


generating solutions to behavioural challenges

**National
Social Marketing
Centre**



Learning together
from theory into practice

Social marketing learning demonstration sites

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Foreword

Social marketing is at an exciting stage in England. There's a real 'buzz' surrounding it, as well as a growing recognition from Government that it can work and that it will hold a strong position in future behaviour change strategies.

It's not a finished art, however, and the uptake of social marketing is still relatively new in England. Many PCTs and SHAs are still learning about what social marketing can bring to their work.

To address this, the National Social Marketing Centre (NSM Centre) has chosen ten social marketing demonstration sites from across England, and will work with these ten local areas in delivering their social marketing programmes. The sites will follow a 'learning from doing' approach, and will help the design and delivery of future social marketing initiatives. They will also allow the NSM Centre to test out and develop its planning tools and training resources, and to identify the types of support that local practitioners need when delivering social marketing programmes.

These are exciting times and, while there will be inevitable difficulties along the way, it will be useful to embrace these learning demonstration sites as important 'practice arenas'. They will show how theory can be translated into practice, how methodical evaluation and feedback can guide delivery, and how challenges faced by social marketers might be addressed and overcome.

These learning demonstration sites are at a relatively early stage, but we look forward to their continued development, to learning from their doing, and, with anticipation, to their success!



Professor Jeff French NSM Centre

Introduction



The National Social Marketing Centre

The National Social Marketing (NSM) Centre came into being as a strategic partnership between the Department of Health and the National Consumer Council in 2006, following a two year independent review of social marketing's potential to augment national and local health improvement initiatives.

Following its formal ministerial launch in December 2006, the NSM Centre began an initial three year work programme to help increase understanding and use of effective social marketing approaches, at national and local levels, and to work across sectors to build capacity and skills.

The learning demonstration sites

The NSM Centre has a range of learning demonstration sites across the country. Most of these are currently in, or near the end of, the scoping stage. This booklet gives an overview of where they are in their development, what they are aiming to achieve and who they are hoping to reach, and what they have learnt.

The learning demonstration sites are positioned across England (see page 7) and address a range of health challenges and issues. To be selected, each site had to show that it was fully committed to the project, and that it had sufficient funding and capacity to develop and deliver the full social marketing process.

The aims of the sites are to:

- To help local areas learn about the principles of social marketing and ways to integrate them into local strategic and operational planning
- To build on and develop existing skills in using and applying social marketing concepts and approaches
- To capture learning and promote effective social marketing practice
- To inform and contribute to the development and testing of a growing range of NSM Centre practical resources and tools
- To support the further development of the evidence base for effective customer-focused behavioural interventions and social marketing related work

Local ownership and resources

The principle of development is that each local site has to identify funds and support for developing the learning demonstration site from within its existing programme budget. This is to help ensure that on-going work can be sustained within their existing resources. While the NSM Centre provides some limited free human resource support and assistance, the basic principle is that local learning sites need to identify the resources they require for the intervention work from within existing strategies and programme budgets.

Consequently, responsibility for the effective development of the learning interventions remains with the local area practitioners. The NSM Centre's role is to work with and alongside local people to support them in understanding and applying effective social marketing principles in their work. In this way the NSM Centre advises and supports, while each local site takes responsibility for decisions on how to develop and progress work. This approach is based on the fact that each site already has experienced and skilled practitioners and their engagement and ownership is crucial. In this way each initiative aims to leave a 'learning footprint' rather than simply importing specialist skills and then disappearing at the end of the project.

Support from the NSM Centre

The NSM Centre works to support local learning sites in a range of ways, including:

- The NSM Centre’s Programme Manager for local practitioner support and development acts as the learning demonstration sites’ Project Coordinator
- Each site has a dedicated NSM Centre Associate to work with and alongside them throughout the project
- Directors and other NSM Centre staff provide additional support, as required
- Training events explaining each of the phases of the social marketing process are provided for local project leads

Programme development

In developing local learning interventions, each site will follow the social marketing process from start to finish, based on the straight-forward five-stage ‘Total Planning Process’ planning approach:



