National Health-related Campaigns Review

A review of 11 national campaigns

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# Contents

**Introduction – National Social Marketing Centre**  
Centre aims  
Research programme objectives  
Summary of research papers in development  

1: **Selecting the campaign - What can we learn from past and current campaigns?**  

2: **Summary and Synthesis**  
2.1 Evidence of application of the social marketing model  
2.2 Emerging themes and issues  

3: **The Campaign Reviews:**  
3.1 Testimonials  
3.2 ‘Give up before you clog up ’  
3.3 The Teenage Pregnancy Strategy  
3.4 Community HIV/AIDS Prevention Strategies (CHAPS)  
3.5 Flu  
3.6 Five a day  
3.7 Mind out  
3.8 Keep warm keep well  
3.9 Frank  
3.10 Vehicle crime  
3.11 THINK!
INTRODUCTION – National Social Marketing Centre review work

Dominic McVey and Clive Blair-Stevens

The aim of the Centre:

to help realise the full potential of effective social marketing
in contributing to national and local efforts
to improve health and reduce health inequalities.

This paper is part of work contributing to the independent National Review of health-related programmes and social marketing campaigns that was first announced as part of the Public Health White Paper ‘Choosing Health’. The work was undertaken by the National Social Marketing Centre and was published in June 2006.

The discussion and consultation that fed into the development of that White Paper had highlighted a number of concerns. Two of particular relevance to this work were:

• A growing realisation that continuing with existing methods and approaches was not going to deliver the type of impact on key health-related behaviours that was needed.

• Other comparable countries appeared to be achieving more positive impacts on behaviours by using and integrating a more dynamic customer-focused social marketing approach into their methods.

As a result, it was agreed that a National Review should be undertaken to examine the potential of social marketing approaches to contribute to both national and local efforts, and to review current understanding and skills in the area among key professional and practitioner groups.

The National Consumer Council was asked to lead this work as they had been key advocates for a more consumer-focused approach. It was also recognised that an independent aspect to the review would be important so that existing practice across the Department of Health could be considered and recommendations developed.

To inform the National Review a range of research methods and approaches were used. The overarching objectives of the research programme were as follows:

Research programme – overarching objectives

1: To review the growing evidence-base for Social Marketing in some key priority areas.
2: To examine current government practice and effectiveness in delivering health-related programmes and campaign interventions.
3: To better understand stakeholder understanding and perceptions of social marketing
4: To consider key behavioural trends and progress towards government health-related targets.
5: To consider and assess the costs to society of preventable ill-health and assess the potential of Social Marketing to contribute to reducing that cost.
6: To map current national capacity to utilise and deliver Social Marketing approaches.
7: To map key social and market research sources available to those developing health-related programmes or campaigns.
While the NSM Centre has a small core team, a larger number of external associates have been actively contributing to developing work. These have included colleagues from a number of research organisations and individual consultants who have been commissioned to assist with developing aspects of the research programme.

This report is one of a range of research and review reports that have informed the National Review.

<table>
<thead>
<tr>
<th>Summary of NSM Centre papers – currently being developed</th>
</tr>
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<tbody>
<tr>
<td>NSMC1 Effectiveness Review: Physical Activity and Social Marketing</td>
</tr>
<tr>
<td>NSMC2 Effectiveness Review: Nutrition and Social Marketing</td>
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<tr>
<td>NSMC3 Effectiveness Review: Alcohol, Tobacco and Drug misuse &amp; Social Marketing</td>
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<tr>
<td>NSMC4 Social Marketing Capacity in the UK: Academic Sector – initial selective review</td>
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<tr>
<td>NSMC5 Social Marketing Capacity in the UK: Commercial Sector – initial selective review</td>
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<tr>
<td>NSMC6 Social Marketing for Health in the European Union – initial selective review</td>
</tr>
<tr>
<td>NSMC7 National Health-Related Campaigns Review – selective review of 11 campaigns</td>
</tr>
<tr>
<td>NSMC8 National Stakeholder Research Findings – current understanding and views</td>
</tr>
<tr>
<td>NSMC9 Summary review of current use of Social Marketing across Government</td>
</tr>
<tr>
<td>NSMC10 Health economic analysis: Initial look at the societal costs of preventable ill-health</td>
</tr>
<tr>
<td>NSMC11 Social Marketing Research – compendium of social &amp; market research sources</td>
</tr>
<tr>
<td>NSMC12 Overview of key behavioural trends and targets re: ‘Choosing Health’ priorities</td>
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</table>

Providing comments and views

The research programme is revealing invaluable insights into the use and effectiveness of social marketing related interventions and has provided a robust platform to inform the first National Social Marketing Strategy for Health.

The work however also has a much wider value and interest. Anyone working to elicit positive behavioural effects within different audiences, whatever the focus or topic, should find these reports of interest. It will be of particular relevance to those working on or contributing to health-related programmes and campaigns, whether in public health, health promotion, communications or as dedicated social marketers, at a national or local level.

To encourage debate about Social Marketing we would like to take this opportunity to invite readers to offer their views and feedback on the ways they think health-related programmes and campaigns might be improved, drawing on core social marketing principles.

As other work and material is developed it is being made available via the website on: www.nsmcentre.org.uk. We welcome your comments and ideas which can be emailed to us at: nsmc@ncc.org.uk.
Finally, we would like to thank particularly colleagues Kaye Wellings, Adam Crosier and Tim Jennings for undertaking this work and contributing to our national review.

Thanks are also due to our other National Social Marketing Centre colleagues and associates who have all helped ensure this work could contribute to the national review.

We look forward to receiving further comments and views.

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1: Selecting the Campaigns for Analysis

Following the distribution of the research brief to the Department of Health and a number of discussions with the Department of Health Communications team, campaigns were selected for analysis based on a number of criteria.

In order that staff who worked on campaigns would still be available for interview it was agreed that only campaigns which were in operation within the past 3 years would be selected. Most of the campaigns selected are still in operation. Other criteria were applied to ensure a broad spectrum of marketing approaches, budgets and target groups would be covered in the analysis. Also a number of campaigns were chosen which, whilst funded by the Department of Health, were managed directly by other external NGO’s.

The final list of campaigns was agreed during a meeting between The NSMC and DH Policy and DH Comms representatives in October 2005.

Based on a set of criteria for selection of interviewees, The DH then provided a list of people to interview from the DH, other government departments and external agencies involved in the development, implementation and review of each campaign. Attempts were made to interview all of the named individuals and some additional public health professionals with expertise in the relevant area.

For the THINK campaign and the Vehicle Crime Campaign the NSMC team contacted key people from DfT and The Home Office and asked them to provide a list of people to interview based on the agreed interviewee specification.

The interviews were conducted between November 2005 and April 2006.

Sources of Data

For each of the campaigns selected the following sources of information were collected and analysed:

- Campaign materials
- Evaluation materials
- Other relevant documents – e.g planning documents, advertising briefs
- 5-8 Interviews with key informants involved directly with the campaigns or the issue. The majority of the respondents for interview were selected by the government departments and included: Policy and communication staff from within the Government department, The Central Office of Information (COI) advertising agencies, PR agencies, partnership marketing organisations, voluntary organisations (interest groups) and academic public health experts

Report Structure

Each campaign has a separate report structured within a predefined set of headings followed by an overall evaluation and assessment.

The overall key findings and emerging themes from the study are described in the Synthesis section.
The campaigns described represent a broad range of activities. Their key characteristics are summarised in Table 1a. Some are lifestyle related, such as smoking, drinking, eating and sexual activity; others involve uptake of health care, such as immunisation; or a social intervention, such as home heating. Some seek to change knowledge and attitudes, others to change individual behaviour and social context.

Table 1b: THE CAMPAIGNS

<table>
<thead>
<tr>
<th>Campaign</th>
<th>Subject</th>
<th>Government Agency</th>
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<tbody>
<tr>
<td>Testimonials</td>
<td>Smoking</td>
<td>DH</td>
</tr>
<tr>
<td>Give up before you clog up</td>
<td>Smoking</td>
<td>DH</td>
</tr>
<tr>
<td>Teenage pregnancy</td>
<td>Sexual health</td>
<td>DH/DFES</td>
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<tr>
<td>CHAPS</td>
<td>Sexual health</td>
<td>DH</td>
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<tr>
<td>Flu</td>
<td>Immunisation</td>
<td>DH</td>
</tr>
<tr>
<td>Five a day</td>
<td>Healthy eating</td>
<td>DH</td>
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<tr>
<td>Mind out</td>
<td>Mental health</td>
<td>DH</td>
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<tr>
<td>Keep warm keep well</td>
<td>Keeping warm</td>
<td>DH</td>
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<tr>
<td>Frank</td>
<td>Drug use</td>
<td>Home Office/DH</td>
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<tr>
<td>Vehicle crime</td>
<td>Vehicle crime</td>
<td>Home Office</td>
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<tr>
<td>Think!</td>
<td>Road safety</td>
<td>DfT</td>
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WHAT WERE THE MAIN ACTIVITIES?

The selection also represents a range of approaches. Although we have loosely referred to them as ‘campaigns’, the examples range from those in which the emphasis has been almost exclusively on advertising, to those involving no direct ‘above the line’ advertising, focussing rather on broader channels of communication and partnerships linking them to wider activity aimed at marketing health concepts.

WHICH WERE THE TARGET GROUPS?

The campaigns illustrate both broad spectrum approaches, aimed at the general population; and narrow gauge strategies, aimed at specific populations identified as being already at risk (eg. smokers); potentially so (eg. young people); or as having attitudes and practices with the potential to put others at risk (eg. employers).

WHO WERE THE AGENCIES?

Statutory agencies are represented in all the chosen examples. Government departments are represented by dedicated structures established for the purpose of executing a preventive programme; and by the COI. In two cases, action was cross-departmental. Commercial agencies were also key players in every campaign, either as specialist social marketing agencies, advertising agencies, partnership marketing agencies and PR companies. NGOs were less in evidence, but were chiefly responsible for two of the campaigns.
WHAT METHODS WERE USED?

These include more orthodox above-the-line media (TV, radio, print and ambient media; outdoor and online advertising), and below the line activities (PR, partnership marketing and wider activities, such as personal counselling and staff training).

AT WHAT LEVEL OF ACTIVITY WERE AIMS PITCHED?

All campaigns aimed to change individual behaviour, but several sought also to make changes to the social context, addressing structural obstacles to health improvement.
<table>
<thead>
<tr>
<th>Table 1a: Summary of campaign characteristics</th>
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<tr>
<td><strong>Vehicle Crime</strong></td>
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<td><strong>Spend</strong></td>
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<td><strong>Agencies</strong></td>
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<tr>
<td><strong>Target behaviour</strong></td>
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<td><strong>Target group</strong></td>
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<td><strong>Media used</strong></td>
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<td><strong>Level of intervention</strong></td>
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2 Synthesis

2.1 Evidence of application of the social marketing model

KNOWLEDGE, AWARENESS AND PERCEPTIONS

General awareness of the concept of social marketing is high in this country, as is recognition of its value in preventive interventions. What seems lacking is a systematic, in-depth knowledge of the key principles and components, understanding of which is currently implicit rather than explicit. There is evidence of misconceptions of what social marketing is and does. The view of social marketing as synonymous with advertising campaigns aimed at individual behaviour change is still prevalent. An incomplete understanding of the social marketing approach and its role in public health may explain in part the irritation expressed at the current move to reinvigorate social marketing approaches, which some see as reinventing the wheel: ‘it’s what we’ve always done,’ whilst acknowledging that there may be room for improvement.

- Efforts are needed to formally elaborate the principles embodied in the social marketing model and actively encourage their systematic incorporation into government campaigns. Where this has implications for changes to current practice, these should be carefully articulated.

INCORPORATION OF KEY PRINCIPLES INTO CAMPAIGNS

The influence of social marketing is clearly evident in the execution of campaigns. Whilst direct application of social marketing is rarely explicit, many campaigns adopted some of its components. This is more commonly the case where an agency with experience of using social marketing techniques has been involved, (as in the case of Forsters in the ‘MIND OUT’ campaign), but several campaigns showed a strong grasp of social marketing (including ‘Teenage Pregnancy’ and ‘THINK!’). Interestingly, the campaign which scored on all criteria, ‘Flu,’ was the only one requiring uptake of medical intervention rather than personal behaviour change.

No alternative framework dominated in the campaigns. In general, the approach to intervention design was largely pragmatic, though there was evidence of the influence of the Stages of Change model (in ‘Testimonials’), and of the Health Belief Model (in ‘Teenage Pregnancy’) and its conceptual framework (perceived severity, personal susceptibility, knowledge of risk avoidance strategies and the absence of barriers to action).

- wider availability of a social marketing model may serve to guide the steps of a campaign.
- The relationship between social marketing approaches and theoretical behaviour change models used to guide campaign design and execution, should be formally set out, and the interface between them clarified.

i) Consumer research

Quality
The research base essential to underpinning consumer orientation was found to vary in quality. In some instances, campaigns had in place a well researched strategy based on sound evidence; in others the evidence base was weaker. Stronger
campaigns provided impressive evidence of thorough formative research including desk and qualitative audience research (‘Teenage Pregnancy’; ‘CHAPS’; ‘Think’). Research findings informed both the initial strategy of the campaign and ongoing development.

**Agencies responsible**
In most cases, strategic development research, consumer research and pre-testing of materials is commissioned independently of the advertising or PR agencies involved, by research agencies commissioned by the DH and/or COI, according to a standard template for the commissioning of such work. Many agencies themselves also carried out audience research, as in the ‘MIND OUT’ campaign. The dual focus was seen to have advantages. Agencies need creative development research to test execution ideas prior to pre-testing and to connect them more directly with their target audience. At the same time, there is a clear need to avoid over-reliance on relatively small scale qualitative work to guide audience segmentation, message exchange and competition analysis, which should be the domain of the independently commissioned scoping and strategy work. Care is also needed to ensure that the advertising/PR agencies do not direct research, especially since their concern is often with shorted term, rather than longer term effects...

**Non target audiences**
A common failing was for insufficient attention to be paid to non target audiences, the research focus being on the primary target group. Yet campaigns involving the mass media have the potential to reach those outside the target group, who may influence how the campaign is received and accepted (CHAPS).

**Consumer research and segmentation**
In a number of campaigns (‘Teenage Pregnancy’, ‘THINK!’, Flu and Frank) systematic and thorough consumer research has been carried out to good effect in further differentiating the target audience, that is, in refining and extending the more common socio-demographic categories used to demarcate target groups (see below). It has also been used effectively to identify messages and imagery that people will best engage with (‘Give up before you clog up’).

- A clear evidence based strategy should be articulated for every campaign.
- A focus on non-target audiences in consumer research is essential
- Consumer research aimed at guiding segmentation strategies may be more appropriately commissioned by the government department involved.

**ii) Segmentation**

**Moving beyond ‘demographics’**
In most campaigns there is evidence of targeting, certainly in terms of demographic and epidemiological criteria, and hence audience groups and risk groups. Audience research has been used to good effect in revealing typologies which help in segmentation, yet the more nuanced distinctions between population categories made in product marketing, for which the term segmentation is more properly reserved, have been less commonly translated into public health campaigns.

**Translation into practice**
The typologies revealed through research have been used to good effect in some cases. In the *Teenage Pregnancy* campaign: audience research commissioned by
the government revealed the need for dual branding (‘Edge’ and ‘Trust’ brands), and partnership marketing has been used to reach them. In other campaigns, such as FRANK, the lifestyle categories revealed in research (non-users, triers, potential users, and regular users of drugs), have been translated less obviously into the necessary hierarchy of messages and treatments, leading to criticism that all these groups have been addressed by one generic campaign. Similarly, in the case of the Flu campaign, research differentiated target groups on the basis of their attitudes towards immunisation (Avoiders; Refusers; Non-aware), but again the tendency has nevertheless been to use the term ‘at risk’ generically. There were also examples here of advertising agencies, as for example in Testimonials, confining research mainly to socio-demographic characteristics of audience groups.

- Greater focus on lifestyle, motivational and attitudinal research in segmenting audiences
- Segmentation and tightly focussed targeting may be more easily tackled through below the line activity such as partnership marketing.

### iii) Exchange

#### A challenges for social marketing campaigns

Exchange is a more challenging issue in the context of health-related action, which often involves forfeiting a tempting or pleasurable behaviour for little obvious gain. The challenge is greater where valued personal behaviours have to be given up or not started, than it is where the cost/benefit ratio more obviously favours taking up prevention messages, as in the case of medical interventions (‘Flu’) or social interventions which might involve financial assistance (‘Keep warm, Keep Well’).

#### Costs may be perceived as distant

The evidence for the link between specific behaviours and health outcomes is often equivocal. Furthermore, costs may be perceived as far downstream from current activity, so that the connection with behaviour may not be made, or not felt. This is less of a problem for campaigns focussing on behaviours with immediate consequences (‘THINK!’; Vehicle Crime) than for those where lead times between behaviour and health outcome are long (Testimonials; 5–a-Day; ‘Give up before you clog up’), and where the immediate benefits of behaviour change must be emphasised. In the Teenage Pregnancy campaign, for example, wearing a condom is presented as leading to greater social acceptance.

#### Framing reward

The campaigns reviewed revealed a shift away from old hard hitting imagery and fear-related messages. Campaigns which did use fear to motivate provided the necessary detailed cues to action, and did not use fear uncritically (‘5-a-Day’). Emotions relating to loss of life or loved ones were used in others (Testimonials) and ‘proxy’ worries, for example, about sexual performance, by others (‘Give up before you clog up’). Effective ideas relating to motivating behaviour change have come from international evidence, though largely from the English speaking world.

#### Using emotions to motivate action

The desire for high impact images and messages can prompt the use of hard hitting fear-inducing campaigns. The research urges conditional use of such approaches, that is, where a) the threat is seen to be real; and b) pointers to preventive action are provided. In our consultations with those involved in campaigns, awareness of the need to accompany fear messages with information and services (helplines, stop
smoking services and so on) to support individual change was high. Many of the campaigns reviewed have successfully drawn on evidence of effectiveness to focus on what works in changing people behaviour rather than simply appealing to a desire for startling imagery.

- There may be more potential in sharing evidence of what works in other settings in terms of motivating health enhancing behaviour
- An advance evidence-based strategy for campaigns appears to be a prerequisite to resisting desire for fear-led campaigns
- Depiction of proximate costs and rewards seem to be more appropriate than distal ones, particularly for young audiences

iv) Marketing mix

Above/below the line balance
Traditional advertising was used in all but one of the campaigns reviewed (5 a Day). There was criticism of over-reliance on use of above the line media in some campaigns, but in most, the use of commercial advertising was supplemented by more innovative approaches, such as partnership marketing. PR and direct marketing was used to good effect in some campaigns but in others opportunities, such as responding to news stories, were missed.

Partnership marketing
Campaign teams which had used partnership marketing to associate social or public health issues with a commercial brand with a specific identity were enthusiastic about its potential to bridge the world of public health and the commercial world of the consumer. There were, however, some concerns that the association of commercial brands with the NHS may undermine the current high value of the NHS brand. It was also less clear how the impact of this approach might be evaluated.

Media advocacy
The potential of media advocacy to influence change appears to have been less extensively exploited. It has been used successfully in tackling barriers in the perceptions of marginalised groups and issues (CHAPS; Teenage Pregnancy). In some instances it may be inappropriate for the government to be involved in media advocacy. For example, on the issue of banning smoking in public places this may be seen as the “government lobbying itself” for a change in legislation. Yet opportunities for more legitimate activities were not always taken up.

Integration of social marketing in wider preventive programmes
Social marketing stresses the importance of communications as one element of an integrated and comprehensive strategy. According to this principle, for example, tobacco control measures such as taxes on tobacco, a ban on advertising, smoke-free legislation and communications, take their place alongside campaigns in the strategy. In a number of campaigns (‘THINK’; Teenage Pregnancy; Vehicle Crime; Testimonials), campaign activity was wholly integrated in a broader preventive strategy. Other campaign teams showed less recognition that social marketing incorporated fiscal and economic measures.

Integration is more obviously a part of some campaigns than others, notably where campaign outcomes depend significantly on changes in the social environment. An important means by which the campaign was able to link with the programme as a
whole, was by flagging up and signposting features of the wider strategy, such as benefits, financial support, services, helplines and websites (Keep warm, Keep well; Testimonials; Teenage Pregnancy; CHAPS).

- Partnership marketing appears to be a particularly promising direction
- Awareness of the integrated nature of social marketing needs to be raised

v) Competition

Competing messages
Some campaigns took place in a context of multiple messages relating to the behaviour in question, the evidence for which was often equivocal (5-a-Day). Some campaigns addressed the alternative messages directly, as in the myth-busting ads of the Teenage Pregnancy campaign. In others, a subtle inversion of the competing message was used to attract attention to the issue (‘Give up before you clog up’).

‘Background noise’
Conflicting messages from other sources were evident in several instances. Coping strategies varied. In the case of panic media reporting of avian flu, which threatened supplies of the flu ‘jab’ by increasing demand from the ‘worried well’, action was taken by the DH to limit harm. In that of the leaked ‘Virgin’ component of the Teenage Pregnancy Campaign, there was, by contrast, little proactive response from the DH press office and the negative coverage had an adverse effect on planned components, some of which were withdrawn or not developed by the TPU.

Message overload
Where several campaigns have been merged into one, the campaign itself generated competition in relation to messages conveyed. Complaints of message overload were made with respect to ‘THINK!’ , for example, and the team envisaged a stage at which they would have to resist requests to incorporate still more messages.

- Active management of ‘free’ messages appears more effective than a more passive stance
- Proactive launch of publicity materials provides a higher degree of control over the message
- Rationalising campaigns has advantages in terms of economies of scale, and sharpening of focus but has the potential to further proliferate messages

vi) Stakeholder involvement

Strength in numbers
The wider the network, the more successful the intervention is likely to be in terms of effecting change at every level. The number of shareholders is clearly a strength of social marketing and many campaigns (Keep Warm, Keep Well; Flu; Teenage Pregnancy) depended heavily on partnership action at local level for their success.

Network size
Conversely, there may also be drawbacks to very large stakeholder groups, for the organisation of campaigns, for the speed with which they can be executed, and for the treatment given to an issue. Very large stakeholder groups were seen by some as needing extensive consultation and as having the potential for stifling creativity.
(Testimonials). The sheer volume and complexity may be a problem to commercial agencies more used to dealing with one client. The ability of advertising agencies to work well with stakeholders has become an important factor in selecting agencies to work on government funded campaigns.

Possible conflict
Application of social marketing principles of engaging stakeholders rarely begins with a blank sheet. Historical relations between voluntary agencies are often marked by competition rather than collaboration, in a bid for the same limited resources (CHAPS; MIND OUT). Thus relationships between stakeholders are not always harmonious. They may be characterised by clashes of culture and of interest.

Stakeholder involvement as a campaign aim
In several campaigns, bringing together stakeholder groups has been a specific aim of the campaign and funding has been invested specifically to motivate collaboration - to bring diverse and separate groups together as a partnership (CHAPS; MIND OUT; Teenage Pregnancy). In two campaigns, MIND OUT and ‘THINK’, disparate campaigns were combined in one programme, and this served to unite stakeholders.

- Continuity of the campaign over time allows partners to build good relationships and accumulate a shared knowledge base
- Converting stakeholder involvement and collaboration from a process to an outcome appears to be advantageous in galvanising efforts to make it work

| vii) Behaviour change |

The weak point, in terms of adoption of social marketing principles, seems to be the achievement of behaviour change. This is not because the campaigns did not focus on behaviour but because the evidence of effect is weak. Lack of robust evidence is a major problem both at development and assessment stages.

Social marketing campaigns – whatever their duration or budget should be part of an overall programme that does seek to change both social and individual factors. There were several examples of the lack of operation integration within and across governments departments. The social marketing elements, in most instances under-funded and of a very limited duration, were sometimes isolated from the wider government strategies thus making the expectations of behaviour change placed upon the campaigns unreasonable

Measuring behaviour change
Although some campaigns have attributed outcomes to the interventions (Vehicle Crime; Teenage Pregnancy) attempts at research designs which can show attribution of effect are rare. In the absence of more robust designs, advertising response and tracking surveys are often used to assess impact, and consequently short term gains in awareness, attitude change and brand recognition are given disproportion weight as success criteria for campaign effectiveness. Where on-going national surveys (for example the Health Survey for England) are used to assess behaviour change, analysis at the aggregate level does not, in most cases, show whether the target groups have been reached. Sub group analysis would be more valuable in this respect, but is not always carried out. Attention is not always paid to the appropriate level of indicator measuring outcome of the campaign. For example, where the
campaign aim is to change attitudes, an expectation of evidence of behaviour change may undermine the campaign, as in the case of *MIND OUT*.

**Evidence for impacts on behaviour**

Failure to use a robust design means that claims of success can be easily challenged. The problem in not doing so is not that there is no evidence of effectiveness, but that the evidence there is can be disputed because there are alternative interpretations.

- Evaluation, with measured outcomes clearly related to the agreed aims and target groups, to evaluate past efforts and guide future directions. Operational teams themselves express a strongly felt need for this.
2.2 Emerging themes and issues

1. MAINTAINING A PUBLIC HEALTH FOCUS

Challenges for the use of social marketing in the context of public health stem from the fact that the goals of commercial agencies may differ from those of public health bodies. Decisions may be taken on political or creative, instead of scientific, grounds. They may be driven by expediency and the need to spend money within a given time.

Ways of addressing

- A clear steer at the outset can prevent campaigns from drifting off course and departing from what was originally envisaged at the scoping stage.
- A pre-existing evidence-based strategy (Teenage Pregnancy) is effective in preventing non-public health agencies from dominating the agenda and keeping them on the public health path.
- A credible panel of public health experts included in the advisory group.

2. MANAGEMENT AND PROCESS

The model of working between the commissioning agency (i.e. Government Department or NGO) and commercial agencies is not without problems. Whilst a close relationship between the commissioning and advertising agencies in the planning, development and delivery of communications strategies has advantages, it is seen by some to be too ‘cosy’. Clear boundaries are needed to avoid the perception that policy is determined by commercial agencies. One reason for the close collaboration may be time constraints and pressures. The impression in this review was of an over-stretched and under-resourced workforce within some Government departments, an impression confirmed by many of the government workers interviewed. This was especially the case at DH where there are few Comms staff and those there are, work on several programme areas. This is to be contrasted with the situation at DfT, where the ‘THINK!’ campaign had a staffing level of 10 wte, working on a single programme area.

Some respondents took the view that government communications staff should make more of a contribution to the strategic development of campaigns. Currently comms staff are there to advise on the technical aspects of a campaign and will defer to policy officials for expert policy input.

The COI were seen as playing a relatively minor role in the intellectual development of most campaigns, that of ‘broker’ and ‘agent’ (particularly with regard to accessing specialist services (research, new media, partnership marketing and purchasing media),

There was some debate about what, if any, added value COI offers. However, many felt they had more to offer, in particular, they have senior, experienced staff with a sound knowledge of social marketing. COI appear to be ‘frozen out’ of the creative and intellectual design of programmes by some Government departments who, with some justification, appear anxious to retain control and ownership over the creative process. In other instances a lack of clarity over demarcation of roles, that is, an overlap between the responsibilities of the COI and DH overlap, leads at times to duplication. In some cases, there would appear to be a good case for acknowledging
COI’s experience and expertise and reconfiguring the relationship between COI and DH.

Concern was also evident with regard to the relationship between the commissioning agency and the research companies used to evaluate them. The review found that in some cases, the tendency to want to provide ‘good news’ could, on occasions, bias the presentation and dissemination of research findings.

Ways of addressing

- The lack of clarity in demarcation of roles between the COI and DH, leading at times to duplication, needs to be resolved.
- The relationship between COI and DH needs to be reconfigured to acknowledge COI’s expertise. Added value may be offered by their sound knowledge of social marketing. At the time of this review, the DH were negotiating new working arrangements with the COI to address these issues.
- There is the potential for Comms staff to make more of a contribution to the strategic development of campaigns.

3. MINISTERIAL INVOLVEMENT

Involvement of government ministers in all aspects of the social marketing programmes attracted a good deal of comment from the majority of observers. Generalisations about the merits of ministerial involvement are difficult since so much depends on the subject matter. The more controversial the subject matter, the more inevitable it is that ministers will be drawn into campaign planning and execution.

In the case of sensitive areas of behaviour, such as drug use, sexual health and teenage pregnancy, it seems clear that some distance from government, and hence linkage with ministers, has benefits in terms of freedom of the campaign to pursue its objectives without censorship. The CHAPS programme illustrates the feasibility of this approach, and the degree of its international transfer and application would seem to confirm its effectiveness. The situation is more difficult in the case of Teenage Pregnancy, a more visible issue and one in which government endorsement is needed to give the campaign its clout in terms of making macro level changes.

Ways of addressing

- The more sensitive the subject matter, the more distant should be governmental involvement. Government may not feel comfortable with such subjects, and government agencies are not looked to first by the public for advice on such matters.
- A pre-existing evidence-based strategy, (as, for example, used in the Teenage Pregnancy strategy) provides support for particular approaches and guards against campaigns being blown off course by political exigencies.
- The government brand should be used selectively, especially in relation to the health evidence and rationale.
4. LOCAL/NATIONAL INTERFACE

Joining up national and local efforts has added value since a) resources are held at local level (as with road safety), b) services are delivered at local level (as with NHS stop smoking services) and c) national social marketing efforts can be reinforced by local action. Strong grass roots support can make or break a campaign. Relations between national and local levels are not always ideal. Control from the centre has in some instances restricted the reach of social marketing campaigns. The need to retain control over materials at national level has at times limited their application at local level. The ‘field’ often wants more radical approaches and there may be tension between marketing theory and health promotion theory.

