include: other problems or priorities at home; work and religious commitments; and confusing, inconsistent or misleading messages about breast cancer-related issues. This project will therefore seek to make breast awareness quick and easy, and will engage with health professionals, the media and other influencers to clarify messages around breast awareness.

they send out clear, consistent messages to their patients

- Social marketing requires sustained effort. Commissioning and procurement of social marketing work is relatively new to the NHS, takes time, and can require significant resource commitment. This project has already required commissioning and financial commitment over three years

Lessons learned

- There is a lot of confusion and mixed messages around the term 'breast awareness' and what it actually entails, making it difficult to identify the desired behaviour. Therefore, as a first step we will need to clarify the behaviour and messages
- Although health professionals are given practice guidelines relating to breast screening, anecdotal feedback suggests that GPs and nurses don't necessarily follow them and are themselves unclear of what behaviour to recommend. As key influencers for our target women, health professionals are likely to be included as a target audience in this project to ensure that

'We're expecting to create a simple effective approach that takes root and lasts.'

Dudley PCT

Patricia Bussell, Lie Ping Tang
and Alex Christopoulos



Aim and target audience

This project aims to improve fruit and vegetable consumption by addressing food access issues within a deprived neighbourhood of the Dudley Borough. The primary target audience will be parents of children aged four to eleven, with children, teachers and the wider community as secondary audiences.

Current stage and timeline

The intervention is being developed and will be tested over the next few months. It is scheduled to start in the 2009 school summer term.

Benchmark criteria

Behaviour

Behavioural goals for our primary target audience include:

- to consume more fruit and vegetables
- to consume a wider variety of fruit and vegetables
- to try different kinds of fruit and vegetables more frequently
- to purchase more fruit and vegetables
- to reduce reported levels of wastage.

Segmentation

We have taken a staged segmentation approach:

- We began by looking at Dudley as a whole.
- We then narrowed down the scope to three areas: Hawbush, Gads Green and Fatherless Barn. They were selected because they had poor access to fruit and vegetables, and are deprived areas with low fruit and vegetable consumption.
- Research with stakeholders and the target group identified the role of parenting in healthy eating. The chosen segment was therefore parents of primary school aged children who:
 - have a low level of fruit and vegetable intake
 - are anxious about fruit and vegetable wastage
 - have a low propensity to try new fruit and vegetables
 - have little knowledge of how to prepare fruit and vegetables
 - are likely to be without access to cars.
- Once the segment was defined, the steering group selected Hawbush. Reasons for this included:
 - it has the highest proportion of overweight and obese year 6 pupils

the highest proportion of year 5 and 6 pupils who ate one portion of fruit and vegetables or less a day; and the highest proportion of children aged eight to 15 years

- it is within the Brierley Hill ward which has one of the highest concentrations of fast food outlets
- it has a relatively high proportion of households with no access to a vehicle
- stakeholders were familiar with the area
- links with schools and the wider community were already established.

Marketing mix

The project will take a two-pronged approach to increasing fruit and vegetable consumption through increasing the supply and demand of fruit and vegetables.

We will increase supply by setting up a fruit and vegetable stall at a local school to improve the availability of fruit and vegetables. The produce will be offered at competitive pricing compared with the favoured supermarkets and will include chopped vegetables and single portion vegetable packs. Recipe packs will be handed out and taster sessions held to provide opportunities for people to try new foods without the worry of waste or family members' preferences. New materials and flyers will be used to promote the stall. The launch of the stall will be tied in with a community event or other event such as a parents' evening. Other potential promotional initiatives include leaflets in the local area and advertising outside the school.

To increase demand, we will hold educational sessions with children and parents. The sessions will raise awareness of healthy eating and the health benefits of fruit and vegetables. They will also improve skills in preparing and cooking seasonal fruit and vegetables and provide suggestions on avoiding waste.

Lessons learned

Even though Hawbush is a small community of mainly white British residents they are not a homogenous group. They all have very different perceptions and experiences of diet and fruit and vegetables to each other.

'We are hoping that the Healthy Retail Project will provide our community with easier access to fresh fruit and vegetables. Above all, we aim to make fresh food an enjoyable, affordable and accessible realistic first choice for everyone.'

Lewisham PCT

Lyn Burton and Amelia Carter



Aim and target audience

The aim is to increase the number of smokers using, and quitting with, the NHS Stop Smoking Service (SSS) in Evelyn ward, which is estimated to have the highest smoking prevalence in Lewisham and the highest indices of multiple deprivation in the borough.