- 1. Scope** – describe the presenting issue or challenge; engage key stakeholders; examine relevant behaviour patterns and trends, along with key influences and influencers; conduct audience segmentation; set SMART behavioural objectives
- 2. Develop** – develop the marketing mix; pre-test the intervention and refine as necessary
- 3. Implement** – roll out the chosen intervention(s), whilst ensuring active

management of the process and effective stakeholder engagement

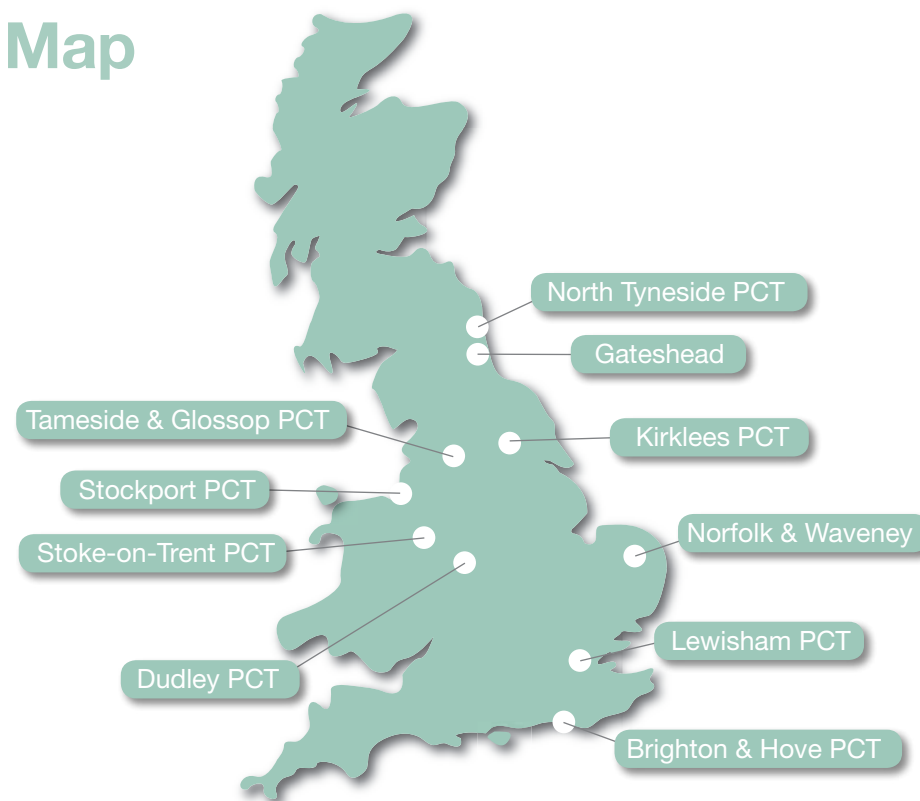
- 4. Evaluate** – examine and review the intervention in terms of impact, behavioural outcomes, process and cost-effectiveness
- 5. Follow-up** – ensure short-term impacts are built into on-going or medium and longer term work

Sharing learning

A key principle in developing the learning demonstration sites is to encourage and support flexible and adaptive solutions building on learning and insights at each stage. A strong emphasis is therefore placed on professional reflection and self evaluation:

- Each NSM Centre Associate keeps a ‘feedback diary’, which is reviewed with the NSM Centre’s Project Coordinator. In it they record challenges, issues, barriers and problems, along with achievements, learning and successes that influence the development of the work
- Meetings provide additional opportunities for reflection and sharing of learning with minutes and action points completed and distributed to the project’s steering committee
- A project process plan is completed for each of the learning demonstration sites. This plan is then adjusted and amended as required throughout the process, and changes and developments monitored
- The NSM Centre also holds regular learning demonstration site ‘surgeries’ to bring together the Project Coordinator, NSM Centre Associates and the NSM Centre Directors and core staff, to reflect on learning within and between sites and to provide additional advice and input as required

Map



Stoke-on-Trent Primary Care Trust (PCT) (smoking during pregnancy)
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Brighton and Hove PCT (breastfeeding)
Tameside & Glossop PCT (breast cancer screening)



“Social marketing is helping us to increase the numbers of women who access the Quit for Life, set a quit date and successfully stop smoking.”