Ways of addressing

- Responsibility has been successfully devolved to local agencies in several campaigns (in the use of Drug Action Teams in FRANK; local co-ordinators in Teenage Pregnancy; local MESMAC teams in CHAPS; PCTs in FLU)
- Good communications with regional agencies, efforts made by national staff to support regions (Teenage Pregnancy; MIND OUT); and regionalised press releases created by the PR agency (Testimonials) have addressed this issue
- Nationally produced generic messages and materials that can be used by all, with autonomy at local level, are exemplified in Testimonials and MIND OUT

5. SUSTAINABILITY

Certainty over the scale of the intervention, the budget and the length of development time is important. Insecurity inhibits creativity; induces paranoia; and can lead to infighting. Conversely, long term continuity can itself present challenges in terms of finding fresh approaches (‘THINK!’). Discontinuity may be caused by precariousness of funding (MIND OUT), fixed term ring fencing (Teenage Pregnancy), lack of political will, and public pressure to do something different. Problems of lengthy sign-off times and difficulties obtaining approval for action (FLU) can also endanger continuity. Lack of continuity creates ‘Stop-start’ approaches; periods of inactivity may occur for budgetary (MIND OUT) or political (Teenage Pregnancy) reasons.

Delays and discontinuities are not always related to the size of the budget. Even modest campaigns like Keep Warm, Keep Well encountered resource problems. Uncertainty over budgets tends to lead to inertia, or repeating tried and tested formulae seen as ensuring funding. Problems of lengthy sign-off times and difficulties getting approval for action (Flu) have also endangered the sustainability of campaigns.

Ways of addressing

- Demonstrating effect helps secure continued funding (Testimonials and FLU), and the converse is also true (MIND OUT).
- Setting in place mechanisms for mainstreaming, building objectives into local performance indicators (Teenage Pregnancy)
• “Diffusion of innovation”: in the *MIND OUT* campaign, local agencies continued action after the campaign end, since they still had materials and momentum.

• Long term involvement of key individuals (*FRANK*; *Flu*)

### 6. BRANDING

Government branding is needed in some campaigns, particularly those requiring authoritative scientific evidence. Branding needs careful handling, especially in campaigns aimed at young people (*FRANK*). If new brands are to work they require considerable investment. A thorough analysis of the costs and benefits of creating new brands should be conducted prior to committing to this level of investment.

Ways of addressing

- ‘Hidden’ or ‘covert’ government involvement, as for example in *CHAPS*; *Teenage Pregnancy* and *FRANK* appears to have been an effective strategy

- Selection of different types of authority to underpin messages and ensure engagement with intervention aims

### 7. INFLUENCING BEHAVIOUR: ATTRIBUTION OF EFFECT EVALUATION

All programmes struggled with evaluation – particularly that seeking to demonstrate the impact of the programme. A major problem was demonstrating outcome convincingly in complex, multi-faceted campaigns. Rigorous attempts to attribute behaviour change to campaigns were rarely evident.

Common failings include:

- Insufficient strategic research at the scoping stage with which to define the most appropriate indicators

- Absence of baseline data from which to measure progress in achievement of goals (*MIND OUT*)

- Indicators at incorrect level, with regard to the aims of the intervention, or the target group. Campaign endpoints vary greatly, from ‘soft’ proximate outcomes, (attitudes; *MIND OUT*) to hard distal ones (uptake of flu jab; *Flu*)

- Inappropriate interpretation of data: small, statistically insignificant changes between ‘waves’ of fieldwork are often seen as progress towards intervention goals, and hence as the basis for changes to messaging and targeting.

- Over reliance on tracking data measuring recall and recognition at the general population level results in the effects of the nuances in targeting, suggested by the segmentation, not being measured by the research.

**Ways of addressing:**

i) Strategic research to support the development and hence the effectiveness of the campaign.

ii) Increased attention to the ways in which the attribution of effects can be demonstrated. Experimental evaluations are rarely possible, but other
means: variations in individual behaviour change by exposure to the intervention, area differences by campaign weight; and international comparisons, have been effective in demonstrating attribution.

iii) More rigorous attempts to triangulate data from variety of quantitative and qualitative sources

8. TARGET SETTING.

A final problem inheres in the setting of overly ambitious long term targets. This may be motivated by a desire to maintain momentum and to give local and national workers leverage to negotiate resources around the issue. Targets have sometimes been set at unattainable levels, particularly with regard to past prevalence. For example, in the Teenage Pregnancy strategy, a reduction of 50% from base in a ten year period is challenging particularly since the teenage pregnancy occurs in a small and relatively intransigent group and is associated with some fairly intractable economic co-factors. Then, when modest but consistent decreases have been achieved, and the evidence is fairly convincing that they are attributable to campaign efforts, it is nevertheless possible for detractors of the programme to claim that the strategy has failed because the long term target is likely to be only partially met.
3.1: Testimonials

BACKGROUND

The past decade has seen a dramatic change in government response to smoking. In 1998 the Labour Government produced the first ever white paper on tobacco, ‘Smoking Kills’\(^1\), followed by two further white papers on public health: ‘Saving Lives’\(^2\) and ‘Choosing Health’\(^3\), all of which stressed the importance of reducing smoking prevalence in reducing health inequalities and improving public health. They also cited evidence from international reviews of the need for a comprehensive and integrated strategy to tackle the harm caused by tobacco, including mass media campaigns.

The Government’s tobacco control campaign integrates communications and policy. The communications element forms one of six strands of an integrated strategy designed to reduce smoking and smoking related harm:

- media and education
- building stop smoking services
- reducing supply and availability of tobacco
- reducing tobacco promotion
- regulating tobacco
- reducing exposure to second hand smoke

The Testimonials campaign is one element of one of the strands of the media and education campaign, and falls under the heading of ‘Motivations’, which aims to promote quitting. Other strands include ‘Raising awareness of the harm caused by second hand smoke’, ‘Support to stop smoking’ and ‘Product and pack’ – tackling the tobacco industry.

It is important to appreciate this context, and the position that Testimonials occupies with the portfolio of campaigns – and to acknowledge the inter-action of the various communication strands. Several respondents felt that a review of the Testimonials campaign in isolation was inherently problematic.

History of the Testimonials campaign

The Testimonials campaign was developed originally in 1997 by the HEA in response to three main influences:

a) Strategic research commissioned by the HEA

b) Australian research used to inform the hard-hitting, ‘Every Cigarette is Doing You Damage’ campaign

c) Evidence of the success of a testimonials approach developed and run in California

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\(^1\) Secretary of State for Health. Smoking Kills. TSO 1998

\(^2\) Secretary of State for Health. Saving Lives: Our Healthier Nation. TSO 1999

\(^3\) Secretary of State for Health. Choosing Health: Making Healthy Choices Easier. TSO 2004
The HEA’s strategic research in 1996 found little desire among young smokers to quit in the short term and a sense that the benefits of smoking were greater than the costs, which were seen as too distant to be of concern. The magnitude of health risks was poorly understood; and the addictive nature of nicotine and difficulty of giving up later were underestimated. The Australian research suggested the use of key ‘facilitators’ to stimulate smokers to quit, including encouragement to reassess the importance of giving up; confidence in changing behaviour; and support in quitting.

The research evidence prompted the development of a campaign that would motivate and support smokers in quitting. The findings encouraged campaign planners to address two key ‘escape routes’ cited by smokers. First, the belief that the adverse outcomes of smoking are only felt far in the future and secondly, that they happen to other people. Campaigns needed to condense the time period between smoking and negative consequences.

‘Testimonials’ remain a ‘tried and trusted’ campaign. Two factors appear crucial to its long term retention. The first is its undoubted impact; Testimonials consistently test well, out-performing other approaches on a range of measures. The second is uncertainty around budget and future directions. Whilst individual campaign executions are subjected to thorough research the overall campaign is said to lack strategic research to inform long term planning, so that strategic decisions are taken by DH Policy and by Ministers without proper reference to the consumer research.

‘Testimonials – never any strategic research when I was there. Possibly when AMV took over – they worked for the HEA and that contract was moved over to DH. Most of the research that has been done is based on an execution and has work presented at it that is discussed. So what is difficult is to take the attitudes of the consumers away from all the stimulation.’

‘This is making me sound very critical but I think the problem is the campaign idea. ..the inspiration for what the creative idea might be comes out of policy or an agency person, sometimes guided by research. But it’s not really coming out of consumer insight necessarily. And then you are trying to create a campaign that works through the line – based on that. And that’s why I think we spend a lot of time having campaigns that aren’t quite right, when we have to go back to the drawing board, which is really time wasting.

Whereas in an ideal world you would have a really good thorough piece of consumer research from which creative briefs and strategy should spring forth and then if the brief is good and the creative idea is good, it will work any which way… So.. I think a social marketing framework could give it more of a strategic shape – than at the moment where it’s done slightly impulsively and a little bit disjointedly – depending whether you can get things approved or whether you can get the attention of Policy or Ministers to approve that.’

Prior to 2003/04 the annual budget of some £6 million was considered insufficient to develop new creative approaches. Even after 2003 – when the budget for anti-smoking campaigns was vastly increased to £30 million, development of new material was slow.

Since 2003 the Testimonials approach has been incorporated into a broader campaign strategy developed on the basis of international evidence identifying the need for action aimed at:

- Promoting quitting
The Testimonials campaign and the British Heart Foundation’s ‘fatty cigarette’ campaign (see review below) – have been the main, but not the only - vehicles to tackle the first strand of the communications strategy, promoting quitting.

Aims

Campaign aims have evolved over time, but broadly they are to:

- motivate and support smokers to quit by encouraging them to confront their behaviour
- focus on the health risks of smoking and encourage smokers to seek support

More recently, the Testimonials campaign has also been used to market the local NHS Stop Smoking Services and the NHS Smoking helpline.

Since the time of the increase in funding for tobacco control campaigns, the DH has used international evidence of media campaigns to guide all aspects of the tobacco campaign. A key document produced by the WHO/CDC on lessons from smoking cessation media campaigns from around the world has formed the blueprint for the conduct of the campaign since 2003. This has been important in encouraging the campaign:

- to seek synergy with other aspects of tobacco control policy
- to communicate new health risk information
- to seek to maintain a continuous media presence
- to use multiple messages and voices and a range of media

Management

The HEA managed the Government’s smoking campaigns until its closure in 2000, at which point responsibility for management passed to the DH, where management was described as ‘joint’ between Policy, Comms and Minister.

A feature of the tobacco campaign since 2000 has been the influence of the Policy team at DH over all aspects of the campaign, including budget control and strategy and creative development. DH Policy works closely with DH Comms – which has the task of administering all aspects of the campaign – but control over the direction of the campaign rests firmly with DH Policy and ultimately with Ministers.

Agency

In 1999 the HEA contract for the advertising campaign was awarded to Abbott Meads Vickers. When responsibility for managing the campaign passed to the DH in 2000, the services of the advertising agency were retained. Normally, a new pitch would be expected every three years. A new pitch took place in December 2005.


5 Schar E and Gutierrez K. Smoking cessation media campaigns from around the world: recommendations for lessons learned. WHO Europe/CDC. 2001
COI plays a relatively minor role, with input only on procurement of media and research. Major decisions are taken by DH and the advertising agency. COI is seen as having little strategic input into the campaign.

Media planning is provided by PHD (formerly part of AMV), while COI is responsible for media buying. Respondents identified the importance of effective media buying as key. Fishburn Hedges retains a contract with the DH (not COI) to provide PR. Although AMV were a valued partner in the campaign and brought years of experience and association with government anti-smoking campaigns, concern was raised over the degree of control exercised over campaign direction by the client (DH) on the one hand, and by the principal supplier (AMV) on the other. Several respondents commented on the inadequacy of strategic planning at different points over the course of the campaign, and the consequently greater influence over management of the campaign by the advertising agency.

Messages

The Testimonials campaign has been used to communicate a range of messages. The main messages however, have aimed to provide smokers with a range of reasons why they should consider their smoking behaviour and take action to quit.

### CAMPAIGN PHILOSOPHY

**Theoretical underpinning**

The tobacco campaign identifies the Prochaska and Diclemente Stages of Change model as a general guiding principle – rather than a theory that is used to target different audiences. The decision to explore the potential of this theory appears to have been bound up with AMV seeking a competitive advantage at the last occasion when the advertising contract was put to competitive pitch in 1999.

‘... the strategy was based on the theory that to move people through the stages of change, you have to hit them with sticks – hard hitting messages - and then carrots to convert them to action. So testimonials were stick messages – and the carrot messages were a range of different things’.

However, the degree to which the Testimonials campaign was in fact informed by the Stages of Change model – and how much the model was used as a useful backdrop for planning purposes – is debatable. There was more credibility in claims that the campaign is guided by the WHO/CDC guidance document on media campaigns for smoking cessation. Some of the tenets from this document were evident:

‘don't over-target, don't break down your behavioural change model and try to target one segment because the evidence shows you will fail’.

**Perception of social marketing**

Despite little familiarity with the formal definition of 'social marketing' amongst the campaign team - its application was often evident in implementation.

### APPLICATION OF PRINCIPLES OF SOCIAL MARKETING
i) Behavioural focus

'The key behaviour change promoted by the campaign is to encourage smokers to quit. Intermediate steps include encouraging smokers to seek help and support, from NHS stop smoking services and the NHS helpline and the NHS 'giving up smoking' website'.

ii) Consumer research

Research aimed at understanding target audiences and developing an appropriate plan for all aspects of the campaign was considered inadequate by some respondents

'I don’t think there was ever any thorough strategic research. Certainly never any strategic research when I was there'.

The neglect of this aspect of research was attributed to time schedules and pressures.

‘You get yourself on a wheel and everything is very reactive and therefore there isn’t time to research things fully... I think it’s the requirement to be constantly on air and the requirement to spend all that money – means that you end up thinking about 3 months ahead and also – because there isn’t a guarantee that the budget will always come through next year... which affects robust planning across the board'.

‘There is always a perception that it’s too late to research something – so they end up researching two creative ideas from an agency and stay on that treadmill. ... ... It’s about not just dealing with the campaign that needs to be booked by the next AB deadline, but thinking about the campaign that you want’.

iii) Segmentation

The Testimonials campaign has sought to target all smokers, but - in line with Government policy – particularly smokers from social groups C2DE.

The approach aims to ‘mirror’ a wide range of smokers – of different ages and genders. Hence, the campaign has sought to ‘match’ individual executions or testimonies with specific ‘demographics’, and with different smoking related illnesses – in order to emphasise personal relevance and to challenge smokers’ assumptions.

The campaign makes use of a wide range of quantitative research evidence in identifying broad target groups. For instance ONS and GHS survey data, and tracking survey data from the campaign have been used to identify the fact that smoking prevalence is high among younger smokers aged 20-30, and that there are a large number of people in that age bracket. Findings from the tracking study have been used to investigate the relationship between high levels of awareness and positive responses to the advertising, but little action to make a quit attempt. Similarly, the decision to target smokers with young families or contemplating starting a family has been supported by survey evidence. TGI survey data in particular were used to identify the value placed on ‘family’ by smokers in poorer social groups.
The media-buying agency PHD provides the campaign team with detailed analysis of audience segmentation using BMRB/TGI data, ONS and GHS surveys, together with ACORN profiling to answer such questions as:

- Who are smokers?
- How does market split demographically? (GHS/TGI)
- Who are ex smokers / quitters? (GHS/TGI)
- Which smokers want / intend to give up? (ONS Omnibus)
- How do smokers give up? (ONS Omnibus)
- What are the barriers to giving up? (ONS Omnibus)
- What are the triggers to giving up? (ONS Omnibus)

The media-buying analysis provides detailed breakdown of each demographic segment, including pen profiles of case studies based on the research evidence, and detailed information on media consumption.
iv) Exchange

While there is no explicit reference to the concept of exchange in the tobacco campaign, there is implicit recognition of the need for smokers to be convinced of reasons for behaviour change, and of understanding the significance of the behaviour to smokers.

'I have never heard the term ‘exchange’ before – but it is part of the dynamic – it is important that you focus on the motivations – carrot and stick – and we have done – most of our work has tended to focus on hard hitting elements. But there have been elements of benefits – so one of the executions talks about how much money he [the testimonial man] saved, another woman talks about how much better she smells – so you need to have rewards as well as harder motivations. So yes it is built in to it'.

The balance appears to have been weighted in favour of stick. The intention behind the case studies is to shock smokers with the health effects to motivate them to seek help to quit. This approach presents information in an overtly emotive manner. Messages include information about the risks of smoking and the impact of smoking-related harm to individual smokers and their families.

Testimonies include younger people in their thirties and forties suffering from terminal illnesses – to reinforce the message that smoking related harm can lead to premature death at a very early age. The campaign also includes people suffering from a range of illnesses – not only lung cancer – to make the point that smoking can cause a range of illnesses which may not have been considered by smokers. It also includes people living with chronic illnesses associated with smoking related diseases, to emphasize that smoking carries a risk of long-term disability in addition to premature death. In order to increase the emotive power, the Testimonial advertisements end with an ‘obituary screen’ carrying a statement with the testimonies name and the fact that they died shortly after making the ad.

Some of the later Testimonials ads adopted different approaches to realising campaign aims. For instance ‘Rebecca’ involves a child talking about her father, and the impact on her of his smoking related cancer.

An alternative approach tried, using testimonies that had succeeded in quitting smoking, turned out to be less ‘positive’. Video diaries revealed depression and difficulty with the process of quitting. Confronting smokers with the reality of quitting was more negative than was intended, and the approach was dropped.

v) Marketing mix

The campaign was integrated and multi-channelled. The media schedule included a wide range of media routes, including TV, national and local radio, cinema, press, outdoor posters and billboards, ambient, direct marketing, PR, partner communications with cancer and CVD agencies, and bespoke e-mailings. This approach was informed by the findings of an international seminar convened by the DH in early 2003, following the decision by Secretary of State for Health to expand substantially the DH media campaign.
Questions were raised, however, over whether the various media had been used as effectively as they might have been. The main concern was with an undue focus on the ‘above the line’ advertising, and insufficient thought paid to other media channels.

‘The way the government procurement has to happen is you have to silo up what the agencies deliver. You need better neutral channel planning. But to me the way to do that is to have an idea that works in every single channel, and then it happens itself – which means starting with a thorough piece of strategic research’.

vii) Stakeholder involvement

In addition to DH Policy, Ministers, DH Comms and COI, a loose network of other stakeholders includes the Chief Medical Officer, Regional Tobacco Policy Managers, the local NHS Stop Smoking Services, and NGO tobacco control advocacy organisations. DH Policy also identified a number of individual experts called upon to ensure that messages are factually correct.

The need to appease a large number of stakeholders – and ‘anxiety’ about the need to ensure Ministerial approval – was identified as an impediment to creative development, causing difficulties and delay.

‘... ... comparing this with a commercial client – it is much more complex. Normally an agency would have 2 or 3 main clients who would approve the work – Marketing Director and Chairman maybe. With this it’s much more – Comms, policy, more senior at Comms, and obviously by Minister. I would say that Government accounts are among the most challenging’

Consultation with the NGO sector is limited, consisting largely in presentation by the DH of an annual overview of campaign direction to a ‘reference group’ of representatives of key agencies. This is not a forum for creative suggestions or alternative ideas on direction. ‘This is an area where everyone has an opinion, and we do not want development by committee.” Having a robust evidence base helps with marshalling stakeholder opinions.

Ministerial involvement

DH Policy regards the involvement of Ministers in the development of the campaign as essential – on the grounds of accountability. The tobacco campaign is the single biggest budget for communications in Whitehall. Ministers are involved in agreeing an annual operational plan, plans for which executions will be shown, where and when, and signing off individual executions prior to final production. Ministers have an ultimate power of veto, but this is rarely exercised, because of their involvement at developmental stages.

‘We had an instruction from the Secretary of State – he wanted somebody with a tracheotomy. So we had to go out and find somebody with a tracheotomy because he had seen the very famous North American advert where you see the person smoke through the hole. We didn’t want to go that far. But we ended up with Anthony – who had a tracheotomy. So sometimes the agenda is actually made by political will as well as research’.

Other stakeholders view the involvement of Ministers and of DH Policy as ‘over-controlling’, and not necessarily in the best interests of campaign development.
Local/national interface

The Testimonial campaign is widely regarded as an exemplar of integrated campaigning. The creative executions – broadcast and print - end with signposts to services where smokers can seek individual based help and support - the NHS Smoking Helpline and/or the NHS Give Up Smoking website.

The Testimonials approach depends on good communication with Regional Tobacco Control Policy managers and local NHS Stop Smoking Services, since new testimonies are identified through their services. The DH employs a consultant who travels to the regions, informing service providers about plans, and sends out advance notice of campaigns.

The PR agency creates regionalised press releases to co-ordinate with the development of the campaign. It was acknowledged that delays in Ministerial approval could present problems for this aspect of the overall approach.

EVALUATION AND OVERALL ASSESSMENT

As would be expected of a large budget campaign, there is a significant evaluation programme supporting the overall tobacco campaign. The evaluation includes:

- Formative evaluation: focus group and qualitative research into ‘position statements’, ‘concept development’ and pre-testing of individual executions.

Cragg Ross Dawson have since the beginning conducted much of the research. The lack of any other ‘voice’ and the dominance of one company (and one individual within that company) over such a long period was queried by some.

- Tracking survey: conducted pre and post waves of advertising, together with an annual ‘dip’ (boosted sample) each February.

The DH is currently investigating the feasibility of conducting a rolling survey as preferable to pre and post since advertising is now widely spread throughout the year. The tracking survey, provided by BMRB, includes awareness, recall and reception of the campaign, attitudinal batteries and response, such as action taken or considered as a result of having seen/heard/read the execution(s).

- Helpline and website data; the campaign also makes use of data provided by NHS Smoking Helpline and the NHS website www:givingupsmoking.co.uk, to track short-term impact of the advertising on advice seeking behaviour.

Research evidence provided by the campaign team, which is based on cross sectional surveys conducted before and after campaigns, is upbeat about the success of the campaign (see box). However, these data – valuable though they are – are not a reliable measure of the impact of the campaign on smoking behaviour. They do provide important information regarding awareness, recall and even claimed changes in smoking behaviours.

‘The campaign’s progress has been monitored using tracking research pre and post bursts of advertising. Findings show that we are seeing record levels of awareness of and action commensurate with the increase in campaign spend:
• Since the campaign began, spontaneous awareness of advertising encouraging people not to smoke has risen by 31 percentage points to 78% among smokers in Sept 2004. The biggest uplift is amongst ‘manual’ groups with a 32% increase for DEs vs. a 20% increase for Abs (Feb 04).

• We are seeing very high recognition levels for the campaign: 93% of smokers recall seeing the advertising (near total penetration as 3% don’t have a TV).

There is clear evidence of the significant impact of advertising on smoking behaviour:

• In 2004, advertising was the biggest trigger to quit attempts with 32% saying it had prompted them to give up compared to 8% in 1999 (2004) even beating ‘something said by GP’s’ (25%)

• 49% of smokers who saw the advertising were prompted to take action, for example cutting down on the amount they smoke or talking about their smoking with family members or their GP.

The Anthony and Steven testimonials have been particularly impactful:

• Smokers’ recognition scores reached 93% for the Anthony and 83% for the Steven TV ads.’

Source: DH Comms

Impact of campaigns on behaviour change

However, the research design of the tracking survey is not capable of assessing whether the campaign achieved changes in smoking behaviour, and international evidence from studies that were designed to answer this question, are more equivocal about the likely impact of campaigns in general.

Where systematic reviews and ‘reviews of reviews’ have been conducted, the conclusions about the impact of mass media campaigns to prevent uptake of smoking and to promote smoking cessation are mixed. For instance a review by Naidoo et al\(^6\) reported the following positive findings from a review by Hopkins et al\(^7\).

‘There is review-level evidence that mass media campaigns are effective in reducing cigarette use prevalence in adolescents when combined with other interventions; however, the contribution of individual components to the overall effectiveness of these interventions cannot be attributed.’

‘There is review-level evidence that mass media campaigns combined with other interventions are effective at increasing tobacco use cessation. Campaigns ran for an extended duration using brief recurring messages to inform and motivate smokers to quit and were delivered through paid

\(^{6}\) Naidoo B, Warm D, Quigley R and Taylor L 2004. Smoking and public health: a review of reviews. HDA

However, a recently published systematic review by Secker-Walker and colleagues\(^8\), assessed the evidence of effectiveness of a wide range of community based interventions from around the world, to reduce smoking among adults. Social marketing interventions – including mass media campaigns - were included in the review. The authors concluded that,

‘There is little convincing evidence that community interventions reduce smoking among adults. Although intervention communities often showed substantial awareness of their programme, this rarely led to higher quit rates. Similarly, increased knowledge of health risks, changes in attitudes to smoking, more quit attempts, and better environmental and social support for quitting were not accompanied by reductions in community smoking levels.’

The challenges to reducing smoking prevalence in Britain are apparent from the following assessment provided by a leading tobacco control expert. ‘Despite the investment by the NHS in Stop Smoking Services and the communications initiatives to promote quitting, the current rate of cessation is flat, with around 33% of smokers making a quit attempt each year and 3% succeeding for at least a year. In order to achieve an annual decrease in prevalence of 1% from cessation, the number of smokers who make a quit attempt would have to double.’\(^9\)

Methodological problems in assessing behaviour change in quitting smoking

In addition, there are problems for assessing the effectiveness of campaigns such as Testimonials, that seek to promote quitting behaviour. According to West, the research tools currently employed for assessing the level of quit attempts are flawed, because the sample sizes involved on the standard national surveys are too small to detect the small levels of change that might be expected; and more worrying, because the surveys fail to record a large – but unknown - proportion of failed quit attempts. Without adequate research tools, there are serious concerns about whether the impact of anti-smoking campaigns can be evaluated effectively.

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\(^8\) RH Secker-Walker, W Gnich, S Platt, T LancasterCommunity interventions for reducing smoking among adults Cochrane Database of Systematic Reviews 2006 Issue 3

\(^9\)Prof Robert West, UCL personal communication September 2006
Conclusions

Overall, the impression of the Testimonials campaign is mixed. On the positive side, the campaign was extremely successful in the following important areas:

- Integration: ‘joining up’ communications strategy with all aspects of tobacco control policy
- Effective linking of communications with the delivery of stop smoking services
- Making excellent use of international experience and evidence
- The use of good research evidence to identify key target groups
- The production of powerful communications in a style that appeals to, and is respectful of smokers portrayed

On the negative side, a number of fundamental concerns were also identified, many of which are inter-related

- It was felt the strategic research could have been stronger
- Ministers and DH Policy welcomed the research base and it is used broadly. However, there was concern that strategic decisions were taken by Ministers without sufficient reference to consumer research, and that consumer research was used mainly to test executions rather than to inform the strategic direction of the campaign
- Budgets were not guaranteed over a long term – leading to short-termism
- Some possibilities to join up the campaign were not exploited as they occurred

‘I think that at the moment the campaign gets planned out in rotation and I think in an ideal world each strand would have an on-going strategic presence throughout the year. It doesn’t have to be above the line – it could be using any comms channel but there should be more ongoing presence. And then each of the 3 strands would then work appropriately so they don’t override one message with another’

‘Quite often the PR plan doesn’t necessarily segue out of the rest of it.’

- Although there were documented intentions and attempts to use diverse media routes respondents felt there was a disproportionate focus on the high profile and visible elements of the campaign – i.e. TV advertising - to the neglect of other aspects of the marketing mix
- Substituting creative development research for strategic research – leading to a fixation with particular executions and encountering impasses over how to roll out executions designed for one medium into another

‘Some of the things that were standing in the way of that was all the focus on getting the above the line right and if the ad agency is using up everybody’s time with above the line advertising, everybody spends a lot of time working on something that may or may not be right and all the other stuff doesn’t get prioritised and you could have got that stuff out before… and that is what frustrates and stifles the tobacco campaign.’
3.2 ‘Give up before you clog up’

BACKGROUND

Much of the contextual commentary concerning the Testimonials campaign applies to the British Heart Foundation’s ‘Give up before you clog up’ campaign, 2004. The BHF campaign needs to be seen first as part of a range of mass media approaches to tackle smoking, and second, as one strand of a comprehensive tobacco control strategy.

In 2002 the Government invited two partner agencies from the non-statutory sector to develop anti-smoking media campaigns in support of the policy objectives set out in the white paper Tobacco Kills (DH 1998). The decision to invite a partnership with non-governmental organisations in this way was a new departure in the history of Government sponsored health campaigns.

Impetus to the initiative was provided by international reviews of the effectiveness of anti-smoking campaigns, and was actively promoted within Government by the Secretary of State for Health. The belief was that, in order to reach smokers with messages they would heed, there was a need to use a range of messages delivered by a range of organisations. Evidence of the importance of ‘multiple voices and multiple messages’ came from an influential WHO/CDC report, ‘Smoking cessation media campaigns from around the world: recommendations for lessons learned’.

In the UK there was also interest at Governmental level in engaging other message providers as credible sources of information and advice about smoking.