Three target groups have been identified: male and female smokers aged 35 to 44 expressing a desire to quit; smokers with children of primary school age; and adult smokers in routine and manual employment.

Current stage and timeline

The project is in the development stage. We are currently finalising the marketing mix, with a launch anticipated in Summer 2009.

Benchmark criteria

Customer orientation

Secondary research was completed on demographics, current service provision and smokers' motivations and barriers to quitting, based on national research. In order to understand why people smoke and what the local barriers to quitting and using NHS

stop smoking services are, primary research was conducted between December 2007 and March 2008. Focus groups were held with 32 smokers, and six health professionals who currently provide the SSS in Evelyn ward were interviewed.

A solutions group, made up of community stakeholders with knowledge of and contact with the target audience, was established to review the findings of the research, identify key insights and develop interventions that meet the needs of the target audience.

Exchange

Helping people to give up smoking requires exchanging perceived benefits of smoking with other benefits, such as:

- concerns over weight gain as a result of quitting with signposting or additional provision of diet, nutrition and exercise classes
- the perceived stress relief provided by smoking with stress management techniques
- concerns about various issues such as money management and housing with tailored support and advice.

Marketing mix

The intervention will involve service redesign, including opening times and locations of services, as well as incorporating NHS Stop Smoking Services within an overall stress management programme offering free leisure and relaxation sessions. This was informed by the key insight that stress is the biggest reason why people start smoking, the biggest barrier to quitting, and the main cause of relapse among those who have quit.

Grassroots recruitment to the SSS will be undertaken at venues frequented by the audience, such as shopping centres, football stadiums, schools and other community venues where smokers gather.

Partnership working has been used to improve recruitment and service provision. Both internal (for example, the cardiovascular disease collaborative and service providers) and external (such as Millwall Football Club, the local leisure centre, local community organisations and local publicans) services and organisations have been engaged.

Lessons learned

- Practitioners often don't see themselves as part of a single service
- Recruitment and follow-up need to be planned as a whole
- While it is often desirable to 'go where people are', this can be challenging – the Evelyn ward area does not have an obvious location to use for recruitment
- Building community relationships is essential to gain widespread support

'A focus group member said, "You could have support set up in a supermarket, 365 days a year, so that when you're ready to quit and want help, there's someone to go to". Our challenge is to turn this idea into an initiative that is feasible for us.'

Gateshead, Sunderland and South Tyneside Councils

Ann Johnson and Emma Heesom



Aim and target audience

The aim is to use a social marketing approach to help Gateshead, Sunderland and South Tyneside local authorities increase school meal uptake. Our key audience is primary schools children at Key Stage 2 (aged seven to eleven), which is when children start to exercise choice over what they eat. However, primary research and interviews with stakeholders identified that the two most important influencers of school meal uptake are head teachers and parents. The first phase of this project will therefore focus on head teachers, who must be engaged in order to influence other stakeholders. Phase Two will focus on parents and children.

Current stage and timeline

The project is in the development stage. We plan to start implementation in April 2009.

Benchmark criteria

Behaviour

The behavioural goals set for each of the three target audiences are:

- for head teachers to implement the interventions in order to enhance the school meal offer as far as possible, and to reduce the competitive appeal of packed lunches
- for parents to sign up their children to

school meals or continue to enlist their children with school meals if they are already doing so

- for Key Stage 2 pupils to eat healthy school meals instead of packed lunches.

Competition

Qualitative research conducted with head teachers, parents and children identified packed lunches as the primary competition for school meals. This is due to the following reasons:

- Packed lunches can cater for fussy eaters, allowing children to pick and choose their own options
- They offer a cheaper option and one parents know their children will eat, especially for families with more than one child who are managing a tight budget
- They are still seen as 'cool', especially when they contain popular recognised brands that can be swapped and traded between friends
- They can be eaten outside in the summer. Children can also consume them more quickly so that they can go out and play sooner
- Parents would rather have their children be full, even if the food is unhealthy, than sign them up for school meals, which they often claim children do not eat

Segmentation

We identified four key segments among local head teachers:

- 'Too busy': sees little benefit in being engaged with the school meals agenda; has other more urgent priorities to attend to; and commonly finds the 'Jamie Oliver effect' an annoyance as things were much simpler before
- 'Disengaged and confused': is not aware of the national standards; does not understand his or her role in school meals provision; and may often pass on inaccurate information to parents
- 'Trying within their field': believes that changes in school meals are needed and is open to new ideas and sharing learning with other head teachers. They know their remit and promote school meals to parents as far as they are able
- 'Engaged and passionate': at the forefront of the school meals debate in the region, and will probably have prioritised school meals before Jamie Oliver's campaign. Is commonly asked to pilot new ideas or marketing promotions, and will probably already have packed lunch policies and good dialogue with the caterer

This project will concentrate on working with those head teachers who are 'disengaged and confused' and 'trying within their field',

but will look to the 'engaged and passionate' head teachers to act as ambassadors to influence other segments.