Site 1

Stoke-on-Trent PCT (Midlands)

Deborah Richardson

Topic area

Reducing the number of women who smoke during pregnancy.

Why this topic?

Smoking during pregnancy has a key influence on infant mortality in Stoke-on-Trent. The number of pregnant women who smoke is higher here than in many other parts of the country. To drive forward the current cessation service (Quit for Life), we want to determine why so few women are engaging with it and why the quit rate of those who do engage is so low.

Why social marketing?

Inspired by a social marketing presentation by the NSM Centre, we put in a successful bid for Neighbourhood Renewal funding, to examine how we could improve and build on Quit for Life. This funding allowed us

to employ two extra healthcare support workers to meet the projected increased demand for the service, and to fund the social marketing programme.

Which target audience?

There are three key target audiences: pregnant smokers; women who smoke and who are planning to become pregnant; and women who've had a baby and quit during pregnancy, but who are tempted or likely to resume. We decided to concentrate on women who live in two geographical areas of Stoke-on-Trent.

What behavioural goal?

Our overall goal is to reduce the number of local women who smoke during their pregnancy.

How's it going?

It's going brilliantly so far. As well as support from the NSM Centre, we have commissioned a social marketing consultancy to make sure that we use social marketing techniques to their best advantage and meet all of the National Benchmark Criteria.

Focus groups revealed a lack of awareness about the existing service and a demand for group quit sessions in addition to the one-on-one home visits. We are now using these findings to design and pilot interventions, including a new publicity campaign and group sessions. We are also trialling training for the professionals who refer to and deliver our services. The group sessions have run very successfully in one pilot area and there are plans to roll out to other Children's Centres. However, the group in the other pilot area wasn't so successful, so we are

working hard to find out why and modify our plans for that area. We are already seeing an effect in the four-week quit data – at the end of quarter four the service had delivered 121 four-week quitters compared with 38 for the same period in 06/07.

Lessons learned

Social marketing isn't a quick fix – it requires time to fully engage in the process. We are sure that the time we have spent scoping and researching the project will be the key to its success. The focus groups conducted during the early scoping work were critical to informing our understanding of our target audience.

One really important factor for our success so far has been the steering group. This has been kept deliberately small, but we have had a clear internal communications strategy from the outset so that all stakeholders know exactly what is happening, why and when.



“By taking a combined approach working with both service providers and users we have a real opportunity to increase chlamydia screening volumes throughout Norfolk and Waveney reducing the burden of ill health on its young people.”

Site 2

NHS Norfolk and Great Yarmouth & Waveney PCT *(East of England)*

Suki Dell

Topic area

Opportunistic chlamydia screening in people aged 15–24.

Why this topic?

One in ten sexually active people between the ages of 15 and 24 is currently testing positive for chlamydia. Last year 3.8% of all 15-24 year olds in Norfolk and Waveney were screened for chlamydia. This fell far below the 2007/08 national target of 15% of young people accessing opportunistic screening. We hope that social marketing will help us reach this year’s screening target of 17%.

Why social marketing?

Having attended a PCT-run seminar on social marketing, it was agreed that the social marketing approach would be a potentially useful way to increase chlamydia screening.

Which target audience?

The anticipated target audience was young people – particularly boys and young men, as they are less likely to access sexual health services. However, initial research has highlighted another potential target audience: the GPs and other agencies who are actually facilitating the screening (or who are failing to do so). There are over 130 sites signed up to provide chlamydia

screening in Norfolk and Waveney, but many of them returned very few or no screens at all last year.

What behavioural goal?

The project is likely to set a behavioural goal that is relevant to screening providers, e.g. increase the number of screens undertaken by young people, or increase the number of DIY screening packs issued to young people by a defined amount within a certain timeframe. The project is also likely to set a behavioural goal relevant to young people, e.g. increase the number of young people requesting and completing a chlamydia test.

How’s it going?

We’ve just commissioned some primary research with existing screening providers to better understand what will ‘move

and motivate’ them to proactively offer screening to young adults to the level required to meet targets (including capacity needs and needs for building in self-reliance and sustainability). We are also hoping to do some primary research with young people to explore how best to motivate them to take up chlamydia screening and overcome any barriers to this behaviour.