‘Three years ago, [the Minister] stated that we would work with other credible voices that are not Government, that can deliver messages to smokers – catch them off guard, surround them, receive a jolt – and deliver them with different voices’.

The Government invited two organisations, Cancer Research UK and the BHF to work with DH Tobacco Policy Unit to develop two separate campaigns. Cancer Research UK focused on misinformation from industry concerning the marketing of ‘light and mild’ cigarettes. The BHF campaign focused on the effect of smoking on heart health. There was a belief that NGOs like Cancer Research UK and BHF would have greater freedom to develop provocative and ‘hard-hitting’ campaigns than would the DH.

‘[the Minister] felt that people would believe outside partners in a way they wouldn’t necessarily believe the Government.’

‘We [BHF] could use the word ‘We’ – we could empathise with smokers in a way that Government can’t. And it goes back to the hoary old chestnut that Government gets money from people who smoke.’
'It is the brand issue – they [smokers] trust us more than they would trust Government. We’re more independent and speak with authority.. our position is more credible.'

**Aims**

The broad aims of the campaign were to support the government’s media campaigns in encouraging smokers to seek help to quit and de-normalising smoking within society. There was a clear expectation from government that the campaign be provocative:

‘The brief to us was two words – ‘hard hitting’, that was it – there was no other instruction.’

The BHF’s campaign evaluation report does, however, identify three specific aims:

- To increase the knowledge of the link between smoking and heart disease by showing the damage caused and health risks that this involves.
- To deliver an integrated communications campaign which is hard hitting, but which also positions the BHF as the smoker’s friend.
- To support the DH’s ‘Don’t Give Up Giving Up’ campaign by encouraging smokers to visit their local cessation support services.

**Management**

Management of the BHF campaign involved a number of parties, all of whom were ‘feeling their way’ in a new relationship of management and partnership. To complicate matters, the principal champion of the initiative within government – the Secretary of State for Health - left office early on.

There was some lack of clarity over the ‘grand strategy’ for tobacco control campaigning provided by the DH to BHF. Again, strategic planning was not well developed, and campaigns emerged in a rather disjointed fashion.

‘I know it’s complex and political – but we have never seen a strategy, a piece of paper saying, ‘here’s what we’re going to do over the next three years and here’s your role in that... I don’t think that exists. And we know that is continuing, because 5 months ago, they came to us again and said, ‘do something for the Autumn –here’s £1m – can you do it – can you do something new?’

Despite this, the BHF regarded their relationship with DH as a client-provider relationship, and during the developmental phase and during 2004 the relationship worked well for BHF, largely because of helpful collaborative working on the part of the Tobacco Policy Unit and their input into the intellectual development of the campaign.

‘When [Tobacco] Policy ran it, they were much more interested in the early research, what turned smokers on, risk taking, thoughts behind it, how it fitted in with the international context. It felt like a client relationship... it felt completely organic. It was appropriate – it felt like we were facing policy one way, marketing the other. It was very clear – what skills were offered by them and us, our role, everything. It all fitted’.
Over time however, the relationship between the BHF and the DH changed. Responsibility for working with BHF passed gradually from DH Tobacco Policy to DH Comms. From BHF’s point of view, this led to difficulties in the relationship, with less input into the strategic development of the campaign, and more – unwanted – input into matters of style and branding.

The DH wanted to ensure a consistency of approach across the tobacco control communications, but this was perceived by BHF as at odds with the original brief, and at odds with the rationale for involving NGOs in the first place. The involvement of BHF was to fulfill the requirement to have “many voices” in tobacco control social marketing, but the BHF felt that the DH wanted to emphasise their involvement.

‘Then, in the next phase of the campaign, it was all about government brand. how big this sentence was – it was all about logo and size of logo. And they were doing it all the time.” When you start working with Comms people at DH it’s completely different’.

From the DH’s position, working with agencies in this way was also a challenge, in that it required devolving all aspects of campaign development and production, while retaining a final veto in the form of Ministerial sign off. The relationship was viewed from all sides as being difficult.

‘We gave the challenge to CRUK and BHF and we went through the same process as our own campaigns, except we were much more arm’s length. But ultimately we had to sign things off with Minister and that made it quite a difficult relationship. But the end product was well worth it in terms of an effective campaign’.

The DH also learnt from the experience in terms of how to work with partners in this type of relationship. A key learning point from the experience of both CRUK and BHF was the importance of the agencies as charities and their concern not to alienate their own donor bases. It was also clear that NGOs working in the same health area do not all speak with one voice on basic issues such as branding and the use of logos

‘BHF are about heart disease, but they are also a charity and if they think they are going to alienate their donor base they will not do it. So, CRUK for instance would not accept having only their logo on their advertising. They also wanted ours saying it was funded by us. That was slightly undermining of our design to have separate voices. But they would not do it otherwise, because they felt that – and BHF came round to that point of view – a number of their big donors think smokers have only themselves to blame and the charity should not be spending money on these sorts of campaigns’.

One of the elements lacking in the relationship between DH and BHF was a well developed brief identifying explicitly the requirements of BHF in developing the campaign and how much influence and autonomy BHF would be permitted in approving campaigns executions.

Budget
The government made available £15 million over 3 years for the initiative.

**Messages**

While the execution of the BHF campaign was widely considered to be hard-hitting and innovative, the main message of the campaign - a health risk message - was not original. Nevertheless, BHF felt that the specific content of the campaign was, ‘new news’ and that this lay behind the appeal of the campaign.

**CAMPAIGN PHILOSOPHY**

**Theoretical underpinning**

The ‘Give up before you clog up’ campaign was not developed with any explicit theoretical approach in mind. However, the campaign appears to be based largely on assumptions that fit closely with the tenets of the Health Belief Model. These are:

a) Personal susceptibility: the smoker should be made aware of the risk of smoking to his/her heart health

b) Perceived seriousness: the so called ‘new news’ that smoking causes heart disease, and that this is irreversible, should stimulate smokers to take action to quit.

c) Perceived benefits of taking action: that the smoker will recognise that the benefits of quitting are greater than the costs of continuing to smoker.

**Perception of social marketing**

Some misunderstanding was apparent in relation to the principles of social marketing:

‘I think it's just a recognition here that a lot of 'social marketing' is parent-child, it's preaching, it's do-gooders saying 'you should not be doing this', and that immediately builds a communication barrier because 'you're not me, you don't understand me and you don't know me, so why should I listen to you?’

**APPLICATION OF PRINCIPLES OF SOCIAL MARKETING**

i) Behavioural focus

Stopping smoking

ii) Consumer research

Following strategic research into the harm caused by smoking to the heart, and the involvement of medical experts at BHF and elsewhere, BHF commissioned strategic qualitative research – which involved identifying smokers’ opinions on the link between smoking and heart health. The research also included the showing of a hard-hitting Australian anti-smoking campaign from the ‘Every cigarette you smoke damages your body’ series – which graphically demonstrated the harm caused by smoking to organs of the body by making visible the damage inside the body.

The campaign imagery emerged from the qualitative research.
'We came up with a matrix of facts about the impact of smoking on the heart – about 5 or so medical factors. And we looked at our desired ‘take outs’ and checked they weren’t silly – took them to creative development research, and produced stimulus material supporting each one. The one that came out most strongly was ‘fatty deposits’ and ‘clogging of arteries’ and the fact that it was irreversible. It was very powerful. It actually stopped the focus group. Some people said ‘I’m buggered then’. Others said I must stop.

The initial qualitative research also identified the reluctance of smokers to take note of traditional Government anti-smoking campaigns, because they were felt to be patronising, preachy and infantilising. The credibility and tone of voice of the BHF were considered to be significantly stronger among smokers – and the BHF sought to develop their campaign using a more empathetic approach.

‘The point about empathy is interesting though, because as you say we looked at US and Australian campaigns. The Australian campaigns were interesting to us. American anti-smoking campaigns are very clever, but they’re very parent-child. The Australian campaigns are different. They’re ballsier, they’re more direct. They tell it as it is’.

BHF developed a creative brief based on the findings from the qualitative research. This included the need for an ‘icon’ that would elicit a ‘Pavlovian response’ among smokers who, having seen the advertising, would recall the message at the moment of lighting up. Six advertising agencies were invited to pitch and two - Partners BDDH – were selected to work with BHF. The ad agencies were also instructed to learn from the Australian campaign, and to develop executions that visualised the damage caused to the heart by smoking.

‘We definitely asked the ad agency to demonstrate the harm to the heart. And we directly directed them to the Aus ad’.

‘The Australian ad was part of the reason [Minister] thought the way he did. Because he’d seen it, and we talked early on to the DH. They [DH] didn’t rate it and didn’t want to do it. And reading between the lines [the minister] probably thought, ‘Why can’t we do it?’ Maybe there were political reasons why they couldn’t and we could – because we could be ballsier.’

BHF used focus group research with the target group (30-50 year old smokers and multi-quitters). Propositions about the harm caused by smoking to the heart were discussed for saliency, knowledge and impact, and the Australian ad was played as part of the research, to guage responses to this type of approach.

Key messages from the research appear to be:

- the link between smoking and heart health was much less known than the link between smoking and cancer.
- the BHF was perceived to be a potentially powerful voice in communicating messages about smoking and heart health
- the Australian advertisement was considered very powerful and would be an appropriate approach for a campaign in the UK

iii) Segmentation

Target segments were identified as:

- All smokers
• Primary care professionals and practice nurses
• Non-smokers friends and influencers

The campaign was planned in the knowledge of the need to target quite a specific group of smokers. The target group of 30-50 year old smokers from social groups C1C2D who were multi-quitters, but the DH also identified groups differentiated in terms of their motivation to quit.

‘The target given us by Government was multi-quitters – people who had attempted to quit at least 3 times and C2DEs - the hardest group to reach. And not young people. Cessation statistics for this group had plateaued.’

Research conducted by BHF followed the brief, but did not investigate similarities and differences with other groups – notably younger smokers.

‘We based our work on comprehensive evidence gathered from smoking cessation experts and social marketing campaigns in the USA, Australia, Canada and Europe. We gathered acres of background data and intelligence and met with the world’s foremost smoking cessation and social marketing experts at one DH organised conference prior to drying the ink on any campaign document.

‘We used all this research to target our work. It included overwhelming evidence that a-t-l social marketing to younger smokers was highly unlikely to succeed. Younger smokers can spot the dead hand of an adult-led health campaign at 40 paces. They know they are going to live forever (and they never want to be 50-years-old anyway!). And they say they can quit anytime they like, no matter how often you tell them cigarette smoking is more addictive than heroin.’

iv) Exchange

The principle of exchange is addressed in the campaign by presenting smoking as a sociable and pleasurable pursuit. However, smokers are confronted with the evidence that smoking is harmful and that the harm is irreversible. In order to become healthy, smokers will have to exchange the pleasure of smoking for protection against harm. The notion of smoking as sociable and pleasurable is conveyed in the TV ad through the social interaction of the group of smokers chatting in a pub. The harm is depicted by the dripping of fat from the smokers’ cigarettes – which echoes the fatty deposits squeezed out of an artery.

v) Marketing mix

The ‘Give up before you clog up’ campaign was designed and delivered as a fully integrated campaign involving a heavy weighting on above the line [TV, press and billboard] advertising, together with a dedicated helpline and website. There was also a range of Direct Marketing products including 1 million beer mats sent to pubs and bars.
The overall anti-smoking campaign comprised three phases. The first, launched in December 2003 with a press and poster teaser campaign was followed by the main campaign in January 2004. The multimedia campaign was integrated with strong emphasis on TV and outdoor as the most effective means of reaching the target audience. It was supplemented by the use of press, PR, digital and ambient media in order to extend the campaign and reinforce the messages. The image of the clogged cigarette was used throughout.

‘The media chosen was all-pervading so that the smoker could not avoid it – the posters on the way to work, using the internet at work, on the beer mats in the pub after work and then on the TV at home in the evening.

‘All media (excluding the teaser) featured the call to action of either calling the helpline or visiting the website, or both. This achieved the objective of offering support and being the smoker’s friend as well as achieving synergy with the DH strategy’.

vi) Competition

An important lesson for BHF related to the benefits to be gained from working with two creative ideas at once – prior to making a final decision to concentrate on one. BHF felt that there were important developments from both strands which informed each other, and made the final product that much stronger.

‘We worked with Partners BBDH and another agency. We had, from that process, come to interesting but different routes. The other route was based on humour. And it was based on the truth that smoking is enjoyable. There was tension between Fatty Cigarette and Good Cigarette. meant we could contrast and compare and take the best from both...’.

BHF felt that smokers traditionally associate the harm caused by smoking with cancer but not heart health. By showing the damage caused to the cardiovascular system, the BHF campaign hoped to challenge presumptions about the risks of smoking.

‘And the reason hearts are different is because with cancer there is this perception that there’s a cancer “bad fairy” – that if you are unlucky the cancer fairy will sit on your shoulders. find you. Whether you smoke or not there’s some kind of voodoo thing. With hearts, it is different. People don’t think like that’.

‘Smokers and medical experts were consulted and experience was drawn from around the world. Arterial damage caused by cigarettes was identified as new ‘news’ and a potent message. Showing clogged arteries makes it harder for smokers to ignore. It adds urgency to the quitting decision, something which can’t be put off’.

The initial campaign succeeded in provoking widespread press [and notably political cartoon] interest through the clever use of a ‘teaser campaign’ which involved the unveiling of a cigarette on a billboard: a similar image was sent to journalists.

‘Exploiting the ban on cigarette advertising, we used bold poster and press images of a cigarette to intrigue the public and media. Having briefed the appropriate organisations (including Ash, Quit and CRUK) we sought to
maximise the impact of this teaser by sending anonymous handwritten postcards of the cigarette image to the media. An email entitled ‘Cigarettes back on billboards and featuring a photo of a poster in central London was sent to the media and teased with the statement ‘The Sun yesterday, billboards today, what tomorrow? This was followed up by a postcard invitation to a BHF press briefing, promising to reveal all’.

vii) Stakeholder involvement

The BHF regarded the Tobacco Policy Unit as the principal stakeholder, and there was regular dialogue throughout the course of the development of the campaign with senior DH officials. There was also evidence of preparatory discussion with leading NGO tobacco control agencies – at least to alert them to the impending start of the campaign.

However, an interesting finding from both this and the Testimonials campaign review, was that both the BHF and the DH - when asked about involvement of stakeholders- responded by stating that they would prefer to minimise the involvement of outside parties, that too much interference negatively affected the creative idea.

“[speaking of an ad agency involved in anti-smoking work]…..they recognise the large number of stakeholders and the need to acknowledge all the ‘touch points’ – but the dilemma is how to do the work with passion. They look fantastic on paper – always strategically sound – but they’re very low on passion”.

An important stakeholder for BHF was the donor base of the charity. This campaign represented a departure from the traditional work of the charity, and one of its main propositions – that smokers should be empathised with – created difficulties for the BHF campaign team internally. There was concern that some important donors would not support such a ‘re-positioning’ of the organisation.

“'It has become more difficult. First time around we were more independent. Now there is a whispered doubt from some quarters: “The damage from smoking or eating too much is self-inflicted. Should the charity be spending so much time and energy on these people”.

The role of COI was very limited on this campaign. In practice their contribution seems to have been only to arrange the media buying.

The BHF campaign ran as a separate entity – albeit with input from the DH. However, the overall Government-led anti-smoking campaign programme would have benefited from a more collective approach, through sharing of ideas and development of the different campaigns. This did not appear to have happened, and failure to join up the different anti-smoking campaigns was identified by BHF as a missed opportunity and an area that could be improved in the future. The DH for their part felt that they worked hard to ensure the subsequent campaign funded through BHF supported their wider tobacco marketing strategy.

‘While there were a number of workshops where CRUK, BHF, AMV (ad agency working to DH) were in the room - it was all quite loose. We didn’t deliberately tie that together. It probably would have been a good thing because you would get richer creativity and a broader approach’.

BHF believe a key innovation in their campaign, and a reason for its success, was the tone of advertising, and from attempts to empathise with rather than preach to
smokers. BHF were at pains to position the message giver as ‘on the side of smokers’ and not in a ‘parent-child’ relationship with them. This emerged from early qualitative research:

‘Research identified that, to avoid antagonizing smokers, it was important the communication built empathy. Thus, the BHF strategy was based on a need to be seen as the smoker’s friend’.

**EVALUATION AND OVERALL ASSESSMENT**

BHF commissioned a wide range of evaluation research to inform the development and impact of the campaign. As with the Testimonials campaign, questions may be raised over the degree of pre-determination with this campaign. The research conducted by BHF could only loosely be described as ‘strategic’. The findings appear to be self-fulfilling, providing the BHF with confirmation for an already agreed approach – ie to use a health risk message focusing on heart health and smoking, and making direct use of the Australian campaign, ‘Every cigarette you smoke damage your body’.

BHF commissioned Hall and Partners to undertake all aspects of tracking and outcome evaluation. The tracking research used relatively small samples, and the post campaign fieldwork was conducted at time points when the highest awareness and recall would be expected (i.e. within weeks of the campaign running). The sample comprises only the target audience (C1C2D multi quitters - at least 3 attempts, one in the previous year).

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**High levels of recognition and recall**

In spite of the limitations of the sample size and dates of fieldwork, impressively high levels of awareness and spontaneous recall were achieved. By November 2004, 99% of respondents stated that they had seen the campaign. The visual impact of the campaign achieved high approval ratings with nearly 70% of respondents viewed it as ‘shocking’ and felt ‘It sticks in the mind’.

**Key aims achieved relatively low scores**

Two key aims of the campaign – to deliver ‘new news’ about the impact of smoking on heart health, and to engender a ‘Pavlovian response’ at the moment of lighting up, achieved relatively low scores. Fewer than 20% of respondents in November 04 agreed with the statement, ‘It told me something I didn’t actually know’ and around 20% agreed that ‘It made me think about every time I pick up a cigarette’

**Concerns about the tracking research**

In addition to the problem of sample sizes, it is not clear why a separate survey was commissioned to evaluate the BHF campaign. Arguably, it might have been better for the DH to have undertaken evaluation, to ensure comparability with other
government funded anti-smoking campaigns and independence. The tone of the commentary provided by Hall and Partners is notable in this respect, particularly with regard to the assumption of collective identity with BHF, suggesting some lack of objectivity.

Helpline and website evaluation

Monitoring of the dedicated BHF helpline and website revealed that in the initial phase of the campaign – to February 2004, more than 12,000 called the helpline and there were more than 82,000 hits to the website.

Claimed behaviour change

As with the Testimonials campaign the key behavioural measure for assessing the ‘Give up before you clog up’ campaign is quitting behaviour. The most impressive evidence in this respect is the data on intended and actual quit attempts among users of NHS Stop Smoking Services showing a significant increase in reported use of services and of quitting behaviour in the first three months of the BHF campaign – January to March 2004.

It is debatable, however, whether the BHF’s claim in relation to attribution is valid.

‘The number of people who attended their local cessation clinic doubled year on year between Jan – March 2004 vs Jan – March 2003 and this can be directly attributable to the BHF anti-smoking campaign. In addition, over 30,000 people searched for a map on the BHF website to find out where their local stop smoking services were’. Source: BHF evaluation December 2004

Importantly, data concerning use of NHS Stop Smoking Services represent only a small fraction of the total quitters in the country. It would be wrong to rely heavily on the evidence of increased service use, without considering the overall levels of quit attempts.

A recently published systematic review by Secker-Walker and colleagues assessed the evidence of effectiveness of a wide range of community based interventions from around the world, to reduce smoking among adults. Social marketing interventions –
including mass media campaigns - were included in the review. The authors concluded that,

‘There is little convincing evidence that community interventions reduce smoking among adults. Although intervention communities often showed substantial awareness of their programme, this rarely led to higher quit rates. Similarly, increased knowledge of health risks, changes in attitudes to smoking, more quit attempts, and better environmental and social support for quitting were not accompanied by reductions in community smoking levels.’

(Source: Community interventions for reducing smoking among adults RH Secker-Walker, W Gnich, S Platt, T Lancaster Cochrane Database of Systematic Reviews 2006 Issue 3)

According to a leading tobacco control expert, despite the investment by the NHS in Stop Smoking Services and the communications initiatives to promote quitting, the current rate of cessation is flat, with around 33% of smokers making a quit attempt each year. In order to achieve an annual decrease in prevalence of 1% from cessation, the number of smokers who make a quit attempt would have to double.

(Source: Prof Robert West personal communication)

The BHF’s campaign is widely regarded as having been a success by DH and others. It received high praise from a number of organisations and won many awards within the advertising and pr industries. BHF appears to have achieved its aims of developing and implementing a high profile, hard-hitting and pro-active campaign.

This success appears to have been attributable to getting a number of things right, including:

- The quality of the execution – the visceral and disgusting quality of the fatty cigarette did achieve the ‘iconic’ status that was demanded of it
- The media spend and media mix achieved a highly visible presence on TV, print media and billboards – with a teaser campaign to stimulate press interest
- The integrated nature of the campaign – combining high visibility with activity to ensure GPs, other local health professionals, teachers etc had access to campaign materials

The successes are perhaps all the more impressive given the limited previous experience BHF had of mounting such campaigns.

Factors that appear to have assisted the campaign development include:

- Clarity of purpose – the BHF seems to have been clear all along about the overall route the campaign would take – and despite possible alternative approaches, stuck to its guns
- Clarity over targeting – the identification of a specific group of smokers helped to define the content of the communication
- Partnership working with DH. When this worked well – in the earlier phase of the campaign, this relationship with DH Tobacco Policy appears to have been important in developing the BHF to acquire the skills to run the campaign.

Some of the ‘negatives’ emerge from the tracking research conducted to evaluate the campaign. These include the fact that few respondents (around 1 in 5) from the target group felt that the campaign did in fact tell them something they were not already aware of (i.e. the assumption that smoking causes heart disease, was not
‘new news’. Also, that the campaign did not achieve its aim of eliciting a ‘Pavlovian’ response – whereby smokers would think of the fatty cigarette each time they lit up.

**Inadequate strategic research**

Other concerns include the limited nature of the initial strategic research and the substituting of creative development research for strategic research. The research that was conducted was really testing one of a number of possible routes – all of which were concerned with a health risk message about heart health. It is debatable whether this was a sufficiently ‘open’ starting position. It is most likely that the playing of the Australian ad as part of the ‘strategic’ research also led the research findings into a predetermined route.

BHF presented little evidence to substantiate the claim that smokers’ knowledge of the health risks of smoking and heart health was low or that this was likely to be an effective communication that would convince smokers to quit.

However, the ‘governance’ issues of BHF – its need to focus on heart health, and the brief given to BHF by the DH appear to have been a barrier to the charity contemplating any other communication route.

The original purpose of the campaign appears to have been determined largely by Ministers – in that the Secretary of State for Health had seen the Australian campaign, and wanted to find a way of running something similar in the UK. This demand, combined with the choice of BHF as a partner, seems to have determined the course of the campaign from the outset.

**Tracking research**

Concerns relating to the quality of the tracking research stem from relatively small sample sizes and a lack of demonstrable objectivity and independence, the process appearing to have been partial and allied closely with the success of the campaign. It would have made more sense to commission a single tracking research study to cover all aspects of the Government’s anti-smoking campaign, regardless of which organisation was responsible for campaign development.

Respondents from the BHF, some government and some non-government respondents to this study believed that the BHF campaign had a significant impact, not only on raising awareness among the public and the key target groups, but also in providing positive competition for the DH campaign team.

‘**BHF had launched a campaign that was visible through the line with media which had excited Ministers and Policy a lot, and put pressure on the DH campaigns team to try to do things more through the line**’
3.3: The Teenage Pregnancy Strategy

BACKGROUND

Policy and epidemiological context

In 1999 the government launched its strategy for tackling teenage pregnancy in England. The public health need for the Teenage Pregnancy Strategy was defined in the Social Exclusion Unit’s report published in June 1999 which reviewed the evidence on teenage conception and early motherhood, and made strategic and practical recommendations. The Social Exclusion Unit had only recently been set up by the Blair Government and providing the evidence base for Teenage Pregnancy was one of their earliest tasks. The result was a thorough, comprehensive and balanced report, clear and accessible. Consultation was broad, and the literature was rigorously searched.

It was clear that England’s position with regard to teenage pregnancy was unfavourable compared with the rest of Western Europe (though comparable with Australia and New Zealand and lower than in the US) and that the prevalence of social deprivation and exclusion was high amongst young mothers. The abortion ratio (the proportion of pregnancies terminated) was low in the UK and so the birth rate was particularly high compared with other countries in Western Europe. The highest levels of teenage pregnancies occur in the most socio-economically disadvantaged groups and in geographical areas of relatively high social and material deprivation.

Unlike the first government strategy to target sexual health - the Health of the Nation which adopted a rather narrower, medical model of prevention, the current Teenage Pregnancy Strategy is broad and multifaceted. It has four major components:

1) a national media awareness campaign via radio and teenage magazines;

2) joined up action to co-ordinate activities nationally and locally across relevant statutory and voluntary agencies;

3) improving sex and relationships education and access to contraception and sexual health services; and

4) support for teenage parents to increase the proportion returning to education, training or employment.

The campaign, developed in 2000, was thus part of the larger Strategy. Joint working was an explicit part of the TPS and strong links were also forged across the different but related campaigns, FRANK and the Sexual Health campaign.

Aims

The dual aims of the Teenage Pregnancy Strategy are firstly, to prevent early conception (<18 years) among teenagers and secondly, to reduce exclusion among teenage parents and their children. The targets for the Strategy are ambitious; to reduce by 50% the under 18 conception rate by 2010, and to get more teenage
parents into education, training or employment in order to lessen their risk of long term social exclusion. Results will not be known until February 2012. The interim objectives of the prevention component are chiefly behavioural, that is, to change attitudes towards motherhood and reduce risk behaviours, in order to lessen the likelihood of conception.

Management

The Action Plan for the Teenage Pregnancy Strategy was based on that outlined in the Social Exclusion Unit’s report. In terms of overall management, local strategies are led by a Teenage Pregnancy Partnership Board with representatives from relevant statutory and voluntary sectors. Strategic co-ordination is provided by local Teenage Pregnancy Co-ordinators, performance-managed by regional Co-ordinators and supported by the government's cross-departmental Teenage Pregnancy Unit (TPU).

The Teenage Pregnancy Strategy also has an Independent Advisory Group, including the FPA, Brook, contraceptive providers, health promotion agencies, the Centre for HIV and Sexual Health, the National Children’s Bureau, and people working in Youth Services, Social Care, teenage parent school units, schools (sex education), sex education forum and faith communities (Muslim, Catholic, Church of England). The Advisory Group did not originally include young people, but does now.

The Strategy was initially run from the DH, but in 2002, Government changes resulted in administrative responsibility moving to the DFES under Margaret Hodge, Minister for Young People. At that point, the TPU moved over to the DFES but several key members of staff remained at the DH. Thus the campaign was run from the DH, but to policy staff and both ministers at the DFES and DH.

With regard to management, views were expressed about the role of the COI. COI are not considered as stakeholders in the campaign, but as gifted specialists offering access to rosters of specialist media agencies and research commissioning and management skills. In this respect, they are considered to be a strength, and to fill gaps in skill sets. The research team at COI advise on which agency to hire to do research; help in drawing up a brief; provide an essential link with the Sexual Health campaign and share experience. COI are not, however, involved in account management since this is not an area in which they are considered to offer added value. It may even be a hindrance in imposing an additional layer of management and incurring additional, and what are seen as unnecessary, costs. The manager of the campaigns within the TPU prefers direct access to the agencies as she is leading, directing and delivering the campaigns. In her view, the COI are not always happy about not being in the mix.

**SUMMARY OF NATURE OF CAMPAIGN**

**Costs**

The overall budget for the Strategy was between £60m and £80m each year, some £2million of which was spent on campaigns. The budget for partnership marketing (Iris) is between £150,000 and £200,000 a year. Added value is created by getting the partner to print the material or putting the content on their website or magazine.

**Target group**
Target groups were young men and women aged under 18. There were issues with the under 16s with regards to legality, yet this age group may have been more influenced by the Strategy than the over 16s, in terms of declining pregnancy rates.

**Agency**

The bid for the campaign component of the Teenage Pregnancy Strategy (TPS) went to tender with a number of government-approved advertising companies with experience of government campaigns. Four pitches were presented to Ministers for approval. DLKW were selected for ‘above the line’ campaigning. For ‘below the line’ work, the contract was awarded to Iris, a partnership marketing company specialising in public education campaigns for government and charities. In addition, a PR company was hired to work with the advertising agency to explore other ways of getting the message out – for example – in dance clubs or pop festivals, and to include condom distribution.

The RUThinking website, developed by staff of the pre-existing Sexwise helpline, was tightly controlled at central level. Agencies wanting to use it at local level required permission. The idea was that the number should not be disseminated indiscriminately, though this principle has since relaxed. Discomfort was felt within the TPU at the idea that the campaign should be ‘hidden’ from teachers and parents.

**MESSAGES**

Messages are generally related to harm limitation; are hierarchical and follow social learning principles. The main campaign messages address peer pressure, (‘you’re the not the only one not having sex’, ‘only have sex when you’re ready’); condom negotiation and the necessity and efficacy of using condoms to protect against pregnancy and STIs (‘You can’t tell by looking who has an STI’, ‘Only condoms protect you from both unplanned pregnancy and STIs’). In addition, common myths have been depicted in the publicity such as ‘You can’t get pregnancy the first time’.