Lessons learned

- The timing of interventions must be carefully considered. For example, this project has to be timed to fit around the school calendar
- It is vital to engage with all your stakeholders at the beginning of the project
- Allow lots of time, everything takes longer to implement than you realise!

'The North East is passionate about the wellbeing of our young people, and we are always willing to try new things. The social marketing pilot has helped us to come up with some excellent interventions and I am looking forward to seeing them in place.'

NHS Norfolk and Great Yarmouth and Waveney PCT

Suki Dell and Denise Ong



Aim and target audience

The aim is to increase screening activity within venues that screen as part of the Norfolk and Waveney Chlamydia Screening Programme (NWCSP). The programme has been tasked with meeting national targets of 17 per cent (in 2008 to 2009) and 25 per cent (in 2009 to 2010) of 15 to 24 year olds accepting a chlamydia screen or test.

The programme is delivered by over 200 screening sites that include health, education, voluntary and community settings, many of which returned few or no screens at all last year. This project will therefore target existing screening sites to maximise opportunistic screening and support them in meeting rising demand for screening brought about by other initiatives.

Current stage and timeline

The project is in the development stage, with interventions scheduled to be piloted in Spring 2009.

Benchmark criteria

Insight

Qualitative research and stakeholder engagement with screening providers identified various insights:

- Low awareness of annual targets and NWCSP performance to date meant that providers neither felt urgency to increase their screening figures, nor that they were part of a larger initiative
- Some providers perceived a lack of interest and support from the Chlamydia Screening Office (CSO) once they signed up to the programme, which sometimes led to cynicism and the assumption that there was no real need for screening
- Chlamydia screening often becomes a low priority for providers whose main remit is not sexual health. Screening was also usually only offered when a young person presented for a sexual health-related reason
- Lack of monetary incentives affected many providers' propensity to screen. Arrangements are thus being made to offer financial incentives to providers so that they may dedicate more resources to chlamydia screening

Segmentation

We have segmented our group of existing screening sites by provider type (such as GP clinic, pharmacy, youth organisation), as well as ability and motivation to screen. While we will be looking to reach all existing providers, we intend to tailor our interventions for different segments. We are also seeking to

collect data on how many 15 to 24 year olds pass through each site, so that we can also segment screening providers by footfall of young people and concentrate our efforts on those who can provide the greatest returns on investment.

Marketing mix

This project focuses on addressing service design and delivery, with an element of promotion:

- Redesigned sexual health training to help providers develop the confidence and skills to introduce chlamydia screening and sexual health issues to young people
- Personal catch-ups from the CSO to record any practice issues arising and to offer tailored advice and support to sites. The aim is to help maintain initial enthusiasm for the programme and the sense that screening is an ongoing priority
- Ongoing communication through existing information channels to provide general updates on the programme (such as chlamydia rates, screening performance in relation to targets, new initiatives and a spotlight on good practice). This will help keep the profile of the NWCSP high and motivate sites to screen more proactively
- Resource packs for providers that include top tips and materials to help providers promote screening within their sites and to provide a token of appreciation for their efforts
- Register-based pop-up reminders to prompt providers to offer DIY kits and help make chlamydia screening routine for 15 to 24 year olds

Lessons learned

- The scoping stage revealed a number of competing priorities for our interventions and there was a temptation to try and address them all. It was therefore necessary to identify the most important issue and target the audience most in need of our attention
- Roles and responsibilities of all those involved in a social marketing project should be clearly defined and agreed when planning work. Commissioners, programme coordinators and managers should also be fully aware of the impact the project will have on people's workloads, so that staff can dedicate time to the project from the start
- Communication was an issue as new terminology had to be learned. Marketing language is very different to that of public health, even though in many cases different terms have similar meanings

'Applying social marketing methodology has required self-discipline that will positively influence how we approach our work in the future. We have gained much from the experience.'

NHS Stoke-on-Trent

Deborah Richardson
and Vivienne Casey



Aim and target audience

Smoking in pregnancy rates in Stoke-on-Trent are higher than the national average. While the existing smoking in pregnancy service, 'Quit for a New Life', was making good progress, it was not achieving the results needed to make a significant impact.