Lessons learned

Insight work has been crucial, as demonstrated by the expansion of the target audience to include GPs and other agencies. The work has shown that the assumed target audience for an intervention often won’t be the most important one, and that there are a range of people who might be important in contributing to a specific behavioural outcome.



“Social marketing provides us with a systematic and customer-focused approach, which all of our partners can buy into.”

Site 3 North East Improvement & Efficiency Partnership *(North East)*

Bill Kirkup

Topic area

To maintain and increase the uptake of healthy school meals by children at Key Stage 4.

Why this topic?

School meal uptake in the north east has suffered a significant decline since the airing of the Jamie Oliver series on school meals and the bad publicity which that generated for school food. Ironically the introduction of the higher food standards which that programme prompted has compounded the problem and led to further declines. Whilst the standards of school food have improved, the type of food now available to children is less attractive to them. In short, school meals are now healthier

but less popular. Meanwhile less healthy options, such as packed lunches (which are often heavily ‘snack’ based), have become more popular.

Why social marketing?

We need to understand the factors that lead to children opting out of school meals. However, we also need to understand the key influencers who affect children’s decisions – head teachers, parents, school assistants, peers, catering managers – to determine who best to target and how. Social marketing offered an attractive emphasis on insight, but also a clear set of tools and structures to follow in delivering and managing the project.

Which target audience?

Preliminary interviews with key stakeholders indicated that the two most important influencers of school meal uptake are parents and head teachers. Primary research with these groups has provided valuable insight and this has been complemented by further work with children. This work has revealed that a wide range of initiatives to encourage uptake of school meals are already in place, but there is currently no systematic methodology in place for assessing the effectiveness of such activity. It has also identified the important influence of other adult groups, such as lunchtime assistants. The next step is to map all current activity and to start to develop a more systematic framework within which to progress both existing interventions and to develop new ones.

What behavioural goal?

The behavioural goal is to increase school meal uptake amongst children at Key Stage 4. This group was chosen because at this age children start to exercise more independence in terms of choice. However,

it is likely that a range of interventions designed to influence the behaviour of the key influencers on children’s behaviour will be required to enable us to achieve our overall objective.

How’s it going?

Slowly but surely. The project is proving both more complex and more time consuming than initially expected (at least by the project partners). On the plus side it is generating a growing volume of valuable information whilst also providing a valuable opportunity for key stakeholders to get together to exchange views and good practice.

Lessons learned

While a lot (but not all) of what has emerged from the interviews was already known to the key stakeholders and project partners (mainly catering managers), it had not been widely captured or analysed and was not necessarily common knowledge to external partners. Furthermore, this insight had not been applied to the promotion and marketing of school meals in a systematic manner.



“Social marketing has led to a questioning of assumptions about service users and the quality of data collected about them. We are now recording more useful user profiles.”

Site 4

Stockport PCT (North West)

Sarah Clarke

Topic area

To increase the number of people in the Brinnington area who make an attempt to stop smoking, and to provide better support to enable them to make a successful quit attempt.

Why this topic?

A recent Adult Lifestyle Survey found that the weighted average for smoking in Stockport is 18%. However, this rises to 53% in Brinnington. This disparity contributes to significant health inequalities across the borough.

Why social marketing?

The Public Health Directorate wanted to identify an effective model for assessing smokers' needs and delivering services in response. Social marketing provided a potential framework for the process

of reviewing, redesigning and improving delivery of services. It also offered a useful tool for conducting customer needs assessments.

Which target audience?

The target audience will be smokers from Brinnington who are contemplating stopping smoking in the near future, but for whom the service is not currently attractive. The core team has identified two key segments (men and also younger women with young children) who are most seriously underserved and to whom a new intervention can make the most difference.

What behavioural goal?

The programme's goals are to: increase the acceptability of using the smoking cessation service amongst groups who do not currently use the service; reduce drop-out

from services; and increase the likelihood that a quit attempt will be successful. These will be given specific measurables before the project progresses.

How's it going?