The TPU have distanced themselves from abstinence messages. Similarly, no attempt was made to stigmatise pregnant girls. All of this, lead actors felt, broke new ground for government. It was widely known that the government were mounting the campaign and that may have been controversial. There was a good deal of debate with ministers who wanted more reference to peer pressure and less to condom use.

**FIG 2.3a MULTIPLE MESSAGES CONVEYED IN THE TEENAGE PREGNANCY CAMPAIGN**

| i) The advertisement which led to the campaign being dubbed the ‘virgin’ campaign. | ii) Advertisements also aimed to correct myths and misinformation about getting pregnant | iii) The social marketing principle of ‘exchange’ is addressed here, in the ‘reward’ offered to young men in the form of enhancement of their image |
CAMPAIGN PHILOSOPHY

Theoretical underpinning

Although theoretical models are not used explicitly to guide the campaign, ensuring that it was seen as part of young people’s culture, and not ‘top down’ was very much a central plank of the philosophy of the Strategy. To this end, advertisements bore no reference to the fact that their execution had DH involvement. This was deliberate and informed by the need for young people to feel that this was their own campaign.

‘None of the campaign was branded with a government logo such as NHS, or DH. This was the result of research showing that young people did not want to be approached by authority so it needed to be in their world and in their language’.

‘It was quite tightly controlled. Ministers were concerned about the risks initially. They wanted and needed the campaign to have an ‘underground’ feel, to be accepted by young people....to avoid it being picked up by the press, the Daily Mail, for example.’

Perception of social marketing

The Teenage Pregnancy Strategy was strongly identified as a social marketing campaign.

‘Of all the pieces of work I’ve ever worked on..... it’s the closest I’ve ever seen in government to taking a social marketing approach. In terms of the evidence base that starts it, underpins everything we do, how we engage with stakeholders from the beginning and involve them in the campaigns development and its roll out, and how there is constant feeding back into the cycle of research findings and lessons ‘.

More than one participant pointed out that social marketing may be the ‘buzzword’ of the moment, but many have been using the approach for some time. It did not follow that there was no room for improvement or that things could not be looked at differently.

APPLICATION OF PRINCIPLES OF SOCIAL MARKETING

i) Behavioural focus

Changes in individual attitudes (particularly those relating to motivation to become parents early in life) and behaviour (relating to a reduction in risk behaviour and an increase in risk reduction practice) were among explicit aims of the Teenage Pregnancy Strategy as was the aim of increasing the life chances of young parents and their children. Fears expressed by some that improving the lot of teenage mothers might create more teenage pregnancies by removing the deterrent of hardship were not endorsed. In addition, the Strategy aimed to change the social context in which individual behaviour occurs, and joint action across sectors and government departments enabled the scope of this to be broad enough to incorporate structural changes to society, particularly those impacting on deprivation and education.
ii) Audience research

A thorough programme of research was put in train to inform campaign development. The evidence contained within the SEU’s report formed the overall research base. Recommendations included the need for a sustained national information campaign aimed at young people. A comprehensive piece of desk research was commissioned to inform the development of this national campaign, drawing on national and international evidence of what works in terms of campaigning activity with young people. The document was regarded as very useful in making the case for the adoption of particular approaches. Six key lessons emerged including, for example, that humour was a useful mechanism for dealing with sensitive subjects like sex; that fear campaigns were in general best avoided; and that an informative and motivating style was preferable to one which was didactic. This report was shown to Ministers because:

“Ministers have their own opinions even though the evidence shows something else. Some Ministers felt that shock tactics should be used in these kinds of campaigns”.

In addition, the agencies themselves pre-tested all the advertisements and, for the original pitch, the Partnership Marketing agency prepared qualitative research using Focus Group Discussions (FGDs) and tested the brand list with these groups. Young people played no part in design, which was the responsibility of the advertising agency. They were however involved in pre testing through FGDs carried out by the agency and separate fora (including one comprising teenage parents) enabled young people to feed into the overall Strategy. Once the messages were developed, they were taken out on “road shows”. In London for example, they met with the health promotion lobby.

‘Qualitative work starts the creative process, from writing the brief to the advertising agency to the creative work itself... then we test absolutely everything. So we put the scamps in front of focus groups of young people themselves – specifically those people who the campaign is targeting. For Want Respect – vulnerable people, disadvantaged groups. We’d also always test everything with parents, health or youth professionals as well. So we get a fairly rounded view of what works or not’.

The result, after many stages of creative briefing and development research with both young people, parents and professionals, was the ‘Ruthinking?’ campaign, launched in October 2000. This is still a key part of the communications mix today.

iii) Segmentation

Segmentation was initially broad, that is, the aim was to reach all under 18s, though messages were tailored to particular sub groups in terms of age and deprivational level. The need to stratify target groups into young teenagers who are curious about sex, those in the middle teenage years who are beginning to gain sexual experience, and those older who may be at increased risk was recognised at an early stage. Peer pressure, for example, was addressed in the younger teenage magazines; condom negotiation in the older ones. RU Thinking was targeted more towards those under the age of 16, the majority of whom could be expected not to have had sex, and messaging to them is about trying to delay sex, until they are ready and competent. The website on the other hand is a simple signposting to advice about services, while
“Want Respect” targets those who are already sexually active – between the ages of 15-17 years.

‘The campaign tried to use appropriate language for young people. They needed young people to see it as their own, and not from “the establishment”. The aim was for young people to feel as if they had found this campaign themselves. [The Minister] wanted more formal language not slang words like “shag” which the TPU thought were more appropriate for young people. He wanted it to be a government programme’.

The partnership marketing agency also used a paid-for service, a brand index, to effect targeting. The problem with this was that the socio-economic profiles of teenagers consulted by this service were A and B, yet the audience for the Strategy was C, D, E, so that the decisions relating to appeal to less affluent young people was more intuitive than evidence based:

‘All we can say is that as an agency, we do teen marketing for other clients, so we are aware of what’s hot and what’s no’”.

“We would have a different approach saying something to Sugar magazine than Just 17. And boys - football magazines. From the beginning we’ve segmented, basically on people’s sexual activity – are they having sex or aren’t they?”

Thus segmentation has taken account of the need to target the young and the more deprived, but has not been simply on demographic criteria. The principle of segmentation was explained to us in the context of ‘branding’.

‘We’ve separated out our brands. We have Dare brands and Trust brands. Trust brands are things like Boots, Superdrug, Tampax, spot cream. Because the “Want Respect” campaign is quite edgy and focussed on an urban environment, we are aim for brand partners who are “Dare brands”. The Dare brand is aspirational which is pushing you as a consumer to be someone you’re not (like fashion brands). Because we have focussed on the urban area, there are a lot of brands who are focussed on urban music, or targeting black groups, or hip hop. Reebok is a good example, using people like 50 Cent and Kelly Holmes. Those are exactly the kind of brands that we want to work with for “Want Respect”. If we took “Want Respect” to Top Shop or Miss Selfridges, it would scare the pants off them, where Diesel or Levi is better’.

It is important in the context of this review to note that the impetus to the piece of research which generated these distinctions had been prompted by ministerial concerns over the use of advertising by the government generally.

‘The Secretary of State at DfES at the time asked for a review of all advertising that was going on across the DFES. He had concerns about advertising campaigns’ effectiveness and whether they achieved anything. This provided an opportunity to take a step back and reflect, and it led to large piece of qualitative work which further segmented young people into three groups: younger sexually inquisitive (requiring signposting to further information and advice on how to delay – provided by RUThinking campaign), sexually experimental and sexually reckless’.
The mid teens group is seen as the core audience and crucial in bringing down conception rates. Often deprived and vulnerable, the challenge in relation to this group was seen in terms of instilling a sense of respect, and linking it with condom use. Thus the ‘Want Respect – Use a Condom’ campaign was born. After a year-long process of creative development, the campaign began with radio in 2005 on commercial stations. Magazines such as Sugar and Bliss are now used only for RU Thinking.

‘Ministers were convinced of need, but concerned about messages in bus shelters and phone boxes and possible offence caused by condoning or almost promoting sex. So we recommended we use cinema and satellite TV, (MTV, E4, Flaunt, Channel U etc.) - which give a very targeted approach. Two ads are running in Jan 2006’.

‘RUThinking is reassuring; think about it, do it when you’re ready. Want Respect is more forthright, straightforward, in your face, matter of fact. The tone is street’.

In terms of ethnicity, campaign designs were initially not culturally specific. However, the use of ‘colourless’ caricatures led some to assume they were white. This led to considerable debate. A compromise was attempted such that different images were used. Ultimately, the view within the DH/TPU was that advertisements featuring “black” men and women were less successful since they were susceptible to criticism that teenage pregnancy was thereby portrayed as a “black problem”.

iv) Exchange

The DH stance was to start from where young people themselves are and not to appear to be prohibiting certain behaviours. It was acknowledged, for example, that young boys and girls want to explore sex and are attracted to each other, and so advertisements accepted these facts. The aim was to focus on choice and on young people being equipped to make them, but at the same time ensuring young people’s understanding that there are consequences of ill informed choices.

Even so, some sections of the health promotion lobby felt that the DH was stereotyping – and wanted the TPU to adopt a completely non-judgemental approach, almost going so far as condoning teenage pregnancy. As a result, certain advertisements were a compromise, taking account of views from all factions.

Humour has been a consistent feature of the Teenage Pregnancy campaign. The tone and style of campaigns took account of the range of needs in this broad age group. A cartoon style was adopted, which was deliberately humorous and over the top.

Cartoons avoided depicting real life persons which would allow young people to say ‘that’s not like me’. Efforts have been made to avoid scaremongering or stigmatising.

“We’ve never gone down the road of using shock/horror approach because the evidence has shown that doesn’t work… exception, young men don’t like to see things that makes them think their dicks are going to fall off. A few executions we’ve used play on that – but in a light-hearted way’.
'We learnt through the research that we needed to engage them through humour, turning something on its head, being quite irreverent about it. Some of them are quite distorted – with funny body shapes. By not using real young people, we avoided the situation where young people would say 'that's not me!'

There has been some shift over time in the presentation of the messages as the TPU has felt the need to adapt.

'When we looked at the magazines, some of the ads in the boys’ magazines appeared ‘twee’, and are now more pornographic'.

All of this, lead actors felt, was breaking new ground for government. It was widely known that the government were mounting this campaign, and that may have been controversial. The advertisements underwent intense scrutiny from the Minister of Health at the time; every word and image was critically examined. During the election period campaigning ceased, despite evidence showing that it should be continuous. DH activities were heavily circumscribed by such rules.

The strategy for dealing with conflict between the evidence and the ministers has been to present the evidence clearly, and then search for a compromise, to try to find out what is bothering the Minister and find a compromise ("tweaking") without losing the integrity of the advertisement and its message. ‘Tweaking’ however, has not always found favour with the advertising agencies.

‘There is a culture clash between advertising agencies, who prefer to work with the purity of ideals than murky compromises and Ministers…..It is also more difficult to find a compromise when there is more than one Minister involved'.

v) Marketing mix

In terms of above the line media, commercial radio stations across England known to have high listenership amongst the 13-18 yr audience were used, together with advertising in all core teenage women’s magazines. Boy’s magazines were used for a while, but radio was found via tracking research to be a more effective way to reach young men. A range of campaign publicity resources, posters, postcards, credit cards, and so on, were made available to the field to distribute into local youth settings.

The research evidence showed that media should be accessible to teenagers privately. The decision not to use TV was made on the grounds that it was too public (young people could watch it with their parents), too expensive and difficult to know which channel to use since possession of satellite TV was so widespread. Cinema was not used since it was too public and too costly.

‘Below the line’ activities of partnership marketing and PR were conceded equal importance in the campaign.

‘One of the critical things, when the campaign started, was that it was about ‘private reception’ where messages were heard in a young persons own environment, on a radio in their bedroom when they’re doing their homework, when they’re flicking through a magazine, seeing a poster on the back of a toilet door.’
Use of partnership marketing has been a prominent feature of the marketing mix in the Teenage Pregnancy Strategy. The concept was explained to us as:

‘creating a mutually beneficial relationships between an issue and a brand. The brand is using to gain access to customers the DH would not normally have. This is particularly pertinent with audiences that are hard to reach or information to be disseminated is difficult to source. As teenagers haven’t yet decided who they are – they are influenced by popular culture, and are looking for a brand which can identify them, so there is the potential to give them more than simply information. We develop a strategy detailing which types of brands it would be appropriate to link with which issues and why. We evaluate the brand and the amount of reach it has within the audience, and the likelihood that the brand will support the issue. We then contact them, sell the issue, and show them the benefits of linking it. Then if they agree, we have to think how to get the message across in an appropriate way’.

Iris work with cosmetics agencies, shops such as Top Shop; youth radio and magazines (eg. Shoot or Top of the Pops); and under 18 clubs. Tube pass wallets developed for teenagers with designs such as love hearts and graffiti featuring the message “Going all the way? Visit RUTHinking.co.uk” have been distributed by partners through magazines, retailers and club. Websites have also been set up, and Hosanna, a basketball brand, reaches the black community.

‘We have good relationships with organisations like Playing for Success who run after school clubs. They let us flog materials through their channel. The type of kids that go to these clubs need some extra help, so they are spot on for us in terms of social economic group and deprivation. There is one under 18 club operator who we have worked with for years. Very important, so we catch teenagers at the moment they’re as close to sexual activity as they can be when we can still get to them’.

The success achieved by the Marketing Partnership agency depends largely on individual contacts, and how comfortable they feel with championing the issue within their organisation. Because of the sensitivity of the subject matter, teenage pregnancy was seen as high risk for brands and it has not always been easy to show obvious commercial benefit from linking to this issue. From a commercial perspective, it was pointed out that there are more emotive issues to link with which are less controversial, for example, a children’s charity tackling literacy, truancy and bullying. The only complaints received, however, were from Superdrug; and from parents concerned about the bus pass holders in Top of the Pops magazine. Top of the Pops have not seen this as negative and continue to working with the agency. Endorsement of the campaign by the DH, high awareness among teenagers, and the research evidence and the long standing duration of the campaign have helped to diffuse criticism.

Progress on below the line work was slower.

‘Efforts were slow in getting off the ground and not enough was done on PR, there was more potential on that. We knew that it would be slow because it is a controversial area, but we succeeded in establishing linkages with sport, football’
This was the first time that DH had become involved with partnership marketing yet Iris now work across government agencies to effect partnership marketing in other areas:

‘A really innovative approach we adopted was partnership marketing which we did through a specialist youth marketing agency. They looked at how we could approach the private sector -brands associated with young people- and persuade them to promote our messages through their outlets or, using their relationships with young clients, to be associated with their brands in a voice, style, language relevant to them. At that time, no one else in government was taking that approach. Some of our original partners are still with us – Stabilo, Club Detention, Radio 1 and more’.

‘Government is beginning to see return of investment you can get. For very little funding, you can get a lot of coverage and you can reach a lot of people. What’s really exciting is that you can borrow a brand’s influence to get through to people’.

Editorial work is left to the PR agency.

‘We worked a lot with Agony Aunts in all the mags, helping provide case stories where we could, signposting the Sexwise helpline and rethinking.co.uk website.

Media advocacy was a strong and successful part of the TPS. Local co-ordinators particularly, engaged with the local press and coverage of teenage pregnancy issues improved observably with their input.

vi) Competition

A good deal of ‘background noise’ surrounded the Teenage Pregnancy Campaign, much of which was antithetical to the key messages. Given the highly sexualised society in which young people live, the emphasis placed by the media on sexual lives of celebrities and others with a high profile, and peer pressure to be sexually active, there has been some competition to the message to delay sex until ready.
The campaign got off to an inauspicious start in this respect. The first tranche of advertisements were leaked to the Evening Standard, but selectively, so that the impression was given that the advertisement featuring the message “It’s okay to be a virgin” represented the whole campaign. In the absence of information to the contrary, the assumption was made that the budget of £60 million for the Strategy as a whole was allocated entirely to the campaign, instead of the £2 million actually spent. Some nervousness, particularly amongst Ministers, ensued. A consequence of the press leak was that some radio advertisement featuring the use of the term “Virgin”, was dropped after the press furore following the Evening Standard piece. In retrospect, efforts to manage the media handling of the campaign, by means of an orchestrated launch and advance press conference explaining the campaign rationale, may have avoided some of the worst effects of the media coverage.

There was competition, too, to the message relating to teenage parents, notably that life chances need not be diminished as a result of early parenthood. Part of the initial brief had stated that advertisements should make references to the adverse outcomes of early motherhood, which TPU felt was contrary to the ideal principle, fostered by the research evidence, which was to avoid fear oriented campaigns. Some advertisements were conceived on the detrimental consequences of early motherhood, but they were not well received by the team, and ran counter some of the aims of the Teenage Pregnancy Strategy. Some implied that having a baby as a teenager would make it difficult to return to school, even though one of the main Strategy themes was supporting teenage mothers to go back to school. Ministers, however, were in favour of these advertisements. In the event, the TPU team buried them.

vii) Involvement of stakeholders

Stakeholders include all those working on teenage pregnancy in the statutory, voluntary and commercial sectors at national level and all local and regional teenage pregnancy co-ordinators, local Partnership Boards and the constituencies they
represent. There are, therefore, a very large number of varied agendas and interests. There was considerable heterogeneity in political beliefs and social values across the country; Cornwall, for example, wanted a different message.

‘The main stakeholders dealt with on a regular basis are the teenage pregnancy coordinators, the lead professionals in the field, driving the strategy at the local levels – who pull together all the stakeholders at the local level (PCT, local authorities, youth services, etc.) They are a lynch pin. We provide the national direction and they are critical to pushing things through at the local level. The model works very well’.

At the most senior level, the TPU made efforts to include stakeholders in the sexual health campaign.

‘DH had to work hard with some local areas to bring them on board. This was achieved in part by sending out the Chair of the Advisory Group who motivated and gave support to those working at local level’.

A strong requirement for central government to maintain consistency between work carried out local and national level necessitated the production of a pack supporting and advising on use of campaign materials at local level. Materials could be ordered via the TPU website but permission was needed for use of the logo.

Some regional coordinators challenged the local campaigns, and some local areas were keen to mount their own campaigns, not so much to be involved in design, but more to put the local stamp on what was done, while others had their own campaigns running before the national campaign was launched. Resistance to this at national level stemmed chiefly from awareness of wide local variation in the skills and resource base. There were also concerns relating to consistency of message. Where local campaigns incorporated the dual aims of the Strategy, there was less of a problem. The question of economy also influenced the agenda; the TPU taking the view that, since a good campaign already existed, why waste resources creating another one.

‘Why spend so much money when there are already good materials available?’

A more flexible stance is now taken with regard to autonomy at local level as the Strategy has become more established.

A good deal of effort has been invested in joining up the Comms and policy teams, to avoid overlapping efforts. There is overlap between the Sexual Health campaign launched in 2002, and the Teenage Pregnancy campaign, both with regard to both target groups and messages. The hope is that those involved in the two campaigns will increasingly work together across government. Many of the agencies work on both teenage pregnancy and sexual health campaigns, and the advantages of this is that the agencies are able to flag up possible clashes between the two campaigns.

There has been considerable caution about ministerial participation in the campaign, partly because of fears of uncontrolled dissemination of information and adverse publicity.
Participation is uncomfortable. The move is towards more participation, but it is not government’s greatest strength. In campaigns like teenage pregnancy, there is a degree of control, a degree of scrutiny and interference from Ministers, because they’re going to be personally criticised for content.’

Nevertheless, initially ministerial consultation was required at the highest level. The TPU were obliged to obtain approval from Ministers because of the sensitivity of the campaign and the fear that it might be seen as too permissive. The TPU’s director personally took the advertisements to No 10 and because they were liked, approval was given. Ministers involved remained concerned about some of the early advertisements, those featuring condoms for example, which were felt to imply permission was granted to under 16s to have sex and much debate ensued. The strong evidence base, however, was extremely valuable in persuading Ministers of the public health precepts underlying particular aspects of the Strategy. The situation has since become more relaxed, though at times there have been sources of sensitivity.

‘As a courtesy they send things through to the designated person is at No. 10 just to alert people that it’s coming. Naming the campaign ‘Want Respect’ caused problems even though the name was devised before the Prime Minister used the word. There were negotiations with the Respect Unit within the Home Office but Ministers were resolute in saying that it was the right approach and should go ahead. They did negotiate on timings. So there is a whole series of things that can come from left field’

Jointly held PSA targets (DH and DFES) mean even more vested interests.

**EVALUATION, OVERALL IMPRESSION AND ASSESSMENT**

The main evaluation efforts were set up only a short time after the Strategy’s inception, and coincided with the first campaign. A consortium of researchers from LSHTM, UCL and BMRB were responsible for the national evaluation of the whole Strategy. A tracking survey of 2,400 young people p.a., and 1,800 parents p.a., carried out three times a year in each of the first four years of the campaign, tracked campaign awareness, recall, reception and outcome, and also attitudinal and behavioural change. The tracking survey also drove the development of new creative work.

The most significant results were the high awareness of the campaign among the target audience, and its favourable reception by them. For a campaign using print and broadcasting media, as opposed to high profile television, these were good results. Attitude change was more difficult to measure in the short term, since it takes longer to achieve. Radio came out particularly well with the boys; magazines with the girls.

‘There was high awareness amongst young people for a campaign which didn’t have TV advertising (some 78%!). And for a budget of £1.6 million for the year for the whole campaign – pretty good bang for your buck’.

Because of the lack of opportunity to carry out an experimental or quasi experimental evaluation design, since all activity took place simultaneously and in all areas, the research team had to find other ways of attributing outcome to intervention than using an implementation and control group. This was achieved in four ways: by
tracking the conception rate at national level in relation to Strategy-related activity; by examining variation in conception rates at local level by human and material investment made; by examining variation at individual level in key markers by reported exposure to campaigns; and by examining changes in the conception rates internationally, comparing those in England with those in other European countries in which there had been no teenage pregnancy interventions.

At the end of the four year evaluation period, the research team were able to report that the Teenage Pregnancy Strategy was highly rated; was characterised by considerable harmony between stakeholders in terms of both goals and methods; and by successful collaboration between sectors and across government departments; The campaigns had achieved higher levels of impact and recall than most using the media chosen.

‘Three years on - lots of different creative executions, an established campaign with well used and recognised helpline and website’.

In terms of harder outcome measures, a decline in under 18 conceptions had continued from 1999 to 2003 and was most marked in those areas in which investment had been greatest. In addition, a comparable decline in teenage pregnancy rate had not been seen in similar European countries; instead rates had either fallen, or remained static.

At the time of writing, adverse and misleading publicity relating to the success of the entire Teenage Pregnancy Strategy threatened to undermine public perception of its success, and hence its sustainability. ONS data newly released in February 2006 showed a further significant decline in under 18 teenage conception rates during 2004. The decrease was a notable achievement; was contrary to static or increasing rates in other European countries and, furthermore, indicated that the decline seen in the previous five years was not simply attributable to a ‘correction’ in the teenage pregnancy rate following the increase coinciding with the pill scare of 1995 -1996.

The decrease was not, however, of a magnitude which would enable the Strategy to reach its target of a 50% reduction in under 18 conception rates by 2010, and this was seized upon by detractors as evidence that the Strategy had failed and that the Teenage Pregnancy Unit should be closed down. Since the four year evaluation had been completed, members of the academic consortium were not able to counter this misinformation. One of the purposes of setting such an ambitious target had been to galvanise efforts at local and national level, and to provide local co-ordinators with leverage to ensure a high priority for this public health issue. However, setting such a lofty goal can also be seen as having had disadvantages in terms of attainment, and to some extent having given hostage to fortune. The importance of seeing teenage Pregnancy as a long term strategy was emphasized by several participants.

‘We’re not going to see change without a continuous drip-drip advertising over the sustained period of time. We’ve had two breaks for political reasons, the first for the election, the second, Charles Clarke’s review, when he said he wanted a hold on everything, so there was nearly a year with no advertising’.

‘We are just in our infancy with this campaign’.
3.4: Community HIV/AIDS Prevention Strategies (CHAPS)

BACKGROUND

Policy and epidemiological context

CHAPS (Community HIV/AIDS Preventive Strategy) is a programme of work which has been managed by the Terrence Higgins Trust (THT), and funded by the Department of Health (DH), since November 1996. On a public health level, CHAPS was responding to a continued increase in HIV diagnoses, and increasing evidence of undiagnosed infections, amongst gay and bi-sexual men, the group most at risk of HIV transmission in the UK.

In addition, CHAPS addressed the high degree of fragmentation amongst the voluntary gay men’s HIV sector, the lack of strategic direction and the competitive rather than collaborative nature of interaction between agencies. CHAPS was instigated partly as a result of some ‘disgruntlement’ amongst gay men regarding the HEA public education campaigns of the early to mid 1990s. Some of the initial funding was invested specifically to motivate collaboration -to bring the separate groups together as a partnership.

In 1995/6, the government were under dual pressure. The gay and HIV activists were asking why they were getting a raw deal from government and the religious right were asking why money was being invested into ‘this filth’. At the same time, for the HEA, the need for ministerial sign off at the end of any development process of an intervention was felt to be constrictive. As a result, the DH commissioned THT to bring together a collaborative partnership to deliver HIV prevention, though what this would consist of was not fully known at the time. Politically, CHAPS constituted an ‘arms length’ approach by the DH and a move away from HEA involvement. The nature of the contract meant that THT had considerable freedom in terms of their commissioning of contractual output in line with the broader approach agreed with DH. Apart from an initial contractual obligation to produce two national mass media augmented by small local media programmes each year, the remit was relatively flexible and free. THT were accountable to DH through their annual formal review and quarterly update reports. The content of the interventions was the responsibility of THT and ministerial sign off of individual interventions was no longer required.

To clarify goals and establish ways of working, voluntary gay men’s health groups working in HIV prevention were invited to a weekend away. This led to a dual development process. Those with more creative minds agreed to develop original pieces of work, within the terms of the contract, whilst those for whom strategy was of interest dedicated themselves to thinking about the strategic development of CHAPS.

‘Making it Count’ was an outcome of the latter. This consensus statement outlined the targets, approaches and ethical standpoint of the CHAPS partnership. It rejected a didactic approach in favour of one aimed at equipping individuals to remove barriers to the enhancement of their sexual health. The tone was sex-positive; sexuality was celebrated and sexual health was seen in its broader sense, that is, not merely in terms of reducing HIV infection, but taking account of the need to carry out sexual health promotion with gay and bi-sexual men in a way that would protect and
maintain sexual pleasure and well being. In this sense, CHAPS departed somewhat
from the spirit of sexual health promotion at the time, rather positioning the strategic
framework within the WHO rationale. A measure of success in achieving this goal
was the incorporation of the CHAPS programme into the national HIV and Sexual

Aims

The aim agreed on by everyone for CHAPS was that the programme should provide
health promotion for gay men in England. However, there was that a great deal of
discussion among partners as to what exactly the endpoints should be. Whilst some
felt strongly that hard outcomes relating to reductions in rates among gay men were
the only legitimate ones, others felt that the well being and autonomy of gay men
should be a goal, whether or not reductions in HIV rates were achieved. These two
parallel philosophies have persisted to the present day.

Management

CHAPS is managed within Health Promotion within THT. Working with Health
Promotion, are the Programme Development Team, who are involved in web work,
small and mass media work, that is, the communications element of CHAPS, and the
Sector Development Team whose focus is on the training and development of people
who work with the client group, in the form of conferences, seminars, training events,
brieing papers and more strategic components.

Each CHAPS partner at local level can opt in to between one and three programmes
for which they will be paid. The Production Development Team develop the budget,
aims, and so on, with partners acting as consultants. The Programme Development
Team work with the Marketing and Design Teams, and the rst round of formative
evaluation occurs when the Programme Development Team is confident that internal
development is complete. This involves a round of testing with target and non-target
groups. Material goes out also to all CHAPS partners and a range of other key
players in the voluntary and statutory sector. A message board system is used to
facilitate exchange of comments. After three weeks of consultation, all comments are
collated.

Following tightening of the intervention by the Programme Development Team, the
intervention is released into the public domain. (Previously there were three rounds
of formative evaluation but this was too costly. Only one round is carried out now but
the intervention is at a much more developed stage prior to this evaluation). End user
evaluation examines issues such as coverage. The length of the campaign
development process varies according to the intervention.

Sigma Research, a department of the University of Portsmouth and one of the
founding partners of CHAPS is involved in a range of research and development
tasks for the partnership predominantly focused around needs assessment and
evaluation. Whilst the management of the contract lies with the THT, Sigma’s
activities for THT also constitute core activities for CHAPS. At any given time, at least
three members of staff within Sigma are involved in CHAPS, operating on a rotation
basis.

For some interventions, communications agencies have been used but on the whole
the internal THT press office has managed PR. Initially THT would allow design
businesses to bid for involvement in individual interventions. In 2000, THT decided to
pitch all work to interested designers (partly for reasons partly of cost) and one design team has been used almost exclusively since then.

### SUMMARY OF NATURE OF CAMPAIGN

#### Costs

CHAPS work costs £200,000 per year for three programmes. This is not necessarily split equally between the three programmes; in 2005 for example, £110,000 was spent on the PEP campaign (http://www.pep.chapsonline.org.uk/), £20-25,000 on the ‘Vive La Difference’ campaign, and the remainder on the Condoms campaign.

Funding for the CHAPS programme totalled £800K for 96/97, increasing to £1.1m to 2003. All of this money goes to THT and covers the total costs of CHAPS including money given to partners, media spend etc.