This project aims to increase the uptake of stop smoking services among women of child bearing age in Stoke-on-Trent in order to reduce the number of women who smoke during pregnancy. The project initially targeted women living in two priority neighbourhoods, Meir and Bentilee.

Current stage and timeline

We completed piloting in Summer 2008 and are currently in the evaluation and follow-up stages. The evaluation is part of a continual cycle of development, improvement and performance management. We will be looking at the medium and long-term impact of the changes in service delivery during the next 18 months.

Benchmark criteria

Insight

Focus groups revealed that women do not want to be nagged into quitting smoking. They want health professionals to stop focusing on the negatives of smoking, which are familiar to them and do little to motivate quit attempts. The research also provided actionable insights into why these women chose to smoke – for a treat, because it gives them 'me time', and provides a chance to relax and take a break.

The project team designed new stop smoking group sessions to strengthen the core one-to-one support already available, responding to the following insights:

- women want a service that invites them in and is non-judgemental
- they want a service that is for them as women, not mothers
- they want groups run by people who understand how difficult it is to stop smoking
- they want a service that is located locally
- they use Children's Centres regularly and the centres are well regarded
- they appreciate one-to-one support from midwives

Exchange

The challenge was to make the perceived benefits of quitting outweigh the barriers preventing quitting.

Perceived benefits:

- self esteem – taking control of their lives
- stress management, which includes building 'me time' into their lives
- looking and feeling good
- saving money

Perceived barriers:

- the time and effort involved in attempting to quit
- peer pressure from family and friends who smoke
- influence of other women who continued to smoke during pregnancy and gave birth to healthy babies
- losing the enjoyment of smoking, which was perceived as one of the few opportunities to relieve stress

Marketing mix

In order to be resource ready and increase the capacity of the service, two support workers were recruited. The marketing mix included:

- Peer support group sessions based on other motivational clubs (such as Slimming World) focusing on the positive elements of quitting and on new ways of creating 'me time'. These sessions were branded the 'Me2 club' and had an open door policy
- Delivering 'stress busting sessions' in partnership with local providers
- One-to-one home visiting sessions
- Telephone support

- Small incentives for women when they joined the Me2 club, such as a welcome pack that included branded products which are attractive to the client group. A selection of 'gifts' were available once women reached their individual goals
- In-depth specialist training for the sales force including:
 - a new training package and DVD using role play actors to demonstrate an effective five minute brief intervention
 - new resources and professional packs
 - adapted referral pathways

Lessons learned

- A clear communications plan is essential to keep all parties on board
- You need to take the 'sales force' (professionals and other key partners) with you
- Taking the product to market is complex and requires buy-in from key players
- Evaluation needs to be built in at the outset
- Sometimes accepting you got it wrong is challenging

'The project has provided us with a product that is attractive and relevant to the client group – and a robust way to engage partners and the end user – and we are starting to see the benefits.'

Lessons learned

The learning demonstration site teams have identified the following key lessons that can improve the chance of success in social marketing projects:

Identify a dedicated and experienced project lead who has enough time to oversee the project and sufficient authority to unblock barriers as and when they arise.

It is important to get active support from senior management from the outset - otherwise you risk the project becoming marginalised and unsustainable.

Allocate sufficient time and resources to avoid the project team having to spend a considerable amount of time fundraising. Undertaking a social marketing project is not cost neutral, it should be seen as helping the organisation meet their core business responsibilities.

Ensure that the scoping exercise is robust and well informed, and don't be afraid to critically review the findings. Acknowledge that although the findings may feel intuitive, they are creating a baseline of evidence and credibility that will help to sustain the project. Don't forget to continually refer back to the findings to inform the project design.

Identify key stakeholders at the beginning of the project and show partners how being involved will help them with their own portfolio and goals. Make sure your sales and delivery force are involved from

the start, and think laterally about who to include: have you considered the private and third sectors, the media and other partners who have a stake in the issue?

The scoping exercise may challenge your assumptions or professional assessment and yield surprises, particularly around existing services or interventions.

Develop an effective communication strategy. Feed back progress to stakeholders on a regular basis to ensure ongoing commitment. Highlight successes no matter how small, but also communicate the obstacles or frustrations as they may be able to help.

Capture and share experience and expertise gained. Try to develop a long-term strategy to embed the learning acquired from working with external consultants or agencies, which will help build local capacity in running effective social marketing projects in the future.

Plan evaluation from the outset and decide how impact will be measured. Seek expert advice and identify potential allies in academic institutions who may be interested in entering into an evaluation partnership with the project.

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