It's been an interesting process – a valuable opportunity to stand back with a critical friend and gather quantitative statistics as well as qualitative feedback, such as the opinions of service users and providers which were gathered through primary research. This has highlighted the benefits of listening to the consumer about the service they want and understanding what attracts people or turns them away from using certain services.

The project is currently in the development phase. Stakeholders for the two key segments have been identified and engaged

with, and are supportive. Plans have been developed which have been scrutinised by a group of community members, current smoking cessation professionals and other key stakeholders. These meetings (with our 'Solutions Team') have also been used to inform the communications strategy and creative brief which are in the process of being completed. We envisage the first steps of implementation to take place by the end of July.

Lessons learned

The principles of social marketing need to be adapted to fit the resources of a PCT public health directorate which doesn't have resources to commission external consultancy and communication work. Another key challenge will arise in trying to set accurate baselines and effectively monitor the impact of new interventions.



“‘Insight’ is now one of the most frequently used words in our partnership planning debates. Moving from talking to actually gaining insight and using it is really exciting.”

Site 5

Kirklees PCT & Kirklees Council *(Yorkshire & The Humber)*

Phil Longworth

Topic area

To reduce the rise in overweight and obese 16-24 year olds who attend Higher and Further Education institutions (HE and FE) across Kirklees.

Why this topic?

Obesity is an increasing problem across the country, and regional data suggests that it is especially an issue within the 16-24 age group in our region. A fair amount of work is already being done with younger children, but there is a lack of focus on the older, 16-24 age group. Statistics show that in our region obesity rates for adults are above the national average and the regional rate of obesity in young adult males (16-24) is the highest in the country. Colleges and universities have expressed an interest in development work in line

with national obesity targets. Working with these institutions offers opportunities for facilitating research and strengthens collaborative working to deliver proposed interventions.

Why social marketing?

Social marketing has been identified as an approach to improve the effectiveness of interventions that aim to change behaviour. Very little is currently known about the attitudes and behaviours of the target group. The social marketing emphasis on insight, customer focus, and detailed qualitative research was attractive, offering an opportunity to fully understand the needs and motivations of these young people, before designing an intervention that might best address them.

Which target audience?

The target group is students aged 16-24, attending FE or HE colleges in Kirklees who are overweight or obese.

What behavioural goal?

The behavioural goals have not been clearly defined yet, and might have several components once insight work with students is finished. However, the broad objective is to halt the rise in obesity and promote healthy lifestyles, so this will link to behavioural changes in a range of areas, including a drive to more physical activity or sport, reduction in the consumption of alcohol, reduction in fast food, healthier food alternatives, cooking skills, self-esteem and participation in specific weight management services.

How's it going?

There is a positive buzz about the project.

Lots of scoping and insight has taken place both with the target audience and with key stakeholders in the partnership. There is a general sense of enthusiasm and interest, particularly as we now approach the pre-testing of ideas with the group. After the initial pre-test of ideas these will be refined and tested again to make sure that we are giving the students exactly what they want. The intervention stage will be a new challenge that we hope will achieve positive outcomes.

Lessons learned

The research work that has been done so far has shown how little is known about how people really lead their lives. We all project our own ideas about people onto them, making assumptions and basing guesses on our own experiences. However, we are very seldom accurate, and our work needs to be backed up by detailed research and by listening to people.



“It’s been a slow, step-by-step process so far, involving adaptability along the way. Findings from qualitative research led to significant changes in the project’s focus.”

Site 6

Dudley PCT (Midlands)

Trish Bussell

Topic area

Increasing fruit and vegetable consumption, via local food retailers.

Why this topic?

In the 20% most deprived wards in Dudley, only 18.4% of residents achieve a daily intake of five portions of fruit and vegetables. Research shows that many people think their local retail offer does not support a healthy diet – some shops sell no fruit or vegetables at all. We have conducted detailed research into further defining the problem, who is affected and people’s attitudes towards local shops and their provision of fresh produce.

Why social marketing?

Social marketing was seen to be just one step further than really good health promotion work. Having heard the NSM Centre present on the benefits of social marketing, the team were keen to see how it could be used to structure the project’s design and implementation.

Which target audience?