#### Target group

Men who have sex with men in England.

#### Agency

More recently CHAPS have only worked with one design team (Feltons), which is seen as a positive. The process of creative development was previously seen as being hindered by the involvement of more than one external design team.

#### Messages

Messages have varied according to the campaign aims.

### CAMPAIGN PHILOSOPHY

#### Theoretical underpinning

The CHAPS partnership has used an eclectic mix of models, maximising whatever is available rather than pitting different approaches against each other. Given that there was no consensus on theories or models at start of the programme, ‘Making It Count’ encompassed a whole range of approaches and theories ‘menu style’. This reflects the disparate groups involved. But discussion of theories and models was definitely an explicit part of campaign development. Social marketing is considered to be very useful in the context of a mixed programme.

A tension was highlighted between marketing and health promotion theory. The campaign currently being developed, for example, aims to raise men’s awareness about their proximity to HIV. There is a clear consensus on the need to achieve this. However, whilst the Design Team are pushing for the next step, i.e. what men should do as a consequence of that awareness - the rational endpoint being to use a condom, the Health Promotion Team, advocate that their role is not to tell men to use condoms given the various possible responses to that message in terms of disclosure of HIV status, the choice as to whether or not to have sex; condom use, and so on. It was pointed out that such a tension is not unique to CHAPS nor even the HIV sector.
Perception of social marketing

Social marketing principles have been used to guide design and execution of all interventions and both the Marketing and Design Teams are trained in social marketing.

Even so, not all of CHAPS work was seen as faithfully epitomising the method.

‘Not many of the CHAPS campaigns I would consider classic social marketing’ It has been a battle -there is always a strain or a pressure -to avoid reverting to shock or fear tactics, which is the antithesis of ‘Making it Count’.

The evaluators’ view was that the CHAPS condom coverage campaign probably came closest to social marketing. The campaign praised those who used condoms and emphasised that using them showed that you cared about the other person.

APPLICATION OF PRINCIPLES OF SOCIAL MARKETING

i) Behavioural focus

With regard to the Post Exposure Prophylaxis (PEP) campaign, baseline data (pre-intervention) on men’s knowledge of PEP, the number of men who had accessed PEP, and the number who knew people who had accessed PEP, was measured using the annual National Gay Men’s Sex survey data. In addition, an online evaluation part way through the intervention assessed men’s confidence in knowing where to get PEP and how to be assertive in obtaining it. The national survey showed that the campaign significantly increased knowledge about PEP. A range of evidence indicated between a 30 and 50% increase in the number of men attempting to access PEP and an increase in men who knew men who had tried to access PEP. Given that no other campaigns or interventions were carried out at the same time as this one, clear changes in knowledge and behaviours are indicated. The key is to match the aim of an intervention to its objective. If the ultimate aim is to reduce undiagnosed HIV cases, one can use a poster to raise awareness of the benefits of testing but if there is no available service for testing and the poster campaign has no impact, this is not a failure of the poster, but a failure of needs assessment.

CHAPS therefore have both tightened up interventions, for example by setting realistic aims for poster campaigns and also broadened their intervention strategies.

ii) Consumer research

18% of the CHAPS budget is invested in research and development. The creative development process comprises a 10 week cycle which begins in August each year. The annual National Gay Men’s Sex survey provides an ongoing needs-assessment of gay/bi-sexual men and surveys 15-18,000 men across the UK. Keynote findings from the survey are examined, as are potential interventions. Each partner organisation identifies what it considers priorities for the coming year using planning tools known as ASTORS. These are collated and a message board system is used to enable each partner to comment. Each partner is given the opportunity to rank their top five interventions. All stakeholders then come together and spend two days thrashing out ideas. Consideration is given to the last year’s campaigns and discussions are also held with GMFA in order to make sure that mass media campaigns are complementary in terms of timing.
Those responsible for evaluation felt that the biggest lesson from formative evaluations was that it is not possible to please all.

‘You are always going to get one group of men who don’t like it. Use formative evaluation together with your hunch and your experience in programme development.’

iii) Segmentation

A second lesson is that targeted work at targeted communities is much more effective than vague grand scale work aimed at the general population.

‘What is the biggest single STI or sexual health issue? Who is most affected? How can it best be addressed? What is the best method mix? The questions needed to reach the groups are quite focussed’.

iv) Exchange

The tone of PEP aimed to be upbeat, honest and truthful – not about fear mongering.. Emotions are used to motivate in some campaigns. (See http://www.naiverisks.chapsonline.org.uk/)

‘This campaign is designed to prick men a little bit, to make them think ‘Oh my God I’ve done that!’ It is not about fear mongering. It is about trying to make situations real and tangible rather than abstract and thereby raising awareness’.

v) Marketing mix

Interventions are now focused within gay bars and the gay press. CHAPS has employed broader sweep strategies, i.e. bill boards, phone box advertising, and buses in the past but evaluations showed that these were not cost-effective. Moreover, the ability of broad spectrum strategies to reach a wide audience created problems for a programme of work targeting what were essentially stigmatised behaviours. The reaction of non-target groups has, on occasions, undermined the mass audience interventions.

All campaigns except ‘Vive la difference’ (http://together.chapsonline.org.uk/Home/) have involved mass media, web work, banner advertising and small media as well as nick-nacks used by outreach workers to enhance coverage, for example, boxes of mints, fridge magnets, and so on. Internet work has become more central and useful to campaign work over last 10 years. The marketing mix varies according to the target group and the aims of the intervention.

‘Doing a couple of poster campaigns a year wasn’t going to solve the AIDS crisis.. A poster cannot inform an individual about his/her HIV status. Given that knowledge about one’s HIV status is a need, it is unrealistic to expect a poster to impact on HIV incidence. However, a poster can enable individuals to feel good about themselves, raise political temperature, give small nuggets of information to a target group, re-align social norms and so on. Within CHAPS, posters have become increasingly specific’.
CHAPS have introduced a range of additional materials to supplement poster campaigns such as leaflets, nick-nacks, etc. These are still written materials – CHAPS still has to work within its remit and in this context, instigating talking interventions such as group work or counselling is not an available option.

Considerable compromises have been made in terms of the work carried out. Nevertheless, boundaries have been pushed. CHAPS has done some infrastructure development work, such as producing briefing sheets for health professionals or others involved in interventions, organising seminars and writing summary reports on burning issues. Connexions staff, for example, have been trained in the treatment of gay/lesbian individuals.

Media advocacy techniques have also been harnessed to the CHAPS programme.

THT worked with Eastenders on the Mark Fowler storyline – this is a lot more effective than a poster campaign in influencing perceptions. THT was central to advising the production company to do it right, to keep it in programme. Those things that social marketing are trying to influence are major components of our culture. Therefore, TV is a powerful tool and probably better than targeting an intervention directly at the population.

vi) Competition

There has, from the beginning, been recognition that websites and other sources of information on gay men’s sexuality hold particular appeal in terms of gay men’s right to ‘bareback’, that is, not to use condoms, and to withhold their HIV status with a partner. The CHAPS programme has done its best to acknowledge the status of these alternative messages, whilst not specifically endorsing them.

vii) Involvement of stakeholders

Local gay men’s health groups are the main stakeholders. They represent the satellite players in what is essentially a national effort with local activity. In addition, groups representing those with HIV, such as Body Positive, are also key stakeholders, and of course, the Department of Health.

Some tension was highlighted between delivering at the national and local level. A national programme aims to hit common denominators and this may mean that not all local needs are met. A further tension concerned local versus national branding on the CHAPS output. Evaluation carried out by Pat Branigan showed that the CHAPS brand only had marketing ability alongside the THT logo, which is a trusted organisation, but that it probably detracted from it. On its own, the CHAPS logo was not recognised or understood. The THT logo is now used with a subheading about CHAPS. Local brands in general held no meaning for the majority of the target group. However, with some materials, THT have used the THT logo with a space for the insertion of a local brand name thus making the material recognisable to local populations.

Whilst CHAPS partner agencies have delivered work at the local level, they have been supported and resourced at the national level. Those working on CHAPS within THT believe that much national DH work aims for profile but with less concern to following through at local level: ‘great visual stuff in the press but it’s mass media work’. THT develop programmes of work of which mass media is one component. As an example of synergy, a poster about PEP in a gay bar may be found alongside a small booklet about PEP shrink-wrapped with the QX magazine.
EVALUATION, OVERALL IMPRESSION AND ASSESSMENT

Evaluation

A salient feature of CHAPS was the set up of evaluation at the same time as the programme, and the integration of the evaluation team into the wider programme team. Members of the evaluation team sit on the CHAPS Advisory Group and often on the CHAPS Campaign Consultation Group, a steering group for the mass media work. This has enabled the relationship between provision of evidence and implementation of the intervention to be exceptionally close.

Evaluation methods are varied, and include focus groups and other qualitative methods. However, some of the quantitative methods used have been quite ground breaking. The evaluation team was involved in a developing a model of HIV incidence and a framework for intervention close to the start of the programme which has guided both CHAPS and non-CHAPS interventions. In addition, the scope of the work, and in particular its small scale, has provided opportunities for use of quasi–experimental evaluation methods, for example a randomised controlled trial was conducted to test the provision of ‘nic-nacks’.

18% of the CHAPS budget is invested in research and development. The creative development process comprises a 10 week cycle which begins in August each year. The annual National Gay Men’s Sex survey provides an ongoing needs-assessment of gay/bi-sexual men and surveys 15-18,000 men across the UK. Keynote findings from the survey are examined, as are potential interventions. Each partner organisation identifies what it considers priorities for the coming year using planning tools known as ASTERS. These are collated and a message board system is used to enable each partner to comment. Each partner is given the opportunity to rank their top five interventions. All stakeholders then come together and spend two days thrashing out ideas. Consideration is given to the last year’s campaigns and discussions are also held with GMFA in order to make sure that mass media campaigns are complementary in terms of timing.

Those responsible for evaluation felt that the biggest lesson from formative evaluations was that it is not possible to please all.

‘You are always going to get one group of men who don’t like it. Use formative evaluation together with your hunch and your experience in programme development.’

Overall impression and assessment

An indicator of the success of the CHAPS programme is the adoption and replication of many of its campaign components.

‘CHAPS is globally envied. One of the key indicators of its success is its longevity’.

‘There isn’t a single CHAPS campaign that isn’t duplicated somewhere.’

‘30-40% of gay men will recognise an intervention a year after it’s released. This has got to be a success in marketing terms’.
CHAPS is reportedly renowned for its success in pushing the boundaries of its campaigns. The Homophobia campaign was targeted at young people, and parents predominantly, using the catch phrase “It’s homophobia that’s queer”. The DH questioned whether this was meeting the needs of gay men and THT argued the case that it did. There have been no profoundly controversial campaigns.

The next proposed intervention will target primary care staff, informing them about how gay men feel about accessing their service, how they should behave and think. Now, however, there is a certain amount of faith in the CHAPS partnership.
3.5: Flu

BACKGROUND

The ‘Flu campaign was first launched in October 2000 to promote the Government’s plan to offer free vaccinations to all aged 65 and over, and to those at greater risk from side effects of ‘flu. This was a major policy change since previous flu vaccination had been offered only to those aged 75 and over (and those clinically at risk). Sir Henry Cooper was used initially to front the campaign, despite opposition from a number of groups including the British Medical Association (BMA).

The flu immunisation campaign encourages uptake of the vaccine. This annual campaign is generally launched in October with a month of TV advertising followed by PR activity until the end of the year. The campaign is integrated with local activity and driven at local level by a team of flu coordinators, who work with local health professionals, the media, voluntary organisations and directly with members of the public to raise awareness levels about the advantages of being immunised and the risks of not.

As the campaign has evolved it has accumulated a considerable knowledge base. Targets are reviewed annually and modifications made to the marketing mix. The planning cycle is punctuated by well documented annual reviews. A ministerial submission requires that the Secretary of State for Health approves funding for each new round. At the same time, a public health policy advisor on the campaign team collates data from PCTs and subcontractors, and reviews the contribution of various campaign strands to the achievement of targets.

Aims

The overall aims of the campaign are:
- To maintain or increase levels of uptake among 65+ year olds (currently 71%)
- To increase levels of uptake among ‘at risk’ groups to 60%
- To increase levels of uptake among frontline NHS staff

The campaign is coordinated by a communications team at the DH who oversee overall direction and business manage the intervention, including budgets, external contractors and commercial partnership arrangements.

Overall operational control lies with the Marketing Communications Group (MCG) at the DH with ultimate responsibility and budget sign off sitting with the Secretary of State for Heath. Additional stakeholders involved with the campaign include the Director of communications at the DH and a number of special advisors (DH and No.10). Working along side the MCG is a team of public health policy specialists and advisors who provide advice and ensure that the information underpinning the campaign is based upon sound evidence.

Vitally important to delivery in the field are a force of flu coordinators who design and execute local activity drawing on a centrally produced toolkit to achieve amplification of and synergy with the national campaign.
The campaign is coordinated by a communications team at the DH who oversee overall direction and business-manage the intervention, including budgets, eternal contractors and commercial partnership arrangements.

### SUMMARY OF NATURE OF CAMPAIGN

#### Costs

In 2000/01 £2.5 million was allocated to the campaign, the bulk of which was used for broadcast advertising. Additionally, a PR campaign was commissioned with a brief to support the advertising. Few changes have been made to the size of the budget. The campaign costs some £2.3 million in 2005.

#### Target group

The campaign targets over 65 year-olds and clinically ‘at risk’ groups including:
- Those with chronic health conditions, especially respiratory, cardiac and renal
- Those whose level of immunity is impaired by medication and treatments
- People with diabetes
- Children (whose immunity is not fully developed) and parents of ‘at risk’ children

Additionally there has been a particular focus upon groups within whom uptake of the vaccine has been lower than in the general population as a whole, including:
- Those in lower socio-economic groups
- Ethnic minority groups
- People living in London (where take up has been lower than the rest of the country

More recently further groups have been added, these include:
- Carers
- Frontline NHS staff

Initially the core target group was defined as the over 65s along with those clinically at risk from the flu virus. As can be seen above this has diversified as more has been learned about the reasons for low uptake (see above – current situation).

[Note: One of the problems when reviewing past campaign activity is the fact that, in documentation, ‘at risk’ is often used as a generic term and is not broken down – this makes it difficult to unpick exactly who is being referred to.]

#### Agency

A PR agency is contracted to manage the media relations activity and they work closely with the DH media centre. [The Forster Company hold the contract in 2005]. They also work in conjunction with the local flu coordinators in a supporting role in an attempt to optimise local positive news coverage. They are also responsible for distributing campaign materials through its network of business and voluntary organisations.

In 2004 the submission summarises this activity: 44 articles in the national media (including the Sun, The Telegraph and the Daily Express; 20 articles in the BME media; Celebrity endorsements by Terry Wogan, Bruce Forsyth, Diana Rigg, Gary Mabbutt, Nina Wadia and Peter Purves; partnerships with 15 voluntary organisations;
11 interviews on the national television; Featured on the Archers storyline; Influenza as a C4 Countdown conundrum; 68 articles on regional radio; flu materials distributed in Gala Bingo halls, Sainsburys, Safeways and Asda pharmacies.

Local action is supported by the activities of the DH team and the PR agency. Briefings and training are organised before and during the launch stage of the campaign (see Marketing Mix, below).

vi) Messages

The overarching message of the 2005 campaign was: ‘Beat the Flu – get your jab in first’.

- Flu is serious – if you are over 65 years of age or are younger but in an ‘at risk’ group, you are more vulnerable to the effects of flu. It can lead to more serious illnesses such as bronchitis or pneumonia
- Flu is more serious than a cold
- The flu vaccine is free to all over the age of 65 years of age or in an ‘at risk group’
- The vaccine is safe and effective
- The flu virus changes every year so vaccination is necessary annually
- If you have dependants that you care for, it is worth looking after yourself by vaccinating so that you are effective

CAMPAIGN PHILOSOPHY

Theoretical underpinning

The campaign is essentially pragmatic with an underlying belief that providing people with the facts about the virus and the vaccination allows them to make an informed choice to become immunised. Within this there is a strong emphasis on the risks of not being vaccinated.

Reviewing documentation and through conversations with key stakeholders reveals no explicit mention of a formalised behavioural model being used to inform the overall approach.

Perception of social marketing

Although the campaign utilises many components of a classic social marketing model, the framework is not formally applied. Reference is made to the National Audit Office (NAO) Good Practice Model for Campaign Management. The NAO guidance, which not unsurprisingly has a strong focus on budget planning and monitoring, was issued following a review of a series of Government campaigns in 2002 (check this?) This document outlines a number of key steps that should be incorporated into the development and execution of a campaign strategy.

APPLICATION OF PRINCIPLES OF SOCIAL MARKETING

i) Behavioural focus

Behaviour change is measured in terms of the uptake of the vaccine year on year. Some attempts have been made to understand the decision to vaccinate or not through qualitative research into what drives the decisions to vaccinate among key sub groups. Insight in this area seems to be limited and there remain many gaps with
assumptions made about the decision making process, causality and attribution. The need to remind people that they need to be vaccinated every year and the fact that uptake lags behind the core group in some sub-groups highlights the fact that a greater level of understanding is required in this area.

ii) Audience research

Campaign materials are pre-tested using focus groups among members of the public and with health professionals. Ad hoc research is used to explore barriers to uptake and how they might be addressed. Action research within areas characterised by low uptake have also informed the development process. One such, conducted in 2005 in low uptake London boroughs, identified ‘level of commitment’ and ‘approach’ of PCTs as factors influencing uptake rates. The communications plan drawn up following this work emphasized the need to persuade primary health care professionals of the value of immunisation and specific resources were allocated to achieve this.

The same project identified that the demographic composition of PCTs, where uptake amongst younger ‘at risk’ groups was falling below target, were often characterised by higher than average levels of social deprivation and ethnic fractionalisation – as a results efforts were stepped up to address this and specific modifications made to improve the targeting of BMEG groups. Following this insight, which highlighted that among younger groups (of at-risk individuals) were not engaged by materials, new and modified materials were produced. Understanding some of the motivational drivers and perceived barriers of non-uptakers has been the basis for this type of research. The campaign places those that have not had the immunisation (and would benefit from its protection) into three categories:

- Avoiders (White UK/Afro-Caribbeans)
- Refusers (White UK/Afro-Caribbeans)
- Non-aware (English not there first language)

iii) Segmentation

Segmentation is determined by the target group for the disease and by rates of uptake of various sub groups. Whilst core groups are clearly mapped, there is some vagueness in describing ‘at risk’ sub-groups, who are often referred to as a single collective category despite their diverse needs. To further improve performance attention may need to shift towards the specific needs of these people. The overall approach to segmentation is nevertheless sound as reflected in the targeting strategy and in the continuous search for more effective and sophisticated segmentation.
In addition to English, leaflets are available in Arabic, Bengali, Chinese, Gujarati, Hindi, Polish, Punjabi, Turkish, Tamil and Urdu. Posters are produced in Bengali, Chinese, Gujarati, Hindi, Punjabi and Urdu. British sign language, subtitled videos and audio tapes are produced for the deaf and visually impaired.

iv) Exchange

Exchange as a concept is less relevant to Flu, since the cost benefit balance is rather more obvious than it is in some other campaigns, though the health benefits to the consumer were highlighted in the slogan “Beat flu, get the jab”

v) Marketing mix

Adjustments to the marketing mix since 2000 have been made by reallocating resources. Generally the move has been to scrutinise the advertising and shift to alternative ‘below the line’ approaches, introducing additional PR tasks etc. This has not been easy given a backdrop of year on year spending freezes or even cuts.

The campaign uses a broad range of communications including TV, press ads, PR, pharmacy bags, leaflets, bus and internet advertising to support the activities of local flu coordinators who work with PCTs. This is supplemented by commercial partnership and voluntary sector organisation activity nationally and locally.

The approach to the marketing mix does not appear to be limited or unduly aligned with one particular type of communication method -there does appear to be a genuinely reflexive ethos that questions ‘What could be improved in a situation where resources are finite?’

In discussions and documentation there is a tendency by those involved to focus on the most visible elements of the campaign first, but this might well be inevitable because the advertising provides an identity and a useful hook from which to hang the whole range of other activities that are employed nationally and locally.
The annual campaign is usually launched in October with a month of TV advertising followed by PR activity until the end of the year. The campaign is integrated with local activity and driven at local level by a team of ‘flu coordinators, who work with local health professionals, the media, voluntary organisations and directly with members of the public to raise awareness levels about the advantages of being immunised and the risks of not.

The bulk of the funding is used for broadcast advertising. Additionally, a PR campaign was commissioned with a brief to support the advertising.

Added to the mix in 2005 was ambient advertising (in the form of pharmacy bags and bus headliners) to re-enforce TV, press and radio advertising. Online advertising was tested using key sites considered likely to be visited by key audiences. 2005 radio, press, online and bus advertising.

The website acts as a conduit for information from the DH to local stakeholders and members of the public. A range of resources posted electronically aim to inform the public and motivate them to consult their GP about having the vaccination Guidance on how to communicate with various audiences is published here and leaflets and posters are available to download. There is also artwork for commercial tie-ins. A clearly laid out and easily navigable website provides information on the disease, the vaccine, and answers to frequently asked questions. Resources and campaign artwork can be downloaded and CDs ordered: http://www.immunisation.nhs.uk.

Among the specific groups targeted, including the over 65s are social workers and parents. They are also translated into different languages, including

Action packs (including press releases, news and scripts and templates of news articles), distributed to all ‘flu coordinators before the annual launch provide them with resources that assist with local activity. The contents are posted on the immunisation website along with DH/NHS intranet sites.

Research into uptake rates identified the strong positive influence proactive PCTs can have on local rates. Leaflets are distributed using the NHS infrastructure. Mailshots comprising letters outlining the coming campaign and a resources order form are sent to Flu coordinators, GP practices, NHS Direct Centres, NHS walk-in centres and community and hospital pharmacists. Flu co-ordinators are further supported by email, examples of good practice (Tower Hamlets in 2005), a research digest and a local action pack, via an intranet for communications personnel within SHAs and PCTs.

**vi) Competition**

Flu and the flu vaccine were prominent in the British media in 2006. Concerns focussed on the spread of avian flu across Eastern Europe and a possible pandemic reaching Britain.
There was confusion over the shortage of flu vaccine, public perception being that general practitioners had failed to order adequate supplies and had given those they had to the ‘worried well’. Blame also accrued to the Department of Health (DH) for its perceived failure to anticipate the problem, and to a lesser extent on the World Health Organisation for issuing advice on prominent strains too late for pharmaceutical companies to provide adequate supplies. Late in 2006, press releases on supplies had been issued by the Department of Health, and reassurance to the public on preparedness by the Chief Medical Officer (CMO).

Dr David Salisbury, Head of Immunisation at Department of Health issued a letter to general practitioners reminding them to prioritise at-risk groups when they are administering seasonal flu vaccinations.

"In line with previous years, the Department of Health met with manufacturers to ensure enough vaccine was available for the 11 million people in the groups recommended to have the vaccine (as outlined in CMO letter of 25 July). In fact, a record 14 million doses are available this year - far in excess of what was required.

"Many surgeries are now at the peak of their annual influenza immunisation campaigns. We have received feedback requesting supplies of influenza vaccine over and above the stocks they ordered from suppliers in the usual way to meet the needs of their campaign. There is some concern that the vaccine may have been used on the ‘worried well’ rather than pre-agreed risk groups and that this has contributed to the shortfall.

DH Press release 22nd October 2005
People should not panic after the discovery of a deadly form of avian flu among birds in Turkey, the UK government has said. The Department of Health stressed its advice on who should be vaccinated against flu was unchanged. Vulnerable groups, such as the elderly and some children, should have the seasonal flu jab as normal.

BBC News website 14th October 2005

"Confirmation that highly pathogenic avian influenza has been found in Turkey and that avian influenza is now also in Romania is of concern. It shows that there is a risk to the UK bird population and this is a developing situation which we are monitoring closely with our colleagues at DEFRA. However, hardly anybody is at risk of catching avian flu from birds."

DH press release 14th October 2005

vii) Involvement of stakeholders

Commercial partnerships work alongside the voluntary sector. The PR Company approaches potential corporate partners to persuade them to raise awareness in their own in-house publications and to carry campaign leaflets in their premises. Examples from 2004/05 include Tesco, Safeway and Gala Bingo. Voluntary sector organisations also form an important part of the campaign effort with material being provided to magazines and websites of Age Concern, Asthma UK, the British Lung Foundation, the Confederation of Indian Organisations, Diabetes UK, Friends of the Elderly and Heart UK.

Some difficulties are reported in reconciling the different interests and cultures of key players. Some tension between the Central Office of Communications (COI) and the DH was apparent, particularly with regard to the question of added value of the COI. COI feel that some of their in-house expertise is not being used because their advice is not sought, or when given, bypassed. Frustrations on both sides seem to militate against efficient working arrangement and need to be addressed. Sign-off by ministers and senior civil servants are commonly perceived as causing delays and as threats to success.

EVALUATION, OVERALL IMPRESSION AND ASSESSMENT

There has been no independent evaluation of the campaign and there does not appear to be a formal evaluative framework. However, the campaign undergoes an annual review process drawing on a number of sources to gauge progress in the previous year and inform plans for the next.

The annual planning cycle provides opportunities to use monitoring information formatively.

A number of strands of monitoring data are used to review campaign performance, including:

Amongst the project managers at the DH, there is a culture of self-appraisal. Shortcomings and lack of performance are considered openly and attempts are made to tackle problems through modifying approaches in the next annual planning cycle. The review process reveals how the campaign has evolved and diversified; how messages have adapted and how approaches to segmentation and targeting
have changed. The campaign is secure and established and this has provided a
degree of consistency that has allowed a cumulative learning process to take place.

The campaign appears to be successful in meeting consistently, and even
exceeding, its annual targets. Whilst no explicit mention is made of a social
marketing approach, the evolution of the campaign demonstrates how many
components of the model have been adopted into the overall architecture of the
campaign.

Gaps remain in the knowledge base underpinning the campaign. Some
unsubstantiated assumptions are also made about attributing effect, partly because
of the preoccupation with monitoring recall and recognition. Those involved with the
campaign are not unaware and feel that they have to be pragmatic, making decisions
in an environment in which human, time and financial resources are all finite.

Recall and recognition of the campaign messages are measured in the research,
which also explores barriers to take up. Insight is also needed into groups as yet
unexposed to campaign messages and those that elect not to be vaccinated. Without
this, further progress within the non-core group is likely to be elusive. More complex
analysis would improve understanding as would qualitative exploration of
motivational barriers.

The PR agency produces a summary report of its activities comparing ‘reach’,
‘exposure’ and ‘favourable reporting’ with equivalent TV advertising to highlight the
value for money of its achievements.

Campaign awareness is high and has increased over time, to 91% in the over 65s
and 92% in the ‘at risk’ groups. Campaign recognition was assessed at 71% within
the general population, rising to 81% in the over 65s and 81% in ‘at risk’ groups. The
initial target of 60% uptake among the over 65s has been revised progressively
upwards over the last few years and currently stands at c70%. Uptake of the
vaccination among ‘at risk’ groups is lower, reaching hardly reaching 50% and so
increased efforts were made to target areas with high BME populations. Even in
2005, when the campaign was particularly challenging because of the extensive
media coverage of problems relating to the imperfect match of the vaccine for the
emerging Fujian strain of flu, campaign awareness was nevertheless measured at
86% overall with 89% among the over 65s and 89% among ‘at risk’ groups. Added to
the mix was ambient advertising (in the form of pharmacy bags and bus headliners)
to re-enforce TV, press and radio advertising. Online advertising was tested using key
sites considered likely to be visited by key audiences.

**Vaccine uptake levels**

Whilst morbidity and mortality connected with the flu virus are not considered
specifically in documentation and by those involved with the management of the
campaign – there is a very strong emphasis on the levels of uptake of the vaccine, as
the campaign is run in support of a clinical target. Uptake levels among the over 65
year-olds is measured by data collected by PCTs. There are problems associated
with measuring uptake among the clinically ‘at risk’ groups however this is thought
likely to improve with the introduction of GP disease based registers.

A further problem relates to budgetary issues, affecting those within the DH and
those under contract. Complaints were made of lengthy sign-off times and difficulties
obtaining approval for action. In some cases, this has endangered the success of the
campaign. In one instance, to ensure deadlines were met, an individual was
reportedly obliged to decide to go ahead before sign-off had been received. ‘Spending freezes’ are also perceived to delay and threaten campaign activities. In 2005, the preoccupation was with diverting central funds towards struggling PCTs, so that some funds for communications and research were no longer available – knowledge of the motivational barriers to being vaccinated has increased more and more emphasis has been placed upon this element of the campaign.
3.6: Five a day

BACKGROUND

The ‘5 A DAY’ programme was launched by the Government in March 2003, but there had been developmental work for about two years previously. The programme was planned for a 3 year term, and it is due to be reviewed in 2006.

The idea for the ‘5 A DAY’ campaign came from international evidence of both the health benefits of consuming fruit and vegetables, together with evidence of the impact of promotional campaigns from around the world. The longest-running fruit and vegetable promotional campaign is the US campaign, which began in California, and which is also called, ‘5 A DAY’. The US campaign is organised by a consortium of health organisations and the private sector – mainly the food producer industry. The US campaign is funded entirely by industry.

