

ShowCase

THINK!

Topic: Road safety

Organisation: Department for Transport

Location: England

Dates: 2000 to 2010

Budget: £14 million to £19 million per year

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Overview

In 2000 the UK Department for Transport (DfT) developed a marketing and communications programme to reduce the number of deaths and injuries on the roads. This broad suite of campaigns, each with its own specific behaviour change objective, was developed under the unifying 'THINK!' brand, which formed part of the Government's 2000 road safety strategy, *Tomorrow's Roads: Safer for Everyone*. The strategy set targets to reduce the number of people Killed and Seriously Injured (KSI) on UK roads by 50 per cent for children and by 40 per cent overall by 2010, as compared to the 1994 to 1998 average.

To achieve such ambitious targets, the Government pioneered a three-pronged strategy to reduce road casualties: Engineering, Enforcement and Education. THINK! formed part of the Education element, along with other measures such as driver learning and testing.

In 2008, together with the introduction of successful engineering and enforcement measures, THINK! contributed to meeting or exceeding DfT's road safety targets, with a 40 per cent reduction in KSI and a 59 per cent reduction in child KSI. This represents 3,494 people who are alive and uninjured today due to THINK! Moreover, it is estimated that for every £1 spent on THINK! £9.36 of public money was saved.

1. BEHAVIOUR

Targets for 2000 – 2010:

- 40 per cent reduction in the number of people KSI
- 50 per cent reduction in the number of children KSI
- 10 per cent reduction in the slight casualty rate

2. CUSTOMER ORIENTATION

- Social and desk research
- 'Ways in' day – Stakeholder brainstorming event
- Strategic development research – Focus groups to test various communications strategies
- Creative development research – Focus groups to pretest various creative executions

3. THEORY

- **Social Norms Theory:** People's behaviour is strongly influenced by their perception of how other members of their social group behave
- **Health Belief Model:** A person's willingness to change their health behaviour is based on perceived susceptibility to risk; perceived severity of health risks; perceived benefits of taking protective action; and perceived barriers that might frustrate this intention

4. INSIGHT

- Single biggest catch-all danger to drivers and pedestrians is 'autopilot' behaviour in the road environment, which often militates against proper concentration and appropriate response
- Need to be the voice of the road user's conscience, reminding them of the risk involved in their behaviour at every point in their journey

5. EXCHANGE

- Engrained habit is biggest barrier to changing road safety behaviour
- THINK! strived to find emotional hook/benefit to change behaviour
- E.g. Earlier speeding campaigns focused on rational reasons for speed limits – Later campaigns showed emotional consequences (guilt and grief) for the speeding driver

6. COMPETITION

- Media complexity – Road safety communications had to 'compete' with greater variety of commercial messages
- Many local authorities had also been producing their own campaign – Road users could become disoriented by the various messages under a multitude of campaign
- THINK! created a powerful identity for the entire road safety effort and united all the disparate elements of existing road safety interventions

7. SEGMENTATION

Key at-risk groups:

- Children
- Young male drivers
- People who drive for work
- Motorcyclists

8. METHODS MIX

- THINK! umbrella brand created that could deliver different messages and be used by other partners
- THINK! was developed as one of the Education measures, under the DfT's 3Es approach to reduce deaths and serious injuries: Enforcement, Education and Engineering
- Education – National TV, cinema, radio and print media
- Detailed information – Website, posters, targeted media
- In-situ/ambient: E.g. messages about driver fatigue on the backs of lorries, on road signs, on radio
- Partnership marketing