The proposed target audience will be varied in terms of age, ethnicity and gender, but will be those living in one of the most deprived wards in Dudley and within a 10 minute walk of a local retailer. The proposed segments that the second phase of scoping will focus on are young families, lone parent households, and those without access to a car.

What behavioural goal?

Our overall aim is to increase fresh fruit and vegetable consumption in one of the most deprived areas by a measurable amount. Our SMART objectives will be set after the scoping work is completed.

How’s it going?

Our original idea was to increase supply and demand simultaneously, running cooking classes that featured specific fruits and vegetables, which would then be ‘on promotion’ in local shops. However, qualitative research has so far suggested that local shops are not normally used in the purchase of fresh produce for a number of reasons. It has not yet been determined whether or not the original project plan would be well received. We now have to

use further research to work out what might improve the provision and consumption of fresh produce in our selected ward, and the steering group will have to come to a joint decision about the intervention we pursue.

Lessons learned

Our experience demonstrates the importance of developing full insight into the realities of people’s lives and not making assumptions about what shoppers want and what interventions might work.



“We believe we have more chance of affecting behaviour through social marketing than through top-down messaging.”

Site 7

North Tyneside PCT (North East)

Jan Southern

Topic area

Kerbside alcohol consumption in young people.

Why this topic?

A borough-wide consultation for the Sustainable Community Strategy revealed widespread fear of crime amongst residents, and particular anxiety about young people drinking on the streets.

Why social marketing?

The Choosing Health report lauded social marketing as the new way forward, suggesting growing evidence of its effectiveness – especially in work with young people. This emphasis on insight and understanding appealed because to tackle kerb-side drinking in North Tyneside it is essential to understand exactly what is happening, who is involved and why they behave the way they do.

Which target audience?

Young people in North Tyneside aged 13–16 are the general target audience. Young people’s services like Barnardos and the Youth Offending Team provided initial information on local young people. However these groups were small with complex behavioural issues, and although useful, were not deemed to be particularly representative of underage kerbside drinkers in the borough. A more normative selection from the same age group was identified, and interviews were subsequently conducted with young people picked up drinking on the streets by police and the parents of these young people. Participant observations were also undertaken in ‘hot spot’ areas with underage street drinkers who gather in large groups on Friday evenings. In addition, shopkeepers, local residents and key stakeholders took part in interviews.

What behavioural goal?

A reduction in kerb-side drinking is the overarching behavioural goal. The social marketing report called for a multi-faceted approach to addressing the challenge of underage street drinking, spearheaded by the provision of an ‘out of hours’ building based youth service. Provided the recommended service is established, we will monitor service use and garner young people’s feedback with regard to its impact in deflecting them away from street drinking. We will also monitor the number of licensed retailers selling alcohol illegally to young people to see whether the measures put in place to address the illegal sale of alcohol to young people and the problem of proxy sales have been effective.

How’s it going?

We’re continuing to make good progress. The primary research gives insight into why young people drink on the streets, and proposes a clear multi-pronged approach comprised of: 1) An ‘out of hours’ building based youth service located in target areas, 2) supplementary ‘out of hours’ youth activities, 3) a targeted campaign on the

consequences of illegal sales and proxy sales, 4) increased access to youth services (e.g. affordability, transport, incentives) and 5) an effective communication strategy to promote the intervention. A multi-agency steering group has been established to take forward the findings and recommendations of the SM report and to lead on the planning, development and implementation of the intervention. The involvement of Children’s Services at North Tyneside Council will be key to the success of the project.

Lessons learned

The project has shown that it’s important to give thought to how the success of the project is going to be measured when considering topics worthy of social marketing. Having a robust baseline of current behaviour among the target audience at the start of the project will help when it comes to demonstrating successful behaviour change at the end. Also, expect to amend your original timescales as you go through the project. When dealing cross sector and cross culturally, it’s inevitable that things take longer. Better to take your time and get it right!



“Despite the necessary investment of human and financial resources, there’s been a really positive feeling around the project.”

Site 8 Lewisham PCT (London)

Jane Miller

Topic area

Smoking in the Evelyn Ward of Lewisham Borough.

Why this topic?

Smoking is a priority area for Lewisham. Smoking prevalence is higher than the national average, with high levels of deprivation, cancer and circulatory mortality.