The intention was for the UK campaign to develop along the lines of the US campaign – to become self-sustaining and funded by industry. But, according to those involved with the UK campaign, that idea is no longer considered viable. The UK economic model of food production and retail is very different from the US. Producers here are less powerful, and have fewer resources to devote to promoting fruit and vegetables. Meanwhile, there are difficulties with the retail sector in the UK, which make any campaign from that quarter problematic. Nonetheless, the UK ‘5 A DAY’ campaign has sought to – and continues to - work with both the producer and retail sectors to promote the campaign.

The ‘5 A DAY’ programme consists of three main strands: the school fruit and vegetable scheme, community initiatives and a communications campaign, which includes both public education and partnership marketing with industry to promote ‘5 A DAY’.

The School Fruit and Vegetable Scheme is the single biggest strand, operating separately but still part of the programme. Every 4-6 year old child in LEA maintained schools is eligible for free fruit or vegetable every day. Participation in the scheme is not compulsory, but there is a 98% uptake rate. This programme was piloted by the Big Lottery Fund and rolled out nationally with DH funding since November 2004.

- Community Initiatives to tackle access to fresh fruit and vegetables.

66 community initiatives - all hosted by PCTs – are located in the most deprived areas of the country, where there are few retail outlets of fresh fruit and vegetables and poor transport links. The Community Initiatives programme is funded by the Big Lottery Fund. Each community initiative has a local coordinator.

‘The projects tend to run a range of activities, determined by the local need. These include cooking skills clubs, ‘sow and grow’ clubs, fruit and veg co-ops, delivery schemes and voucher schemes.’

- The Communications programme is considered to be unconventional, by comparison with other Government communications campaigns, in that it utilises a variety of communications channels including PR, partnership
marketing and educational materials in support of the School Fruit and Vegetable Scheme, as well as TV and radio fillers. The community interventions activity is also regarded as part of the communications programme, albeit at a local level.

In addition, work takes place with industry – including promotion of the '5 A DAY' logo.

**Aims**

The broad aims of the campaign have been to promote the benefits of consuming more fresh fruit and vegetables. The campaign was developed as a result of epidemiological evidence from the World Health Organisation (WHO) of the benefits – at a population level – of daily consumption of 400 grams of fresh fruit and vegetables for reducing the incidence of chronic diseases including heart disease, diabetes and cancers.

The Government’s stated aim is to ensure that the whole population consumes 400 grams per day by 2014. The campaign has also developed a range of other aims and objectives for awareness of the ‘5 A DAY’ logo and for recall of the messages of the campaign.

**Management**

This campaign was considered to be unusual in that the direction from DH came from the Policy – rather than the Comms team. Moreover, the DH contact with COI is herself situated in the Policy Team but comes from a marketing background.

The COI played a major role in the development and implementation of the ‘5 A DAY’ campaign. The DH asked COI to produce a 3 year strategy for ‘5 A DAY’ in 2003. The strategy was all-inclusive. It brought together the different elements of the programme and set out a plan for communicating with different target audiences. It also proposed targets and a research and evaluation programme.

‘DH came to us and asked us to write a marketing and communications strategy and put together a 3 year implementation plan. The 5 A DAY programme had been launched already, but it was felt that it had been launched a bit piecemeal and that there were various strands of activity going on – school fruit and veg scheme, the logo – but it was not a cohesive campaign. So the strategy that we put together was having to back-track and tie it all up’.

‘That document has really provided the blueprint for all marketing activity up till now. Essentially, we have stuck to the COI plan’.

‘I have found them [COI] very useful as a one-stop shop, and because they offer expertise in certain areas – like research and new technologies. And because they work on different parts of the campaign, they can bring the different elements together…’

‘The disadvantage of COI is that because they’ve been working on it for so long, they are not coming at it with a fresh pair of eyes. I don’t get a lot of challenge to the way things are done. There are few new insights’.
Because of the different funding arrangements, day-to-day management of different parts of the ‘5 A DAY’ programme are split between different organisations. Overall responsibility for the programme rests currently with the DH obesity programme, which is part of the DH nutrition programme. There is not a big team of staff at DH.

The ‘5-a-day’ campaign is overseen by the Head of the Nutrition programme.

In terms of staff there is one policy officer and one marketing manager, with support from the nutritionist in the nutrition programme.

The School Fruit and Vegetable Scheme is managed from within the DH’s nutrition team.

The Community Initiatives are not managed from within the DH. Management responsibility is held by the Big Lottery Programme and day to day programme management is devolved to a network of regional coordinators based in GORs.

### SUMMARY OF NATURE OF CAMPAIGN

#### Costs

The School Fruit and Vegetable scheme costs £77 million over 2 years; the Community Initiatives cost £10 million over 2 years and the Communications programme £1.65 million per year. Work with industry costs £350,000 per year.

Although the total cost of the UK campaign runs to roughly £40 million per year, the vast majority of this is accounted for by one element – the school fruit and vegetable scheme. The amount devoted to marketing and communications is relatively small for a national campaign (roughly £1.65 million) and this covers all aspects of communications including research and evaluation. As a result the campaign has no paid for advertising.

#### Target group

The core target group is families with young children. Other key targets include people living on a low income and young people including teenagers. The general population are considered as a target, although they it is expected that they will become aware of the messages through targeting of groups within the general population.

#### Agency

Most of the marketing is contracted through COI, with the exception of PR, which is contracted separately to Munro and Forster.

> *They are one of our strategic media planning agencies and have various tools at their disposal like TGI, National Readership Survey and so on. But this agency is also very creative in the sense that they think in a holistic and integrated fashion – which was important because this campaign has utilised what I describe as ‘social marketing’ techniques – the various other elements – school fruit and veg scheme and the community initiatives.*
MESSAGES

Most – if not all - international programmes use a positive and upbeat tone. This was the reason for the UK to adopt a similar approach.

‘The strapline is, ‘Just eat more (fruit and veg)’. It’s not us telling you to do less of something. It’s not about abstinence or denial. It was always intended to be upbeat’.

CAMPAIGN PHILOSOPHY

Theoretical underpinning

The campaign does not make use of any communications or health promotion theory explicitly. However, the assumptions that inform the programme may be described loosely as conforming to the Health Belief Model – that by providing knowledge and changing attitudes, a behaviour change will result.

‘I don’t think there ever was any explicit theory. But we have a strategy of targeting a different group every six months. And we devise a communications strategy for each of those target groups. So it’s always a process of getting to the bottom of what is driving behaviour and formulating marketing opportunities to address that behaviour, but not using a formal theoretical model’.

‘I think it takes time for knowledge change to translate into attitude change to translate into behaviour change’.

Perception of social marketing

Similarly, there was no explicit acknowledgement of social marketing as a concept that had been used to guide the development of the campaign. However, the developmental stages and the implementation of the campaign identified as routine ways of working for the COI incorporate several key components of social marketing.

‘The basic marketing and communication skills we applied to this project included segmenting the target audience, understanding via research the attitudes and behaviour of that target audience and what might motivate them to change their behaviour, evaluating that on an on-going basis – all of those techniques, that may be described as social marketing techniques, are our bread and butter’.

The view of those working on the campaign was that the application of basic project management and marketing principles was important.

‘I have tried to bring in structured annual planning about what we are trying to achieve. Breaking down objectives for the year, who are we targeting, what are the messages, what is the best way to get that message out. And using research at an early stage – not just to check whether it’s right or not, but to
inform the campaign right at the beginning and the thinking. Not just commissioned research but gathering information that is available elsewhere.

**APPLICATION OF PRINCIPLES OF SOCIAL MARKETING**

i) **Behavioural focus**

Changes in individual eating habits.

ii) **Audience research**

Drawing on the WHO recommendations, DH nutritionists together with the Scientific Advisory Committee on Nutrition (SACN), produced guidance for the UK. This guidance recommended turning the advice of 400 grams per day into a message of 5 x 80 grams per day.

‘Having defined communication tasks and propositions we then looked at channel strategies against the different target audiences. We procured a communications planning agency to help us – Unity. They looked at the individual target audience segments and they advised us on how best to reach the different audiences given the budget available. And that is why we phased the programme over time, because there wasn’t sufficient budget to do it all in one go.

iii) **Segmentation**

Targets groups within the population were identified using data from surveys of consumption of fruit and vegetables. The two main sources of information were the decennial National Diet and Nutritional Survey (NDNS) and the annual Health Survey for England.

Patterns of consumption were analysed by demographic variables to determine broad target groups based on social class and age. The campaign strategy identified a core target group, young families with children from poorer social groups, and a rolling target group that changed every six months. The rationale for selecting all the target groups was that they were identified from the large national surveys identified above as having lower than average levels of consumption of fruit and vegetables.

‘Young families are the core target. And while I think we can do occasional work with other groups, we should train our fire on this group’.

‘In retrospect I would question the efficiency of having a six month changing focus on a different group. Because it often makes it difficult to coordinate all the activity and by the end of the period it is by no means the case that you’ve achieved your goals and everything’s ok’.

Targets for increased consumption were set for each group over time with milestones
iv) Exchange

The campaign uses an upbeat tone, and attempts to motivate by pointing up the advantages of eating fruit and vegetables.

'We have always tried to promote the health benefits of eating fruit and veg. We take the question, ‘Why should I eat more fruit and veg?’ and the answer is, ‘Because you are less likely to develop certain forms of cancer and diabetes and heart disease and stroke’. The problem is though that those are distant benefits and some people don’t always see why they should do what’s being asked of them. It does vary by target group'.

Fig 2.6a The tone of 5 A DAY campaign components is bright and upbeat

In developing messages the campaign has also sought to understand the barriers to a healthy diet in different groups and sought to tackle them. Research conducted for the ‘5 A DAY’ campaign found that the views and needs of younger people were significantly different and demanded a different response.

'They have this attitude that they can do whatever they like until they get to 30 and they’ll worry about it then. So the approach we take is to tell them what benefits they are going to have NOW from eating fruit and veg. That’s more around energy levels, looking good, skin, hair and nails. Trying to focus on immediate rather than distant health benefits. And giving them a reason for doing it'.

'With teenagers, we know they see long term health benefits as unrealistic. And we know from the research we did that they like junk food. We asked teenagers to do food diaries and to photograph their favourite foods. And it was all junk food. They like it and it is to hand. Those are big barriers – especially as fruit and veg are seen as boring. Rather than try to challenge the idea of junk food as being attractive – that’s probably bigger than we could achieve – we tried to make fruit and veg more attractive by associating it with role models that teenagers looked up to. In the case of boys that was footballers and sports people and in the case of girls, it was celebrities'.
Parents of young children, by contrast, are generally persuaded of the wisdom of the message, but find its implementation more difficult. As a result, the campaign has sought to identify the barriers to buying and preparing fruit and vegetables.

‘They [parents] want to do the best by their children, and would like their children to be eating more fruit and veg, but their issue is that they don’t know how to, or that their children don’t like fruit and veg, or there are issues around cost or cooking skills. In theory they are willing to do it but in practice there are some barriers. So we’ve concentrated on trying to break down those barriers. The campaign has sought to provide information on how to encourage children to like fruit and vegetables, ways to make it cheaper or ‘quick and easy’ cooking tips’.

v) Marketing mix

‘Five a Day’ is not advertising-led. By far the greater part of the budget is accounted for by one element – the school fruit and vegetable scheme. The amount devoted to marketing and communications is relatively small for a national campaign and there is no paid-for advertising.

‘The difference between this and other public health campaigns is that it is not advertising led. It uses a lot of the other marketing and communications techniques but there is no paid-for advertising element in ‘5 A DAY’. The budget dictates that decision. From the outset there was a feeling that there was much to be gained from ‘partnership marketing’ – which is a large element of what the campaign is about’.

In January 2004 23 Red, a partnership marketing agency, was appointed via COI and given the role of engaging partners in industry and non-industry to support the 5 A DAY programme. This is done either by signing up to using the ‘5 A DAY’ logo packaging, or by using their own marketing activity. This involves all food retailers, from the large supermarkets and food producers to small growers and farm shops. The main focus is on the food industry but the campaign also targets other players.

In an otherwise largely uncontroversial campaign, some controversy surrounds the use of the ‘5 A DAY’ logo. The tension for those involved with the campaign has been to encourage commercial partners to promote the logo, while ensuring that the criteria for the use of the logo restrict its use to healthy foods, and do not permit its use on foods that are high in salt, fat or sugar.

‘Our research shows that when you put the logo on a food product, consumers see that logo as a stamp of healthy eating beyond the fruit and vegetable content. They would expect that product to be a healthy product per se. So we are likely to recommend low levels of salt, fat or sugar. Industry would like to use the logo with less restriction’.
vi) Competition

Retaining a generally positive tone, the campaign has developed a range of messages for different target groups. It was notable that for this campaign – in contrast to several others – the idea of ‘new news’ was not considered to be a strong message, because of the proliferation of contradictory messages about what constitutes a healthy diet in the media.

‘Over the past few years there has been an explosion of messages about food – not just Government campaigns, but things like Atkins – which contradict the traditional health messages… there is a kind of backlash against the overwhelming amount of messages. So we are trying to simplify the message and strip it back down to the essentials, which is much easier to grasp’.

‘We are trying to put less emphasis on obsessing over portion sizes and exactly what counts – and get back to the message of ‘eat more fruit and veg – because they are good for you’ and to put emphasis on the positive, such as ‘did you know that frozen, canned and dried food counts – all things that make peoples lives easier, rather than say ‘in order to do 5 a day you need to be there with a set of scales and a notebook’.

vii) Involvement of stakeholders

Stakeholders include, in addition to government and the partnership agency, schools in England.

EVALUATION, OVERALL IMPRESSION AND ASSESSMENT

Three main studies are used to assess behaviour change quantitatively. The Health Survey for England (HSE) is the primary source of information on consumption of fruit and vegetables but has been of only limited use in assessing changes in behaviour because of delays inherent in the research process.

‘There is an enormous time lag between when the research is conducted and when we get the results. We haven't yet had the results from the HSE 2004, the fieldwork of which was conducted in October 2004. The latest data available relates to HSE 2003, which was conducted in October 2003. And bearing in mind that the 5 A DAY programme only launched in March 2003 and that you’d expect a time delay before seeing any impact on behaviour, it’s a bit of a problem’.

The 5 A DAY programme also makes use of the FSA’s Consumer Attitudes Survey, which is run annually. This monitors knowledge and attitudes towards fruit and vegetable consumption, but not behaviour. The ‘5 A DAY’ Tracking Survey is commissioned by the programme and uses the IPSOS UK omnibus (face to face), a nationally representative sample of around 750 adults in England. Baseline research was conducted in March 2003 and the survey is repeated annually, asking a range of questions including awareness of campaign logo and materials and recall and understanding of campaign messages including attitudes to fruit and vegetables.
Analysis from this survey suggests that respondents have become confused about the detail of the message over time.

“When the campaign was launched, respondents were confident in their answers on measures such as ‘what counts as a portion’, and ‘why should you be eating more fruit and veg’. Over time we have seen a big increase in the ‘don’t knows’.

The PR agency contracted to support the 5 A DAY programme, Munro and Forster, also commissions monitoring of press cuttings, and prepares a monthly and annual review of press coverage. This includes an assessment of the value of the unpaid editorial coverage achieved.

COI prepares a report detailing unpaid media space achieved through the use of donated space - ‘fillers’. This equates to around £1.3 million media space per year.

5 A DAY is generally considered to have made good, though slow, progress in achieving its goals.

“It is taking a long time for people’s actual consumption of fruit and veg to change. Increase in consumption is moving in the right direction, but it is only moving very slowly’.

‘Because the campaign is broad and upbeat and non controversial, it goes down well with TV and radio stations’.

Perhaps surprisingly, given the controversy over food policy in the UK in the last few years, ‘5 A DAY’ has succeeded in remaining detached from such policy debates as the marketing of unhealthy food to children or the quality of school meals. This detachment from more controversial and politically ‘messy’ aspects of food policy was identified as a reason for its success, especially at Ministerial level.

‘Generally, ’5 A DAY’ is quite uncontroversial. Ministers tend to be aware of it and like referring to it. It is quite often quoted as an example of how we work well with industry’.

Key strengths of the campaign appear to be:

- good value for money:
  Achieved by the campaign as a whole and by the partnership marketing approach in particular. Despite the small budget, the brand has achieved a high profile nationally.

- Planning and organisation:
  Achievements of the campaign owe much to good organisation, effective planning (albeit that the planning was done after key decisions had been taken), and the benefits of being politically uncontroversial.
Where criticism was made, it was generally on the basis of:

- **Missed opportunities**
  The attempt to bring together the various elements of the campaign under a single brand was undoubtedly the correct path to follow, but the complexities of the different management arrangements, funding bodies and aims of the different programmes, has made this a difficult task to achieve. Better planning at the outset would have helped here.

- **An absence of integration and common scheduling of campaign components**
  As will be evident from the above, different elements of the campaign were launched separately, are funded and managed by a range of organisations and the timing of different aspects of the campaign was not planned to good effect at the start.

  ‘These things tend to grow organically and then you have to come back and write the strategy. In fact the design agency that developed the 5 A DAY logo had been procured before the strategy had been written, and arguably you shouldn’t start with a logo design, you should start with a strategy, but these things aren’t perfect’.

- **Limited evaluation research and ‘over-interpretation’ of small scale tracking survey data**
  In the absence of funding from larger tracking studies, there is a reliance on data from relatively small surveys with attendant problems of over-interpretation of changes between fieldwork waves and a disproportionate focus on specific groups (in this case young people and those from lower socio-economic strata).

  The campaign may be seen as making a more important contribution than it really has, because of inappropriate interpretation of the research findings. What appears as a substantial change may in fact be not statistically significant, may have occurred as a result of sampling error, or because the sample size of the survey was too small.

  ‘The tracking study research can be useful because you can see things going on and ask, ‘why is that happening’ and then use that to go and commission qualitative research to find out more about what is going on and then use that to inform the direction of the campaign’.

  ‘A high proportion of people said they had eaten more fruit and vegetables over the last 12 months. What was more encouraging was that the proportion was higher in lower socio-economic and younger groups... The C2DEs seem to be more inclined to make changes to their habits than ABC1s.. If this is true, that would be a narrowing of the inequalities gap – which I think would be a big achievement for the campaign’.
3.7: Mind out

BACKGROUND

For some years Mental Health campaigns had been held annually to coincide with World Mental Health Day on October 10th. These were managed by the HEA on behalf of the DH. Following the disbandment of the HEA, it was decided to sharpen the focus on reducing discrimination towards mental health service users. Some high profile cases involving mental health, associated with ‘Care in the Community’ and other initiatives, had been receiving a bad press. In addition, the stigma surrounding mental illness was seen as a unifying theme that would be supported by all the voluntary agencies. GAP research carried out in 1998 for the Impact strategy, (an audit of the range of campaigns and information produced by the voluntary sector and other bodies with a view to assessing the gaps which the Department and other bodies might fill) indicated that stigma and social exclusion was the single most pressing issue facing people with mental health problems and that a powerful, national campaign was needed to raise the profile of mental health and shift attitudes in a positive direction. These were also Health Promotion and HEA targets.

Aims

The broad aim of the MIND OUT for mental health campaign was to educate the general public about mental health issues with a view to reducing discrimination towards mental health service users. Campaign goals included promoting greater acceptance of sufferers; dispelling myths and misconceptions about mental illness; and supporting the network of local organisers engaged in promoting mental health.

Management

The DH put together all strands of their Mental Health (MH) work around stigma and discrimination in one open tender. The brief involved detailed and complex issues and, because of its size, was placed out to an OJEC (European Commission) tender. It was issued to a large number of agencies, eight of whom were short listed. The short list included specialist mental health agencies such as Mentality, and The Forsters Company (TFC), a PR agency with major strengths in social marketing and specialist experience of the caring sector, and one of the few agencies whose work focus was broader than mental health. The DH drew up the specification. The COI do not appear to have been involved. Funding for the first year was £1m.

TFC were the successful bidders and a dedicated project team from the agency managed the project. The DH Comms unit managed the team.
SUMMARY OF NATURE OF CAMPAIGN

Costs

£1m pa

Target group

The DH commissioning brief identified target audiences for the campaign as the general public, media professionals and people with mental health problems. TFC’s bid targeted the mass media, the workplace and young people, with an additional broad spectrum focus on the general population. The rationale for this selection varied with the target group. With respect to the mass media, the research evidence exposed a general tendency towards negative and inaccurate coverage of mental health issues, particularly in the press, and the use of stigmatising language. The impression, from talking to journalists, was that this was largely the result of ignorance, time pressures and editorial influence. Many words used to describe mental illness would not even be recognised as offensive because of their alternative meaning in other contexts, for example, ‘mad’; ‘nutter’. The task was to re-educate and help journalists to get their copy right, while recognising their need to work to short deadlines.

The choice of the workplace as a target was influenced by reports from sufferers of mental illness of being discriminated against by employers, some had lost their jobs and so this was considered a key setting in which to get messages across.

Young people were chosen as a target group on the grounds that there was less chance of changing the hearts and minds of the middle aged and elderly, and that the key to future progress lay in influencing the views of the young. The choice was also informed by research into attitudes towards mental health which revealed discriminatory use of language, and a high prevalence of mental illness in this group.

The inclusion of the general population reflected a continuing need to raise awareness generally and World Mental Health Day was again the focus for that

MESSAGES

A key message was one related to normalising the problem. Repeated throughout, was the message that mental illness affects one in four at some time in their lives; the fact that it was not about people who were dangerously ill enabled people to personally engage with the problem. The anti-discrimination message followed on from this since people were encouraged to identify directly with mental illness, and to empathise rather than victimise.

MEDIA

Above the line advertising was not used. In the workplace, a tool kit ‘Working minds’ was produced providing information on mental health issues and case studies of people with problems continuing to work. The implicit goal was to retain people with mental illness in, or return them to, work.
For journalists, a media guide was produced, providing advice and support about what mental health is. This comprised facts and figures, signposting to help and examples of good and bad coverage of mental health and exercise designed to improve skills in positive reporting. National press and consumer magazines, and national and local radio were targeted. Editors were reached through the Society of Editors, and training was provided for sub editors and journalists.

Materials for young people presented more of a challenge but included a booklet ‘Stop Stigma’, games and quizzes to use with organisations like the Scouts and the NUS. A website was also set up, but reports are that it was not entirely successful.

Key among the events aimed at the general population was a photographic exhibition held in the Oxo Tower which drew huge press coverage, and was featured as a major attraction in the listings magazines. Photographs were taken of celebrities including Alastair Campbell, Paul Merton, Germaine Greer, Patsy Palmer and the chair of Halifax, etc. who allowed their photos and stories to be featured revealing that they had been sufferers of mental illness. The top class photographer and the Oxo Tower gave services and facilities free of charge (added value). Two versions of the show were created for use by stakeholders around the country.

Agency

The bid from TFC is considered by the DH to have been outstanding. The agency were at pains to create a brand and to work in partnership with a wide range of stakeholders, acknowledging that all the target groups could not be reached by a single agency. The pitch was already highly developed and had involved much preparatory work. Decisions had already been made with regard to:

- Targeting perpetrators of discrimination as opposed to victims, that is, employers, young people aged under 24 and the media.
- Using a first person voice. A bank of case studies with Mental Health issues as a focus was built up. Spokespersons were found through the voluntary sector, health promotion routes and through advertising in journals like the Big Issue.
- Grounding the campaign in the voluntary sector. Where there might have been conflict between voluntary agencies on some issues, the need to reduce stigma was one on which there was consensus. TFC visited all the Mental Health agencies, and convened a reference group as a sounding board which lasted the life of the campaign. Members included the NSF; MIND; Mentality; Sane and the Samaritans.
CAMPAIGN PHILOSOPHY

Theoretical underpinning

The MIND OUT campaign was essentially pragmatic, guided by the precept that stigmatisation was amenable to change and that this was a common goal. It was seen as important that “all arrows were going in the same direction.” (AW) Although not explicitly formulated, the theoretical base had affinity with a Diffusion of Innovation approach. The goal was to tackle those with power to change public attitudes and the workplace and the media were two contexts in which the potential for doing so was dependably large. The successor to MIND OUT, ‘SHIFT’ uses a behaviour change model and goals are cast more in terms of change in individual behaviour. A tension was highlighted.

Perception of social marketing

TFC experience is in social marketing and there was a strong grasp of the principles and their application. There is little direct experience of social marketing within the NIMHE team managing MIND OUT’s successor, SHIFT, though an Internet search has identified a New Zealand expert in Social Marketing and anti-stigma campaigns, who has been commissioned to assist with the media.

APPLICATION OF PRINCIPLES OF SOCIAL MARKETING

i) Behavioural focus

Although behaviour change was certainly a campaign goal, because of lack of data from a dedicated evaluation, there was little hard evidence of the effectiveness of MIND OUT in term of changing behaviour. TFC’ subjective impression was that progress had been made. Press coverage was less discriminating. There was some resistance from journalists, but the campaign gave rise to quite a lot of favourable articles. At the tail end of the campaign, the Sun ran a story “Bruno’s bonkers” in 2003 to which there was a massive and unprecedented outcry. The work with young people was seemed less successful. At the general population level – the only level for which there were survey data - as NIMHE pointed out, attitudes towards mental health worsened during the MIND OUT campaign, and in the absence of more robust data, the inference was drawn that the mood of the people had worsened.

ii) Audience research

Deliberations as to the appropriate focus were informed by DH-commissioned media research, together with formative research on the optimal direction. MIND had also set in place media watch activities aimed at identifying sensationalist treatment of issues. “Mentality”, a mental health promotion charity had carried out interviews and FGDs with people with Mental Health and providers prior to the campaign, and TFC carried out similar research with users and providers. These data sources provided an evidence base for understanding the audience. A reference group of end users to involve in campaign was used throughout.
iii) Segmentation

1. Workplace
For the workplace component, 20 companies were involved including the Post Office, Rolls Royce, HSBC, Halifax BS, Lloyds, Northumberland City Council and Marks & Spencers. The companies agreed to institute good practice within the workplace and/or make materials available to customers. The vast majority had no mental health policy or practice in existence. Progress was slow, and small scale, but it was made.

2. Media
For journalists, trainers (through TFC) implemented training at several Schools of Journalism, 10-11 courses in all. Key messages were to continue writing about mental illness, but to avoid sensationalist and stigmatising coverage.

3. Young people
Youth pack for youth groups, an activity pack containing quizzes, etc, for meetings, was disseminated to scouts and guides and was to have gone to other youth groups. Initially, TFC's activities were felt to be too targeted on socio-economic groups ABC1, but later more activity was achieved through Radio1 and summer rock festivals.

iv) Exchange
In mounting interventions for journalists, the challenge lay in finding a ‘positive utility’ to balance the perceived ‘negative utility’ of being less able to produce punchy copy using the old discriminatory hyperbole. TFC provided exemplars in the form of outline stories written first in a sensationalist way, and then rewritten in a way that would get past their editors (so diminishing the ‘cost’ of appearing less attractive to editors). Journalists were also motivated to improve their coverage of mental health by the promise of safeguarding themselves from complaints from the Press Council and others. The materials produced (the media guide, for example) together with advice and support in constructing an article, reduced the effort needed to get their copyright. TFC addressed the lack of understanding of mental diagnosis and signposted clarification source, encouraging correct and accurate reporting of which journalists might feel proud.

In the workplace, the benefits of adopting the measures recommended by the campaign were obvious in terms of having a healthier workplace and force, with less sickness absence and fewer drop outs. In addition, bosses could be seen as better employers. With one in four affected, productivity could be seen to be affected.

For young people, the benefits were less obvious, though ‘Looking after mates. Look after yourselves and others’ aimed to reduce discrimination amongst themselves.

v) Marketing mix
The campaign was fully integrated. TFC were managing above and below line work. PR was the main mode of delivery of the message (10% advertising, 90% PR/advocacy) and was achieved through the media, exhibitions, materials dispensed through community groups, youth organisations and key corporates. Training was also a key component, for journalists and employers. Some bottom line advertising was dispensed through partners, for example ambient materials such as postcards, campaign tags, credit card information sheets, beer mats and mouse mats. All materials were produced by Fosters and were excellent; the DOH can’t speak well enough of them, they were good value for money and extremely empathetic.
In terms of branding, an early task was to develop a name and an emblem. The campaign title, MIND OUT FOR MENTAL HEALTH, was a double entendre on MIND OUT, signifying both mental health and the need to ‘watch out’, ie. to be vigilant for instances of discrimination and stigma. Although this was generally agreed by stakeholders to be the best title for the campaign, the use of ‘MIND’ in the name had to be negotiated with MIND and one or two voluntary groups were of the view that it could be seen to be too much associate with MIND.

vi) Competition

TFC endeavoured to persuade all voluntary mental health groups to commit to carrying out all their anti-discrimination activities through MIND OUT, a task made easier by the fact that all believed in the value of eliminating or reducing discrimination. All either branded their campaigns MIND OUT, or else put in action the MIND OUT campaign, so that the public perception was that it was all MIND OUT, with the result that the whole appeared bigger than the sum of the parts.

vii) Involvement of stakeholders

The campaign was fully integrated and TFC were managing above and below line work so that partnerships needed to be brokered with corporate companies, the media and the voluntary sector. A key objective was to build a stakeholder agreement with a large range of agencies and to achieve a consensus on what needed to be done. There was a history of good relations between the DH and mental health charities. Previous mental health campaigns had involved quarterly meetings between the DH and relevant organisations from the voluntary sector, for example, MIND. TFC continued this tradition, consulting stakeholders as regularly as time would allow. MIND were a key partner together with other key mental health agencies such as the National Schizophrenia Society. Recognising that acceptance in the community depends on local involvement, TFC made efforts to get the brand well known and marketed through their contacts with wider stakeholders such as drug companies and supermarkets. A logo was used, and packs of publicity materials prepared for local agencies.

TFC had considerable success in galvanising activity locally. There was strong grass roots support and influence. The account director spent time talking to local groups and was kept constantly aware of what was going on. There was a great deal of activity at local level. More than 900 articles were generated locally and 15,000 newsletters sent out to local agencies. 13,500 local activists were identified, including an inherited list of 5,000 from the HEA. Nationally produced generic messages and materials were also produced that could be used by all. A nationally produced photographic exhibition of photos of celebrities, for example, was reproduced in portable version and made available for use in smaller exhibitions which local agencies ran themselves. TFC believe the campaign gave momentum to people at local level and in 2005, they were still getting feedback from people in the field.

EVALUATION AND OVERALL IMPRESSION AND ASSESSMENT

Given the duration of the campaign, there was little opportunity for it to be well evaluated. The brief prepared for the evaluation was never realised and this was said to be a major factor in its discontinuation. Some research was conducted to look at the strength of the partnership strategy. Process and audit research had been carried out; website hits counted, press coverage monitored, and the number of events logged, but there was little in the way of outcome evaluation. The original
commissioning brief for the campaign impressed upon bidders the importance of building into the campaign plans for effective evaluation, and informed them that the DH would work closely with the winning tender to ensure that robust evaluation mechanisms were in place. The brief stated: 'As part of a separate tendering exercise, we plan to commission a mental health promotion framework for dissemination to health and social services to help them to develop and implement local mental health promotion and suicide prevention strategies’ In July 2001, a brief for research into effectiveness was prepared by the Comms Unit. TFC reportedly sought repeatedly to establish an evaluation framework and reportedly the DH had commissioned the COI, who apparently were on board 18 months into the work, to evaluate the campaign but they appeared not to be involved and there is no evidence of the work having been carried out.

Research carried out for purposes of outcome evaluation was therefore patchy. The work with young people was partly evaluated by monitoring and quantifying hits on the website. There was anecdotal evidence that the work with employers had proved a successful part of campaign and qualitative work had been conducted with key stakeholders, and in industry and the workplace, with positive results.

In terms of quantitative evidence, some data was available from the three yearly national surveys of public attitudes towards mental health, but there was no baseline measure of discrimination from which to measure progress. Since there had been no target setting, there were anyway no indicators to use to measure progress towards campaign goals. Moreover, the survey design did not reflect the principles of social marketing incorporated in the campaign, in particular its targeted approach. No sampling strategy had been adopted to boost the target populations, that is, young people, journalists and employers, among whom a change in attitudes might have provided part of the proof needed in terms of attribution of effect. Nor was there evidence of any subgroup analysis which might have gone some way to providing the necessary data for specific target groups. Further, attribution was made difficult by the fact that co-existing with MIND OUT for mental health were interventions such as The Royal College of Psychiatrists ‘Changing Minds’ campaign.

A crude way of evaluating the cost-effectiveness of the media work was to cost media coverage as if it had to be bought.

Ownership of the campaign
The commissioning brief highlighted the need to produce resources which could be used locally to achieve consistency of message and branding, and to ensure that local organisations took ownership of the campaign. There was scope for conflict between stakeholders. The mental health focus of the HEA had been on local activities and people had had a say in the shape and direction of activities. By contrast, MIND OUT was a national campaign imposed at local level, albeit with local involvement, and so the task of ensuring ownership was more challenging.

Some hostility between stakeholders was historical in origin. Relations between the voluntary agencies tended to be marked by competition rather than collaboration, since all were vying for the same limited resources and marketing. There had also been one-off campaigns by voluntary organisations and there were tensions to overcome. Another problem was that the stakeholders tended to be united against the government, since this was a time marked by events drawing some disapproval, including the Mental Health Act. They saw a key role for themselves in lobbying against the government, and this led to some conflict. Strenuous efforts by TFC to unite efforts at local level, and to involve national voluntary agencies, appeared to
have attenuated these difficulties, but the point here is that application of the social marketing principle of engaging stakeholders may rarely begin with a blank sheet.

**Sustainability and long term continuity**

MIND OUT’s initial phase of activity, 2000-2003 was to have been the first of a longer campaign. The Minister was convinced of the need for this because of the focus on changing relatively intransigent attitudes and so opportunities for continuation of funding existed. Following the third year of MIND OUT, however, funding was not available to TFC for continuation according to their longer term plan. The view was held by some that the focus should be extended to tackle negative attitudes within the NHS. TFC were favourable to this idea, but said the work could not be done within the existing budget. They put together a new strategy to enable the DH to fund work with this aim. In the event, in 2003 responsibility and funding for the campaign passed to the National Institute for Mental Health in England (NIMHE) within the DH. NIMHE’s forte was in redesigning services and training practitioners. Moreover, the setting up of NIMHE in June 2002 had provided the specific improvement architecture for mental health within the DH. Prior to that, work had been carried out by the DH Mental Health branch.

Initially, funds initially earmarked for MIND OUT were used for other activities. NIMHE had a host of objectives, some of them very specific, for example, reducing railway line access in relation to suicide targets. These were subsumed within the MIND OUT campaign. A year after being taken over by NIMHE, MIND OUT was superseded by SHIFT. It was said that “NIMHE killed it off effectively”.

In NIMHE’s 5 year strategic plan, 04-09, the thrust of the intervention is more clearly positioned in terms of disability rights. NIMHE believe the appropriate focus is on the behaviour of health care professionals rather than on general discriminatory attitudes in the broader population. The main audience for SHIFT is the NHS, though the media and young people have also been targeted, and activities include education programmes for GPs, nurses, social workers, staff at job centres, to increase their expectations of people with mental illness. In parallel with a redefinition of the target group in terms of health care practitioners, came a redefinition of mental health sufferers. NIMHE believes “one in four” to have been a weak message, since this is not the prevalence of severe illness, and that a sharper focus is needed on the smaller minority treated for more severe illness.

Thus NIMHE’s focus is less on making changes to the social context, and more on individuals. The case can be made for both approaches being conducted in tandem in a comprehensive and systematic campaign, thus ensuring continuity and a smooth evolution. NIMHE’s activities have not had a strong public presence.

**Budgetary discontinuity**

A related problem was the lack of continuity in the budget, resulting in a ‘Stop-start’ approach. Resources were not available upfront; the minister needed to be persuaded of the justification before agreeing funding. Hence there were periods of inactivity, and there would have been a hiatus between campaigns but for the materials which bridged the gap and allowed it to develop its own momentum. To some extent, lack of funding provided an impetus to creativity; “More bangs for bucks”(AW). It helped that people were supportive to the aims. “There was no arguing with the fact that it was a good thing to be trying to do” (AW) However, as TFC pointed out, corporates need things in advance. The TFC wanted to do a programme with radio in 2001/2002, but it was 2004 before the budget was agreed.
Evaluation
The apparent lack of a systematic dedicated evaluation proved to be a major problem and ultimately contributed significantly to the demise of MIND OUT. In the absence of an independent evaluation it was easy to claim that no marked impact had been achieved. A well conducted evaluation would have identified, and measured, the outcomes set in the original brief, where ‘raising awareness’ was mentioned as an aim no fewer than five times; changing behaviour was not, at this early stage, mentioned as a goal. It would then have been more difficult to level the criticism, as NIMHE subsequently did, that the campaign ‘exceed in raising awareness, but failed to address behaviour’, nor that “the public health people see raising awareness as the be all and end all”.

NIMHE stress the value of measuring ‘stepping stones’ (their term for interim objectives), to changing behaviour. According to most behaviour change models, changes in attitudes are seen as necessary pre-requisites to changes in behaviour, which would thus have been a natural next step in the evolution of the campaign. The apparent aim of NIMHE, however, is to “measure behaviour first, attitudes second, and key milestones towards those goals”. (IS) NIMHE plan to use 7-10% of their budget to evaluate SHIFT. Evaluation will be at project level, and outcomes will be project specific and so will vary with project, and will be bespoke to the project. In the public service context, targets such as a reduction in the experience of discrimination will be operationalised as, for example, an increase in the number of people referred to for leisure opportunities and physical health needs and an increase in the proportion of patients who say they feel less discriminated against. With regard to media analysis, indicators will include an increase in the proportion of stories which included voices of those with mental health. An evaluation of TFC’s work conducted along these lines, with measured outcomes clearly related to the agreed aims and target groups would, it is considered, have served to evaluate past efforts and guided future directions.
3.8: Keep warm keep well

BACKGROUND

Policy and epidemiological context

This campaign has as its rationale the fact that roughly half of excess deaths in winter are due to CHD or stroke. In addition, about a quarter are due to respiratory disease, and a drop in body temperature contributes to these deaths. Blood thickens in cold conditions and makes circulation more difficult, and persistent exposure to cold reduces resistance to chest infection. ‘Keep Warm Keep Well’ is a joint campaign by the Department of Health, with support of Age Concern, The Pension Service, the Department for Environment, Food and Rural Affairs, Help The Aged, NEA (National Energy Action) and the WRVS, and is now in its sixteenth year.

‘Keep Warm Keep Well’ provides health and social care professionals with resources and other materials including an information booklet which gives advice on remaining healthy in cold weather, energy efficiency and grants and benefits available for financially disadvantaged older people, young families and disabled people.

The campaign is supported by the Winter Warmth Advice Line from whom callers can obtain further information on keeping warm and well during the winter, including advice on eligibility for grants and benefits.

Aims

The campaign aims to provide information and advice about staying well in winter by keeping warm. It is seasonally specific and runs from the beginning of October until the end of March.

The campaign objectives identified in the business plan for 2003-06 are to:

- Reduce excess winter mortality amongst older people by disseminating information and advice on keeping warm and well in cold weather, accessing benefits and grants via the ‘Keep Warm Keep Well’ campaign.
- Reduce ill health, improve quality of life and health of older people, and relieve winter pressures on the NHS by the actions stated above

Management

The management team at the Department of Health use a business planning template to outline objectives, indicators, targets and actions (Table 2.8a). Many areas remain incomplete and there seems to be some confusion about various areas of detail. It appears that the targets repeat the stated objectives.

The DH Communications team also perform a risk assessment as part of the planning cycle – potential risks to the effectiveness of the campaign are identified in advance.

‘The failure of publicity materials to resonate with or be accessible to the target audiences’ is cited within this context, as is, ‘a very mild/severe winter resulting in a drop/rise in calls to the WWL’.
Contingencies are ascribed to each of the risks – ‘testing of materials’ and ‘continuously monitoring levels of response’ are the ‘measures/controls’ that are considered to offset these risks respectively. A risk level is derived by scoring the potential impact on a scale of 2 to 5 and the likelihood of the event taking place on a scale of 3 to 5.

Table 2.8a Keep Warm Keep Well Business Plan

<table>
<thead>
<tr>
<th>Objective 2003-06</th>
<th>To reduce excess winter mortality amongst older people by disseminating information and advice on keeping warm and well in cold weather, accessing benefits and grants via the Keep Warm keep Well campaign</th>
<th>To reduce ill health, improve quality of life and health of older people, and relieves winter pressures on the NHS by the actions above</th>
</tr>
</thead>
<tbody>
<tr>
<td>Directorate objective</td>
<td>To strengthen the information to and accountability of the service to local patients user and communities</td>
<td></td>
</tr>
<tr>
<td>Strategic objective</td>
<td>Deliver improved service standards and health and social care outcomes for service users and the public</td>
<td></td>
</tr>
<tr>
<td>Performance indicator</td>
<td>Number of booklets distributed Response to mailing Quantity and quality of calls to the winter warmth line Evaluation of media coverage Evaluation of actions taken by target audiences i.e. numbers of HEEs grants obtained, acting on health advice</td>
<td></td>
</tr>
<tr>
<td>Targets</td>
<td>Diminution of excess winter mortality Increase take up of HEEs Increase in older people taken out of fuel poverty Increase in booklets distributed, and calls to the WWL</td>
<td></td>
</tr>
<tr>
<td>Specific actions</td>
<td>Evaluate 02/03 campaign Carry our research study into those receiving booklets/ringing helpline Investigate merging of helpline with DWP line</td>
<td></td>
</tr>
</tbody>
</table>

SUMMARY OF NATURE OF CAMPAIGN

Costs

The overall budget is £0.58 m

Agency

In house.

MESSAGES

Messages relate to the relatively simple adjustments that can be made in behaviour to reduce the level of risk – with regard to clothing, diet, exercise, giving up smoking, immunisation against flu and pneumonia, and looking after colds and coughs.

CAMPAIGN PHILOSOPHY

Theoretical underpinning

The campaign approach was described not as social marketing but as ‘pragmatic’, ‘appropriate’ and ‘sensible’, and referred to the ‘Good Practice Model for Campaign
Management’ issued by the National Audit Office 3 years ago. This document is used by the Department of Health and the COI. A basic checklist is provided and as might be expected from this organisation there is a strong preoccupation with contract management and achievement of value for money (undefined). The NAO describe the guidelines as a means by which the COI can promote a common understanding of the elements of successful campaign management.

**Perception of social marketing**

See above.

### APPLICATION OF PRINCIPLES OF SOCIAL MARKETING

**i) Behavioural focus**

Changes in individual preventive measures relating to conserving heat in the home.

**ii) Audience research**

None apparent.

**iii) Segmentation**

The campaign is targeted at older people, particularly those living in poor housing conditions, and people at greater risk because of bronchitis, asthma, emphysema or chronic heart and lung disorders.

**iv) Exchange**

None articulated.

**v) Marketing mix**

Five fact sheets are available to download for health and social care professionals to use with older people (and those with chronic disease or physical disability, who are vulnerable to the effects of cold weather). These sheets expand on the content of the Keep Warm Keep Well booklet and are intended to be photocopied for use. They cover:

- Why keeping warm and well matters
- Keeping a warm house
- Financial help with a warmer home
- Help with heating bills
- More information and advice on keeping warm and well

Further practical advice is available on conserving heat and insulating the home, on obtaining financial assistance and on finding out more information.
vi) Competition

None identified

vii) Involvement of stakeholders

One of the strengths of this work is seen to come from local partners and voluntary sector organisations who use the campaign as a hub around which they coordinate their own activities.

**EVALUATION, OVERALL IMPRESSION AND ASSESSMENT**

Evaluation

No evaluation was available. Research reports were not submitted for consideration in this review. Evaluation is referred to in the business plan but the plan for subsequent years (03/4, 04/5, 05/6) remain exactly the same, so it may be reasonable to infer that the review process does not influence the plan for the following year.

‘On this one we struggle I am afraid, it needs a more radical review, it is just so difficult the measure what is going on in terms of winter deaths, we have got some proxy measures like the uptake of grants but attribution is very difficult when you think about all of the other background activity that is going on’.

Overall impression and assessment

The focus of those involved in delivery of the ‘Keep Warm Keep Well’ Campaign at the COI and the DH, is ‘trying to ensure that the basic objectives are fulfilled on a limited budget’. Some of the biggest challenges come from budget moratoriums and ministers not signing off budgets in time for the pre-winter deadlines.

‘Our biggest headache is the sign off, We’re not out of the woods this year. The submission went up ages ago and there hasn’t been any response. In the past we’ve had stuff just sitting there waiting to be printed and we can’t move. It is very nerve-racking, this is a seasonal campaign by definition and it’s not like it is controversial or politically sensitive like some other areas, there isn’t any excuse for it at all.’
'There are wranglings over budget and who should pay for this – should it be the DWP or us, I'm not sure it is clear at the moment and the discussions are still going on'.

The feeling is that this is an important and worthwhile campaign, but that increasing its scale is unwarranted.

'I can't see that by making it bigger by chucking more money at it would make it better or more effective, The main thing is that we get all those people that are actually entitled to benefits going and getting them – every year we know that a large proportion is not taken up and it is simply because people don't know that they can get them'

'Some of the planning isn't always rigorous, we have to make practical decisions'.

Optimising limited resources and achieving value for money are important tasks. Campaign managers at the COI and the DH refer to tight contract management being the key and monitoring what contractors are doing regularly whilst constantly referring back to the brief. Coordinating campaign strands with other areas of activity in an attempt to achieve economies of scale and extending the reach of the communications work is also highlighted by this team. Areas of the Flu campaign and KWKW are dovetailed so that those at risk are advised to see their GP about vaccination.

'We are obviously taking about the same target group here, older people on low incomes living in poor housing conditions – the two (FLU Campaign and KWKW) sit nicely together. I think we should be taking this approach more widely in fact, by thinking more holistically about the needs and issues faced by a target group, rather than the more traditional way of doing things which means that we end up bombarding the same people with lots of messages which then become confusing'.

Much the same is said of managing the helpline at the COI.
3.9: Frank

BACKGROUND

In 1998, the Government launched a ten-year plan to tackle drugs. Tackling drugs to build a better Britain was the first attempt to introduce a UK wide integrated drugs strategy. In December 2002 this was updated, identifying a need for a communications campaign for young people and their families.

Information was required on the harm that drugs cause and there was an attempt to move things on from the National Drugs Helpline (NDH) perceived as a crisis line for ‘problem users’. A decision was made to replace the NDH with a new brand that was credible, reliable and non-judgemental and seen as providing open and honest information about the effects of drugs.

The initial role of the Frank campaign was to generate awareness of a 24hr confidential helpline, an Internet site/email service (talktofrank.com) and printed information, and in the process to build a distinctive and memorable brand identity. The ‘Frank concept’ was designed to operate nationally and locally, and was to serve as an ‘anonymous friend’ to a broad range of audiences including ‘users, potential users, concerned friends or worried parents’. [Frank review 2002-2004].

Management

Responsibility for the campaign is spread across three government departments. Public service agreement targets determine who delivers on each of the key areas, i.e.:

- Reducing the harm caused by illegal drugs (as measured by the Drug Harm Index encompassing measures of the availability of Class A drugs and drug related crime) including substantially increasing the number of drug misusing offenders entering treatment through the Criminal Justice System.
- Increasing the participation of problem drug users in drug treatment programmes by 100% by 2008 and increase year on year the proportion of users successfully sustaining or completing treatment programmes.
- Reducing the use of Class A drugs and the frequent use of any illicit drug among all young people under the age of 25, especially by the most vulnerable young people.

The Home Secretary leads on Target 1, with the support of the Secretary of State for Health, Secretary of State for Education and Skills, the Economic Secretary to the Treasury and the Foreign Secretary. The Secretary of State for Health leads on Target 2 and the Secretary of State for Education and Skills on Target 3, taking responsibility on policy for preventing young people from becoming problematic drug users and sharing responsibility with the Home Secretary for the delivery of targets.
Aims
The aims of ‘Frank’ are to:

- prevent young people from becoming problematic drug users and to ensure that those with drug problems get the help and support that they need
- reach its target audience with no nonsense drugs misuse messages; by raising awareness of, and reinforcing non-drug using behaviours and attitudes and by increasing uptake of drug-related programmes and services
- inform young people, their parents and carers, of the real risks and dangers associated with Class A and other drug use
- promote family dialogue providing parents and carers with the knowledge and the confidence to talk to their children about drugs, while clearly signposting routes to further help and advice
- support professionals working with young people, particularly those who are vulnerable
SUMMARY OF NATURE OF CAMPAIGN

Costs

The overall budget in 2005/06 is estimated at £5.4m. The budget varies each year - in 2006/07 the DfES will contribute financially for the first time.

Target group

The target group for ‘Frank’ is young people, both users and non-users of drugs. Parents are a secondary audience.

Agencies:  Mother (advertising); Fishburn Hedges (PR); RMGH Connect (Partnership); Profero (digital advertising); PHD and I-level (media planning)

MESSAGES

See Segmentation (below)

CAMPAIGN PHILOSOPHY

Theoretical underpinning

The campaign uses the HDA evidence base to inform understanding of drug behaviour and to design prevention interventions and communications. A paper published by the HDA in June 2005 (Chambers et al) called for all drugs prevention activities to be, ‘grounded within a theory of behaviour change’, drawing on Gibbons and Gerrard’s Dual Path Theory and Parker’s Consumer Choice Theory (Source: Darnton 2005). Gibbons and Gerrard argue that rational models of behaviour change do not apply to risky behaviours such as drug use among young people. Since drug use among young people is not rational, trying to change attitudes by providing information is unlikely to be sufficient to prevent use. Thus an additional path is added to the Theory of Reasoned Action (Ajzen and Fishbein 1980).

Parker focuses on research among ‘sensible recreational users’ older teens and young adults, and presents the view that drug use in the UK is a mainstream and not a marginal activity. Parker identifies a cost-benefit analysis used by drug aware and experienced young people. On the cost side of the equation is the cost of buying the drug, lack of control (during the experience and in recovery) and the broader ill effects in terms of health. On the benefit side of the equation is the desired effect of the drug in terms of physical sensation and the extent to which use enhances the wider experience in which it is used.

This evidence underscores the limitations of preventive interventions – ‘once use is established there is little that social-focused interventions can do to prevent it’ so that prevention activities are best directed at young people before using patterns are established. Based on his assessment of the evidence, Darnton is clear about the potential positive impact of information on young people and recreational users in terms of instilling an appreciation of damage associated with use in the short and long term.

The report also highlights the significance of interventions by parents and teachers, and the influence of peer groups on an individual’s ability to use or not. The work
identifies an important age threshold that is important from the point of view of segmentation.

**Perception of social marketing**

Although the Frank campaign fulfils many criteria of social marketing, some members of the campaign team felt there was confusion about social marketing as an approach, its components and terminology. According to them it was apparent across government communications generally that the language of social marketing was often adopted without understanding the broader framework of the approach.

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`It is quite fashionable at the moment to band the terminology around, whether or not people actually know what they are talking about is another matter. I am a marketeer, I am formally trained and that is what I was brought here to do – it is often quite clear that people come at things from quite different angles. I am not just talking here about the policy comms divide but more generally. People also tend, I suppose quite naturally to focus on their own area.'
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**Government Comms. Professional**

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The [social marketing] approach offers a potential framework for activities but I am not sure that this is being realised. I mean I am not saying it is necessarily the best one, I’ve been around for a bit and I’ve seen different models and approaches come and go. What I do think is important is cohesion and that we do operate under a single umbrella – social marketing is as good as any other so I do not see why we shouldn’t be taking advantage of this. We do need to have a unified approach.'
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**Government Comms. Professional**

In the case of Frank, there appears to have been an overshadowing of areas of the campaign by a focus on ‘above the line’ communications. This was seen as detrimental by some of those interviewed because it underplayed the important work carried out by local stakeholders.

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`Frank has pushed in this respect [comparing Frank to past campaigns], it has tried to place a focus on supporting stakeholders, I still get the impression though that this plays a secondary role to the advertising. I think there is an opportunity to take this further, especially when you consider the nature of drugs in this country, they are clustered and area specific. It makes sense to devolve the bulk of activities to local programmes and those that know what is really going on at a local level.'
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**Government Comms. Professional**

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The attempts of the advertising to have ‘street cred’ are a bit of a diversion really. There is a clear role for the Government to play and I’m not entirely sure that it is quite right at the moment. The Government needs to be able to be clear on certain issues and to have a clear authoritative voice, drugs is one of those. By moving along the route that they have they forfeit their ability to maintain this position.'
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**Drugs policy commentator**
There is always going to be a draw towards the more glamorous mass media activities. In many ways it is the advertising that defines Frank – it is an easy common reference point – this can I think at times be a bit of a distraction.’

Government Comms. Professional

The view of number of stakeholders was that Frank had ‘pushed the boundaries’ of social marketing within the context of government interventions.

‘Frank has really consolidated the work that has gone before it, you just have to look at what is involved and the broader spectrum of partners that has been brought together to deliver it… …the franchising of materials to local youth and drugs workers via the website allows much more flexibility and the possibilities of really making the messages deliverable in ways that are relevant to target groups locally.’

Government Comms. Professional

‘I am proud to have been involved with the development of Frank, its not perfect but with something as contentious as drugs it is going to be difficult for Government to get it right all of the time. If you look at Frank within the context of Government communications historically I think that you could only really conclude that it moved our thinking forwards. Things are far more sophisticated now and I think Frank has been a part of the learning process.’

Former DH Comms. Professional now working in drugs/youth policy

APPLICATION OF PRINCIPLES OF SOCIAL MARKETING

i) Behavioural focus
Prevention of uptake, minimisation and cessation of drug use.

ii) Audience research
Pre-launch conceptual and developmental research was conducted among young people, parents and stakeholders using focus group and depth interview methodologies.

Research into various vulnerable groups was commissioned by the COI. Additionally a review paper was commissioned to identify young people ‘at risk’ of using drugs, including variations by type of drug. This project also attempted to provide an overview of the key variables defining young people ‘at risk’ of using drugs, including socio-demographic, lifestyle and attitudinal characteristics. This work has been influential in shaping some of the more recent efforts across the campaign.

‘It is a very thorough piece of work and has provided many insights. I do not think everything has been taken on board, and there is some that should not, there is also some that would be difficult politically to pursue. Having said that I think it has been assimilated into the thinking and it has been influential in the approach since it was commissioned.’

COI commissioning researcher
iii) Segmentation

An attempt was made to segment the audience according to a hierarchy of status relating to drug use. The matrix below illustrates division of the audience and the corresponding messages:

<table>
<thead>
<tr>
<th>Age: 11</th>
<th>Non-users (including abstainers)</th>
<th>Tiers (past but not recent use)</th>
<th>Potential users (past use + intention to continue)</th>
<th>Regular users (regular + recent use + intention to continue)</th>
</tr>
</thead>
<tbody>
<tr>
<td>More socially reactive messaging</td>
<td>Prevention messages</td>
<td></td>
<td>Messages focused on harm reduction and ‘safe-trying and using’ only</td>
<td></td>
</tr>
<tr>
<td>More rational messaging focused upon cost/benefits</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Age: 18

It is unclear whether vulnerable young people sit within this matrix. Campaign literature tends to suggest inclusivity whereas accounts of those working on the campaign, and the resources themselves, suggest they are dealt with separately.

Parents and professionals working with young people are also targeted. (Parents of 11-14 year-olds are further segmented by ‘attitude’ group including, the ‘Worried’ ‘Reactive’ and ‘Confident’).

iv) Exchange

A good deal of thought has been given to what the theoretical perspectives and evidence base mean in operational terms. However, it has not always been possible to translate lessons learned into practice, especially within the context of the constraints of a central government campaign. A clear example of this is seen in the context of communication with 11-18 year-olds who are most at risk of becoming future drug users. The report urges that drugs communications ‘must be differentiated according to the audiences they are addressing’, in particular with regard to age and patterns of drug use, yet difficulties arise when drug specific strategies are needed.

‘The research provides a starting point, it would be very difficult to try and translate it to the letter. We build the communications with insights drawn from what we know but other factors obviously have a role… Financial constraints for instance clearly limit what we might do in an ideal world.’

Government Comms. Professional

TV advertisements typically use humour to convey the message ‘drugs are illegal but talking about them isn’t – talk to Frank’.
Developing and sustaining a brand like Frank was perceived to be resource intensive. Questions were raised about the overall appropriateness of government to spend money in this way.

‘Developing successful brands is incredibly expensive, its even more expensive to then sustain a brand over time, I think there are risks attached to the approach especially when you consider that if the policy environment changes and Frank looses support then the resources that have been ploughed in will have been wasted. That’s not to say that there isn’t a role for an umbrella campaign that focuses what is going on, in fact the Government would not be able to get away without having something. I am not sure that the brand route is the right one though’

Drugs policy commentator

Questions were raised by some stakeholders about the integrity of the brand itself. Campaign team members referred to Frank as a ‘super brand’ and likened it to ‘Coca cola’ and ‘Nike’, but there was some amusement at this idea, and some incredulity from other stakeholders. The ‘brand consistency’ characteristic of Nike, for example – of glamorous hi-tech stores, expensive lifestyle advertising, top-end celebrity endorsement, and the superior quality of the trainers themselves was unmistakeable.

‘I just can’t see that, if you think of the Nike brand, you have expensive lifestyle advertising, you have associations and endorsement in sport, you have incredible stores and finally you have got the product itself which is a highly desirable designer item. Where are the comparisons?’

Drug policy commentator

In contrast, the view among some was that, Frank ‘purports to be a savvy youth voice’ but is quickly and easily detected not to be by young people, not least of all if they contact the health line and talk to a ‘crusty old health promoter who is unable to provide credible information and deliver it a youthful savvy way’.

‘I do not think that that is the way young people experience the brand, there are many inconsistencies not least of all when young people contact the helpline that is quite dissonant with other brand elements’

Government Comms. Professional

NB: Despite some of the views expressed among the stakeholders interviewed within this study about the helpline, the Home Office Campaign team highlight the positive attitudes that are to be found in the campaign stakeholder survey. Unfortunately, findings from this research whilst made available to researchers were not available for publishing.
v) Media and marketing mix

The approach has utilised a range of communication channels including; satellite and terrestrial TV, radio, ambient, youth press, outdoor and online advertising. Television and radio ads are used to raise awareness. Posters are placed on bus shelters and other prominent locations to increase levels of visibility. The campaign also uses advertisements placed in the youth press featuring young people in street settings to highlight that Frank is a reliable source of information and is available to everyone. Messaging is placed in locations such as pub and club toilets to extend potential reach and to emphasise that ‘Frank is everywhere’.