Why social marketing?

There was existing interest in social marketing within the Lewisham PCT. The possibility of a different approach to tackling smoking cessation was attractive, and it was made possible through Department of Health Tobacco Control National Support Team funding for a social marketing project to support potential ‘quitters’ in the Borough.

Which target audience?

The Evelyn ward was chosen as it has the highest levels of deprivation and the highest smoking prevalence within Lewisham. Primary scoping work identified three target audiences in the Evelyn Ward: adults aged 35–44; parents with primary-school-aged children; and adults in routine employment, all of whom are motivated to quit.

What behavioural goal?

To increase the number of people in Evelyn ward quitting smoking using an NHS Stop Smoking Service within one year of the intervention launch. We know that less than half of those who attend an NHS Stop Smoking Service actually do end up quitting so, in order to increase the number of quits, a related goal will be to increase the number of people setting a quit date with an NHS

Stop Smoking Service within a year of the intervention launch.

How’s it going?

The project has established a Steering Group. An initial training day was well attended by 20 local stakeholders, most of whom are now on the Solution Group. Secondary and primary research has been conducted. The steering group is now awaiting the full report of the primary research to identify if any further research with specific target groups needs to be undertaken. The Solutions Group have met to review the research and discuss possible intervention options. The two key pieces of insight apparent from the research are: 1) Lack of appropriate service provision, and 2) ‘Stress’ as a reason for smoking, barrier to quitting, and reason for relapsing. The Solutions Group will meet again, once all primary research has been reviewed, to discuss relevant intervention options that meet the needs of the different target audiences.

Lessons learned

The process has been far more labour- and time-intensive than originally expected. There is a need for dedicated capacity from the PCT. The PCT is considering appointing a project manager who can take ownership of the project as it develops, overseeing all of the stages of the planning model, from scoping and design, through to development, delivery and evaluation. This will remove some of the pressure on the PCT lead who does not have the requisite capacity to drive this project forward in addition to their current roles, and ensure local ownership.

Buy-in from local stakeholders, and from the target audience, is really important, so it’s crucial to have someone who will ensure that communication is consistent, that people feel fully involved, and that the necessary training and support is available. We have not been able to get current smokers, current or previous users of the service or service providers outside of the PCT to the Solution Group. It is vital that mechanisms are developed to ensure that these stakeholders can feed into and comment on intervention proposals.



“Whilst much attention has been given to increasing overall breastfeeding rates, exclusive breastfeeding has received less attention. In Brighton and Hove we are keen to find out how social marketing can help us to improve our rates of exclusive”breastfeeding in line with national guidance”

Site 9 Brighton & Hove PCT (South East)

Martina Pickin

Topic area

Supporting breastfeeding.

Why this topic?

Brighton and Hove were already working to promote breastfeeding to meet national targets. On hearing that the NSM Centre was looking for demonstration sites, we applied, with an interest in finding out how social marketing techniques might help to inform a more targeted approach to our work.

Why social marketing?

We were keen to discover how social marketing differs from other health promotion thinking, how it might be applied on the ground and, in a sense, what all the ‘hype’ was about.

Which target audience?

Our audience is women who start to breastfeed but change to formula feeding before the baby is six weeks old. This target audience was selected for two reasons: first, rates of initiation of breast feeding in Brighton and Hove were already fairly high; second, national surveys report that 90% of mothers who begin breast feeding their baby give up sooner than they would have liked.

What behavioural goal?

To increase exclusive breastfeeding at 6-8 weeks, the rationale being that if we can get women to this point we are more likely to be able to meet our long-term goal of increasing rates of exclusive breastfeeding at six months.

Discussions about measurement have identified the need to define and differentiate exclusive breastfeeding, any breastfeeding and mixed feeding. Although the goal is to increase exclusive breastfeeding, the project will include increasing the duration of any breastfeeding. Breastfeeding at 6-8 weeks will be measured in line with national guidance. Preparations to measure breastfeeding at six months will need to be arranged.

How’s it going?

It’s been an interesting process bringing together social marketing and infant feeding expertise to work together on a shared goal. It took time to define roles and has taken longer than anticipated to work through the different stages. However, we have completed an in-depth scoping report and carried out qualitative research with mothers to better define and understand the target audience. Since

research has highlighted the importance of health professionals in influencing rates of breastfeeding, we have also conducted research with this group. In addition, research with GPs and fathers will be conducted.

Lessons learned

- Engage all those who may need to be involved in the intervention at the start of the project.
- Define the time that each stage requires at the onset so that effective project planning can be achieved.
- Ensure there is sufficient funding available for the research to be conducted in the scoping phase, as well as for the intervention itself.
- Develop a shared agenda using the expertise of the project group and those with social marketing experience.
- Establish a steering group and ensure that progress is regularly monitored.



“Our communities deserve a unique solution. We did not want to use the same old approach and have no positive effect.”

Site 10

Tameside & Glossop PCT (North West)

Kathy Powis & Gideon Smith

Topic area

Breast cancer awareness and breast cancer screening to enable early intervention.

Why this topic?

Local data showed that although cancer incidence in our area was in line with national averages, the number of people actually dying from cancer was higher. This high death rate seemed to be due to late presentation of cancers, and we felt that work around this issue might help to increase cancer survival rates.

Why social marketing?

There was a desire to understand and act on real insight, rather than to continue doing what had always been done, and

social marketing offered a way of managing this new approach. In order to understand why women were failing to attend for routine mammograms, and why they were presenting late with breast cancers, it was necessary to understand their thought processes, feelings and self-perceptions.

Which target audience?

Women, aged 35–50, living in the top 10% of deprived communities in Tameside and Glossop.

This age group has been targeted to increase the possibility of early detection in younger women (and subsequently between screenings) and to increase interest in and uptake of breast screening.

What behavioural goal?

The exact goal hasn't been defined yet. The programme hopes to achieve a change in awareness and self-confidence so that women will know the facts about breast cancer, will understand how to check themselves properly, and will be confident that they know how to act and what to do in order to look after their breast health.

How's it going?

The project is still in the early scoping stage. Progress has been slowed by the lack of human resources at the PCT. Secondary research was commissioned to Barkers Social Marketing Company and has just been completed. Upon review of the desk research report, we will decide if further primary research needs to be conducted

with the target audience and how a baseline will be determined. A stakeholder analysis will also need to be conducted and key stakeholders engaged.

Lessons learned

Although the project is just getting going, lessons have already been learned. Breast awareness is affected by a host of psychographic factors, including self-efficacy, confidence, body image and embarrassment. The more we can learn about these factors and the ways they influence women's behaviour, the more likely we are to design a successful, insightful intervention. Furthermore, we as professionals are really confused about breast awareness. If we are confused, how are we supposed to help local communities?

Lessons learnt so far

Plan: map out the stages and necessary steps for your project clearly and realistically, and remember: the less money you have available, the more you need to plan.

Get engaged: involve the end user as much as possible and at all stages of the process, from initial research through to design, delivery and evaluation.

Gain insight: get to know your problem behaviour, your desired behaviour, and your audience. Work out what moves or motivates people to act in the way that they do, and identify actionable insights that might be used to prompt change.

Find the right target: you may think you already know who your target audience will be, but research may reveal new or more relevant options. Don't be too quick to jump to conclusions – take time to work out who you really need to influence in order to achieve your goal.

Take time: make sure you invest sufficient time in the scoping stage of your project – quality research can be a long process, but it will yield invaluable results in terms of insight and project outcomes.

Hold back: don't be tempted by the quick fix. There can be pressure to act quickly on early research findings, in order to meet government targets. Social marketing looks towards longer-term solutions and requires measured, planned responses.

Define baselines: in order to work out whether a programme has been successful, you have to know where you started from. Success can only be measured against robust behavioural baselines.

Manage that project: social marketing is a staged and systematic process. Make sure that you define roles and responsibilities early. Commit to the project in its entirety, and have a manager in place who can see it through with energy and drive.

Communicate: give clear messages, to the right people, from the beginning to the end of the project. Make sure your stakeholders know what's happening, when and why, and feel well informed along the way.

Be flexible: research findings often defy expectations. Shed your preconceptions and be ready to adapt your project and change track if required.

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