PR is also viewed as an important component of the overall approach and seeks to:

- extend the campaign messages to the media;
- inform young people and parents about the risks of taking class A drugs without glamorising misuse;
- increase knowledge of the risks of misuse and harm minimisation;
- increase awareness of the website and helpline; and
- provide support to local stakeholders running their own Frank campaigns

Additionally PR and partnership marketing has been used to increase the volume of media coverage. The campaign seeks to establish strategic marketing partnerships with relevant organisations and companies from a broad range of sectors to maximise promotional opportunities.

The website, talktofrank.com, aims to complement the advertising activity and provide an additional source of drugs information accessible 24 hours a day. The site features advice and signposting (including a search facility of local services) for those needing to find out more about accessing drug services. In addition, the helpline provides free and confidential advice and information service. The service is subcontracted out to a consortium who specialise in health and lifestyle information.

Materials are available on the website for use by stakeholders and the general public. Stakeholders are encouraged to use artwork and literature to develop and customise their own materials. Additional printed materials are produced including, toolkits, leaflets, guides, posters and postcards for use in the same way.

‘The franchising approach works very well I think, local stakeholders can access resources that would usually be beyond their reach, we know from our conversations with them that they are very grateful for them’

Government Comms. Professional

vi) Competition

‘Older’ young people using a drug may reject prevention messages – awareness and knowledge about drugs means that such basic messages may be rejected by ‘users’, ‘triers’ and ‘never users’ alike.

Broad brush ‘all drugs messages’ are limited and the evidence base strongly suggests tailoring messages to young people based upon their age (11-14 years, 15+), and ‘drug career stage’ (‘never use’, ‘triers’, ‘users’). Evidence is clear that the approach should be done on a ‘drug by drug’ basis and highlights the flaws in categorising ‘all drugs’ together.
'This is a constraint but it is perhaps necessarily a part of communications that are bounded by limited resources and also close to government'

Government Comms. Professional

vii) Involvement of stakeholders

Stakeholder and partnership work forms an important strand of the campaign approach enabling Frank not only to extend its overall reach but also to engage organisations that are working locally with young people, in some cases with specific needs in the context of drug use. Drug Action Teams (DATs) are responsible for delivering the drug strategy at a local level. They combine representatives from local authorities (education, social services, housing), health, probation, the prison service and the voluntary sector. The DATs ensure that the work of local agencies is brought together effectively and that cross-agency projects are coordinated successfully. DATs take strategic decisions on expenditure and service delivery within four aims of the National Drugs Strategy; treatment, young people, communities and supply. Their work involves:

- Commissioning services, including supporting structures
- Monitoring and reporting on performance
- Communicating plans, activities and performance to stakeholders

Members of the campaign team were aware of the challenges of rapidly changing localised patterns of drug use. In response to this the campaign puts a strong emphasis upon devolving activity to local stakeholders who can tailor approaches to suit the demands of specific local needs.

There was a feeling among some stakeholders that the balance of spending might be more heavily weighted towards work at local level because of the very clustered nature of drug use and the need for tailored, specific responses.

"The model could be taken a stage further, there is always going to be a need for a centralised communication and government have to be identified as leading the way – having said this why not go the whole hog and rather than some of the half-hearted lip service that seems to me to be paid to stakeholder engagement, pass the bulk of the resources over to those who are working to tackle drug problems locally – they are it is patently obvious, the ones that need it and know how it should be used'.

Drug policy commentator

It was also apparent that cross-governmental working was difficult and frustrating for all involved. Cultures, priorities, agendas and constraints varied, a practical example being the sign-off turn around time with different ministers, which was reportedly very fast in the case of the Home Office but much slower in that of the DH.

"The DH is sometimes very frustrating to work with. For a start it's a nightmare to get anything into their diaries it seems and whereas we can seem to turn things round pretty quickly, even things like sign-off, the fastest they can seem to manage is three months'

Government Comms. Professional
EVALUATION, OVERALL IMPRESSION AND ASSESSMENT

The Frank campaign team uses a set of criteria against which the effectiveness of outcomes is measured. These include:

- Increased awareness of Frank as a source of drugs information and advice (spontaneous and prompted awareness of the Frank helpline and website among young people/parents; volume of calls from parents and young people to the helpline)
- Strong affinity with Frank (appealing and relevant) (endorsement of the helpline in terms of empathy and expertise; inclination to use among parents and young people)
- Encouraging the attitude that finding out about drugs through Frank is worthwhile
- Changed behaviour to improve knowledge about drugs
- Support stakeholders with a strong brand and resources

Data are collected on volume of calls and visits to the helpline and website; number of referrals from the helpline; visits to the treatment pages of the website and the number of stakeholders registered at drugs.gov.uk. Indicators include the proportion ‘satisfied’ with the quality of Frank support.

Since its launch in May 2003 Frank reports over 1.1m calls to the helpline, 8m hits to the website, 70,000 emails responded to, two-thirds of 11-18 year-olds aware of Frank, one third of parents aware of Frank and over 5,000 stakeholders registered with drugs.gov.uk. A survey conducted among stakeholders registered with the campaign revealed that the majority are satisfied with the campaign (unpublished).

Social marketing approaches to segmentation and targeting, behaviour change, exchange, and the way in which various communications channels were used, including the engagement of local stakeholders to address local variations in patterns of usage, were all seen as areas where the Frank campaign performed well.

The view was expressed that Frank had been fortunate in having ministerial interest and support and that this may well have been a key factor in its success relative to other campaigns. The view of some was that Frank had been ‘sold well’ to Ministers and that its reputation was not seen as entirely justified since other areas of work were thought to be equally effective but had not received the same exposure and praise.

‘It is ironic really, there is plenty of work going on that far more advanced – a disproportionate amount of attention seems to get paid to Frank – that isn’t a bad thing in itself because it ‘ups-the-anti’ generally. It is just a bit difficult to swallow sometimes when other good practice goes unnoticed – I could give you at least three examples of cutting edge social marketing taking place here in Wellington House today’

Government Comms. Professional

The campaign was also criticised by some as being ‘too top heavy’. An alternative model suggested would place young people and drugs organisations at the hub – with responsibility and resources being devolved to those addressing local problems.
Evaluation efforts have been criticised for an over-reliance upon tracking data to measure recall and recognition, and a neglect of strategic research. More strategic research conducted to support the development and effectiveness of the campaign was recommended.

“We need to know more about the nature and quality about the conversations taking place between Frank and young people because young people are much more likely to trust the views of their peers when it really comes down to it”

Drugs policy commentator

Concern was expressed over the quality of the information provided by the helpline service, that at times it was not available, out of date or simply factually incorrect – for example, with regard to treatment approaches and services. A further criticism levelled at the campaign from the field related to duplication of resources, because of insufficient collaboration between organisations in their production.

“This makes me very angry and highlights the flaws on the system – I have been trying to get accurate information on drug treatment adopted by the helpline for ages, it’s been around for ages and there is no excuse. It is fundamental and if we can’t get this right we might as well go home”

Government Comms. Professional
3.10: Vehicle crime

BACKGROUND

In 1998 a crime reduction action team was set up to address the Government’s target for reducing theft of, and theft from, vehicles by 30% over the 5 year period 1 April 1999 – 31 March 2004. Based upon crime figures available at the time, this meant a reduction from 1.1 million to 783,000 offences – a fall of 317,000 offences over the 5 year period. The initiative was instigated because vehicle crime, although reducing steadily since 1992, was still the largest single category of recorded crime, with 1,096,022 reported offences, accounting for 24% of all recorded crime. 400,524 of these offences were thefts of vehicles and 695,498 were thefts from vehicles. The cost of vehicle crime at the time was estimated at more than £3.5 billion a year including the costs of the criminal justice system.

A 14 point plan was drawn up for reducing vehicle crime developed jointly by the Association of Chief Police Officers (ACPO), the Home Office and the Department of the Environment Transport and the Regions.

Aims

At the heart of this aspect of the strategy was the belief that motorists needed to be better informed about the security aspects of new and used cars and encouraged to take these into account when buying. The thinking here was that by raising public awareness there would be an increase in consumer demand and security standards would improve over time. Although motorists were seen as responsible for securing their vehicle, everyday behaviour reflected low levels of awareness of security issues. Simple things such as leaving valuables on display and leaving the car unlocked were commonplace – The 1998 BCS showed that in 12% of ‘thefts from’ entry was gained through an unlocked door; and that 29% of ‘thefts from’ were personal goods.

Campaign objectives reflected these concerns:

- To contribute to a reduction in vehicle crime by 30% over 5 years (2000-04)
- To raise awareness of the risks of leaving vehicles unlocked, processions on view
- To encourage motorists to take action to prevent (theft of/from vehicles)

The main aims were to:

- Improve security on new cars by fitting electronic immobilisers on new cars and encouraging manufactures to fit deadlocks and other security features on a wider range of models
- Improve policing and community responses targeting prolific offenders, crime ‘hotspots’ and the market for stolen goods
- Improve car park security. (About 22% of all vehicle crimes took place in car parks)
- Develop new DVLA procedures and work with the motor salvage industry to stop the swapping of vehicle identities
Management

There is feeling that senior managers at the Home Office responsible for delivering the communications campaign were very clear about what they wanted to achieve from the outset and were systematic in their approach to delivery.

A good deal of respect was evident among those interviewed for the ideas underpinning the original brief, for the engagement of techniques like econometrics into the design and for effectiveness in a ‘bureaucratic’ and sometimes slow moving environment.

‘The girls were very ballsy, they knew exactly what they wanted and they went out to get it… …they took personal risks and showed a great deal of courage… …I mean they were prepared to stick to their guns with ministers, even when pressure may have been placed to deliver a more political message about crime reduction’

The question of how this might have been possible in an environment like that of the Home Office was explained in terms of the origin of key players in industry, rather than the civil service, so that their approach was different.

The fact that senior figures were credible and appeared to command the respect of professionals on the commissioning and agency side alike has undoubtedly been an important factor in delivery.

‘The briefs have always been very clear from this lot (referring to the Home Office), this definitely isn’t always the case, half the time we are left to second guess what is going on. We can spend hours trying to map out what we call the upstream and downstream. These guys seem to get things sorted before this stage… the ministers position, the policy, the comms and us, it’s all lined up’.

‘The Home Office seem to be taking a different approach nowadays, it reminds me a bit of M&S who also used to be one of my clients when I worked somewhere else – they had 6 brand managers, all in competition, it was a nightmare, they changed, and now have one lead brand with a single person in charge, it is so much better and they have saved themselves a fortune… Greg Dyke did the same at the BBC, he sat the 12 marketing managers together face to face and they prioritised and made judgements, it’s the only way you can make things like this fly’.

‘This lot are cleverer [than the previous team]. They are much more coordinated, I know they even managed to use the backend of the police recruitment campaign at the time to link in with the launch communications in this one’.
SUMMARY OF NATURE OF CAMPAIGN

Costs

The budget spent on the ‘reminder’ campaign increased steadily from 9% to 17% between 2000 and 2004.

<table>
<thead>
<tr>
<th></th>
<th>2000/01</th>
<th>2001/02</th>
<th>2002/03</th>
<th>2003/04</th>
</tr>
</thead>
<tbody>
<tr>
<td>Media budget</td>
<td>£7.3m</td>
<td>£5.4</td>
<td>£4.4</td>
<td>£4.3</td>
</tr>
<tr>
<td>‘Reminder’ budget</td>
<td>£625k</td>
<td>£677k</td>
<td>£700k</td>
<td>£709k</td>
</tr>
</tbody>
</table>

Target group

Road users

Agency

“The”

MESSAGES

‘Don’t Give Them An Easy Ride’

The creative concept underpinning the campaign was designed to provide people with an insight into the criminal mindset, placing particular attention upon the opportunistic nature of the vast majority of crimes. The aim was to motivate drivers to consider vehicle security in the longer term but also provide them with reminders at the locations where they left their cars unattended.

CAMPAIGN PHILOSOPHY

Theoretical underpinning

The approach was designed to empower, focusing on the idea that an opportunistic criminal was not somebody to be feared but rather somebody that could be easily outwitted – by taking one or two fairly rudimentary precautions that thief would be thwarted.

APPLICATION OF PRINCIPLES OF SOCIAL MARKETING

i) Behavioural focus

Changes in road use behaviour

ii) Audience research

Qualitative research was conducted among ‘recent car offenders’ before the launch of the campaign to try to get to the heart of their motivations and triggers for theft.
Among victims of crime insight was gained into the emotional aspects of having a crime committed against them and the disregard that criminals have for their valued processions.

Executions were developed following research with both criminals and victims of crime – thieves were portrayed as ‘chancers’ (rather than being skilled and systematic) with a contempt for their victim driven by a belief ‘goods were insured so individual members of the public were not real victims’.

iii) Segmentation

Target audiences were divided into the ‘general public’, primary (car owners and buyers), secondary (vehicle manufacturers and retailers, crime prevention officers, LA community safety officers, salvage industry and car park owners) and tertiary groups (other government departments and agencies, including DVLA, trade and motoring organisations such as AA and RAC).

The ‘general public’ category was sub-divided using geo-demographic (Acorn) and TGI data combined with BCS data to identify those at greatest risk from vehicle crime. The resultant categories: ‘Urbanites’; ‘Suburbanites’; ‘Middle Englanders’; and ‘Rural Englanders’ were ranked on a continuum according to magnitude of risk. Weights were applied regionally and crime hot spots identified, and media activity was adjusted to reflect the local requirements.

iv) Exchange

The original brief to the agencies was perceived as challenging. It specified that any creative solutions should not in any way increase the ‘fear of crime’ (another important Home Office target). This was a move away from previous directions which had traded on the use of fear (images of hyenas in dark underground car parks, for example) but limited the range of options open to those providing potential solutions.

The creative development research (which explored public perceptions and those of the police and perpetrators and victims of crime) to design and test the initial concept was seen as critical to achieving the ‘right approach’.

‘The Home office gave us access via the Police and the Probation Service to recent offenders and victims of crime, we were able to sit and talk and to try to understand what was really going on in their heads, I don’t think really without this kind of insight that we would be where we are now…’

‘…putting the two perspectives together really allowed us to nail the ideas down’
### Marketing mix

**Figure 2.10b**

Summary table of main action points supporting the 5 year strategy

<table>
<thead>
<tr>
<th>Action point</th>
<th>Area of activity</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Vehicle security</strong></td>
<td>• Law adjusted to ensure immobilisers fitted to older cars</td>
</tr>
<tr>
<td></td>
<td>• Manufacturers to fit deadlocks</td>
</tr>
<tr>
<td></td>
<td>• Manufacturers to fit laminated glass more widely</td>
</tr>
<tr>
<td></td>
<td>• Security package agreed and promoted by industry to consumers</td>
</tr>
<tr>
<td></td>
<td>• More information on security features provided to consumers</td>
</tr>
<tr>
<td></td>
<td>• Registering of trailers above a certain weight</td>
</tr>
<tr>
<td><strong>Enforcement</strong></td>
<td>• Circulation of police good practice to all forces</td>
</tr>
<tr>
<td></td>
<td>• Officers trained in key prevention messages</td>
</tr>
<tr>
<td></td>
<td>• Police given access to DVLA records at the roadside</td>
</tr>
<tr>
<td></td>
<td>• MOT records computerised</td>
</tr>
<tr>
<td><strong>Environment</strong></td>
<td>• Regional managers to implement Safer Car Park Scheme</td>
</tr>
<tr>
<td></td>
<td>• Publication of a secure car park directory</td>
</tr>
<tr>
<td></td>
<td>• Local authorities to draw attention to safe parking areas</td>
</tr>
<tr>
<td></td>
<td>• Publicity to focus upon secured parking areas</td>
</tr>
<tr>
<td><strong>Information Systems</strong></td>
<td>• Direct links between Motor Insurance Anti-Fraud + Theft-</td>
</tr>
<tr>
<td></td>
<td>• Register and DVLA</td>
</tr>
<tr>
<td></td>
<td>• Information on the MIAFTR database extended to fleet vehicles</td>
</tr>
<tr>
<td></td>
<td>• MOT and driver insurers records linked to Police National Computer</td>
</tr>
<tr>
<td></td>
<td>• A separate task group set up to manage links between different information systems</td>
</tr>
<tr>
<td><strong>Regulation</strong></td>
<td>• Modifications to Conference Code of practice for disposal of motor salvage</td>
</tr>
<tr>
<td></td>
<td>• Tightening of DVLA vehicle registration document procedures</td>
</tr>
<tr>
<td><strong>Contribution of motorist</strong></td>
<td>• Communication strategies developed alongside each of the elements of the initia</td>
</tr>
<tr>
<td></td>
<td>• Profile of vehicle crime raised</td>
</tr>
<tr>
<td></td>
<td>• Long term programme of communications and activity to provide information and advice to motorists about vehicle security issues</td>
</tr>
</tbody>
</table>

Media investment was divided into two categories, ‘traditional media’ and ‘reminder’ or optimum moments (using locations such as NCP/Railtrack car parks, motorway service stations, petrol pump nozzles, car park ticket machines and tickets, car park barrier arms and washroom posters in motorway service stations).

Partnership activity was a key aspect of the overall strategy and operated at a number of different levels. The VCRAT set up a specific task group among motoring manufacturers and retailers. The COI commissioned the agency Yellow Submarine on behalf of the Home Office to seek appropriate partners, some of the most important of whom were the NCP, the AA, the RAC and Halfords. Local partnership activity was coordinated by crime prevention officers.
vi) Competition

There has been little or no competition to the campaign messages.

vii) Involvement of stakeholders

The action team and the various task groups that reported to it brought together a broad range of stakeholders including:

- Representatives from motor manufacturers and retailers
- Insurers
- The salvage industry
- Car park owners and operators
- Consumers
- The Police
- Government departments

The co-operation of motorists and the wider general public was seen as essential if all the activities of the action team were to be realised. As a result the approach included communications strands developed alongside each of the initiatives to inform them of what was being done, to shift their attitudes and change their behaviour. Additionally it was thought important to provide a basis for localised police/partnership activity.

The communications strategy sought to encourage a partnership approach to reducing vehicle crime, by raising public awareness of the risks and demonstrate how easily steps could be taken to reduce this risk.

The creative concept was to focus on the times and places when/where motorists were vulnerable to opportunistic car criminals, for example petrol stations and car parks. The media utilised reflected this facet of the problem by advertising on petrol pumps, ticket barriers, parking meters and pay-and-display tickets. Media were up-weighted in vehicle crime hotspots. Additional preventative measures such as security marking, lockable wheel nuts, alarms and immobilisers were also the focus of attention.

In 2002 local authorities were approached to display ‘reminder’ stickers on parking meters and roadside pay and display machines

**EVALUATION, OVERALL IMPRESSION AND ASSESSMENT**

A major strength of the initiative as a whole and of the communications campaign has been the ability to measure outcomes. Unpublished crime data submitted by local police forces gives a detailed and up to date picture of car crime across the country. The British Crime Survey provided a further high quality data set giving a nationally representative picture of trends in experiences and perceptions of crime.

To allow a better understanding of process and to gain insight into the impact of the campaign, tracking data were collected and monitored. Further understanding of key audiences was achieved through qualitative research addressing detailed hypotheses about perceptions of target audiences and other stakeholders. These sources have been triangulated, and an econometric analysis introduced, to attempt to attribute the specific effects of advertising and ambient media.
Econometric analysis tries to separate the effects of contemporaneous influences and to quantify their individual effects. The modelling identifies the key factors influencing, in this case, the overall reduction in vehicle crime and tries to control for what may be happening in the broader environment.

In this type of analysis there are always unknowns - in this case it was not possible to determine and quantify a number of factors including police resources, local police advertising activity and the effects of local socio-demographic activity.

The process first calculated a response (reduction in crime) per unit of activity (advertising and ambient media) and then multiplied to estimate the overall effect.

The analysis proceeded to set up a series of hypotheses for testing differences between the media characteristics of the regions being explored (which are paired to provide a control).

A summary of the hypotheses is presented in the table below.

<table>
<thead>
<tr>
<th>Differentiating media characteristics</th>
<th>Hypothesis to be tested</th>
<th>Number area pairs used in analysis</th>
</tr>
</thead>
<tbody>
<tr>
<td>High weight vs. low weight TV areas without ambient media</td>
<td>Is TV advertising reducing crime in areas where there are no ambient media?</td>
<td>4 (Group 1)</td>
</tr>
<tr>
<td>High weight vs. low weight TV areas with ambient media</td>
<td>Is TV advertising reducing crime in areas where there are also ambient media?</td>
<td>7 (Group 2)</td>
</tr>
<tr>
<td>Low weight TV areas +/-ambient media</td>
<td>Are ambient media adding to TV effect?</td>
<td>4 (Group 3)</td>
</tr>
<tr>
<td>High weight TV areas +/-ambient media</td>
<td>Are ambient media adding to TV effect even in high weight TV regions?</td>
<td>5 (Group 4)</td>
</tr>
</tbody>
</table>

The table below provides the numbers of regions where advertising was measurable, the proportions of the potential effects of the advertising and their statistical significance.

<table>
<thead>
<tr>
<th>Number of pairs in which advertising in one or other region affected crime</th>
<th>Proportion potential advertising effects identified</th>
</tr>
</thead>
<tbody>
<tr>
<td>Theft from                  Theft of                  Theft from                  Theft of</td>
<td></td>
</tr>
<tr>
<td>(1) TV effect: High TV vs. low TV areas without ambient media</td>
<td>4/4 3/4</td>
</tr>
<tr>
<td>(2) TV effect High TV vs. low TV areas with ambient media</td>
<td>6/7 6/7</td>
</tr>
<tr>
<td>(3) Ambient effect: Low weight TV areas +/-ambient media</td>
<td>3/4 3/4</td>
</tr>
<tr>
<td>(4) Ambient effect: High weight TV areas +/- ambient media</td>
<td>2/3** 4/5</td>
</tr>
</tbody>
</table>
The conclusions of this analysis were cautious and surrounded by caveats about unknown variables. All quantifications were presented as ‘estimates’ or ‘ballpark figures’. The analysis provided a broad base of evidence that advertising may have been successful in reducing levels of vehicle crime, theft from vehicles seeming particularly responsive.

The analysis was used to show that there were distinct effects of TV and ambient media with TV having the longer lasting-impacts. Ambient media was shown to produce marked short-term effects, both in regions with a relatively low level of TV investment and in regions with higher levels of investment. The researchers concluded:

> ‘The vehicle crime advertising (both TV and ambient) have played an important role in the reduction of vehicle crime. It is difficult to estimate precisely the contribution which advertising has made to the falling vehicle crime trend, but a conservative estimate might suggest that half the decline is the direct result of advertising’

The initiative has achieved considerable success during the time in which it has been operating. Those involved with delivering programme areas identify a number of factors that have been important in allowing this to happen.

The evaluation drew on a number of other data sources:

Data on vehicle crimes committed collected by all police forces and submitted to the Home Office. [Unpublished; details unavailable].

Acorn and TGI data used in conjunction with local crime figures to segment the population and map vehicle crime hotspots

Tracking Research TNS are contracted to collect tracking data among a nationally representative sample of adults. This was used to measure awareness of advertising and an array of key attitudinal statements.

The research findings have not only been used retrospectively to answer questions about outcome, but also formatively to improve and refine existing activities.

> ‘Things move rapidly and so we have to make adjustments to respond to these. I mean as I said, whilst it was about getting crime down, as there were obvious shifts we had to change the message subtly to keeping crime down…’

**An integrated approach**

From the outset the Vehicle Crime Reduction Action Team set about tackling the problem holistically, engaging senior stakeholders from across a range of sectors from government to salvage industry.

A series of Tasks groups were coordinated centrally and given specific areas of responsibility and delivery. There was clarity in what needed to be achieved and by whom, the contributions of the diversity of stakeholders were managed systematically and dovetailed together. Attention was paid to the timing of events to ensure greatest impact.
A degree of autonomy was given to those delivering to different briefs. There is evidence of innovation and creativity in solutions devised to tackle quite tricky issues. It appears that an element of experimentation has been allowed in some cases, so that new things have been tried and tested, and where successful have been mainstreamed.

’Some of the packages offered at the vehicle point of sale didn’t really work, well by that I mean that it wasn’t clear that the amount of effort that was going into them was worth it, so we didn’t take this forward’

‘The overall mix on this campaign is rich, they have been thorough and looked at the whole armoury available to them … they took on people to look after the partnership management side of things, to work with people like the AA and the NCP’.

**Strong management and leadership**

There is feeling that senior managers at the Home Office responsible for delivering the communications campaign were very clear about what they wanted to achieve from the outset and were systematic in their approach to delivery.

There is a lot of respect demonstrated by participants in this research for the ideas underpinning the original brief, for the engagement of techniques like econometrics into the design and for a perceived ability for being effective in a ‘bureaucratic’ and sometimes slow moving environment.

‘The girls were very ballsy, they knew exactly what they wanted and they went out to get it … … they took personal risks and showed a great deal of courage… … I mean they were prepared to stick to their guns with ministers, even when pressure may have been placed to deliver a more political message about crime reduction’

**Interviewer:**

How do you explain this in a difficult environment like the Home Office?

‘I dunno really, they were from the industry I suppose so their approach was different, it wasn’t exactly civil service’.

This perspective was not limited to an individual respondent but was consistent among all of those that were interviewed.

The fact that senior figures were credible and appeared to command the respect of professionals on the commissioning and agency side alike has undoubtedly been an important factor in delivery.
'The briefs have always been very clear from this lot (referring to the Home Office), this definitely isn't always the case, half the time we are left to second guess what is going on. We can spend hours trying to map out what we call the upstream and downstream. These guys seem to get things sorted before this stage… the ministers position, the policy, the comms and us, it's all lined up'.

'The Home Office seem to be taking a different approach nowadays, it reminds me a bit of M&S who also used to be one of my clients when I worked somewhere else – they had 6 brand managers, all in competition, it was a nightmare, they changed, and now have one lead brand with a single person in charge, it is so much better and they have saved themselves a fortune… Greg Dyke did the same at the BBC, he sat the 12 marketing managers together face to face and they prioritised and made judgements, it's the only way you can make things like this fly'.

'This lot are clever I think, well more than before anyway, they are much more coordinated, I know they even managed to use the backend of the police recruitment campaign at the time to link in with the launch communications in this one'.

An innovative response to a challenging brief

The original brief to the agencies was not perceived as easy or particularly straight forward – it specified that any creative solutions should not in any way increase the 'fear of crime' (another important Home Office target).

This move away from what had been produced previously which traded on the use of fear (Hyenas in dark underground car parks etc.) automatically limited the range of options open to those providing potential solutions.

The creative development research (which explored the perceptions of the public, police, criminal, victim of crime) and work to devise and test the initial concept along with brainstorming the ‘key reminders’ are cited as being critical to what is seen as the ‘right approach’.

‘The Home office gave us access via the Police and the Probation Service to recent offenders and victims of crime, we were able to sit and talk and to try to understand what was really going on in their heads, I don’t think really without this kind of insight that we would be where we are now…’

‘…it was by putting the two perspectives together that really allowed us to nail the ideas down’
A Long-term commitment to tackling the problem

It is clear from examining the documentation (Home Office and COI briefings) made available for this review that long term solutions were a priority – a commitment was given to support this approach to delivery. In a number of cases requirements were that any form of intervention should be sustainable and that short-term side effects should be minimised. All the respondents interviewed in this study cited this as being an important factor in the perceived success of the campaign and in enabling them to perform their individual roles more effectively.

As an observation it also appears to have generated a level of ownership and loyalty to the campaign that has been absent in some of the other campaigns examined as part of this project.

Ministerial involvement

On this issue of ministerial involvement in campaigns, one respondent remarked:

‘[Minister A] was very heavy handed, he was always pushing the limits in terms of thinly disguised messages about how well the government was doing in getting crime levels down, real pat on the back stuff, [Minister B] however, appears to be less attracted to advertising generally, thankfully, he is much more measured on this front’.
3.11: THINK!

BACKGROUND

The Department for Transport’s (DfT) ‘THINK!’ campaign was launched in 2000 as part of the Government’s strategy to improve road safety, set out in the paper, ‘Tomorrow’s roads, safer for everyone’ (DETR 2000). This document set targets for 2010 to reduce road deaths and serious injury by 40% overall and by 50% for children – against baseline levels for the period 1994-1998.

‘THINK!’ is a complex communications programme, involving a number of target audiences and a range of messages. In this respect, it differs from most other public health campaigns considered in the review, there being no single behaviour change outcome. The ‘THINK!’ campaign is an umbrella brand, bringing together a series of campaigns each with their own desired behaviour change outcome.

Communications aimed at influencing behaviour change – mainly drink driving and seatbelt use – have been a feature of British public education since the middle of the last century. Since that time a growing body of research evidence has illuminated the causes of incidents leading to road related casualties, hence the need to communicate increasing numbers of prevention messages to the public. Prior to 2000, a collection of road safety campaigns conveyed messages concerning speeding, fatigue while driving, and the use of mobile phones but there was no overarching campaign. ‘THINK!’ was devised to unite these campaigns under a single brand and so bring greater focus to the issue of road safety, enabling the use of marketing tools to transfer between initiatives, and helping to reduce increasing ‘fragmentation’ of the overall message. It was also seen as having the potential to provide a year round presence for road safety, with ‘buy in’ from local road safety officers and other stakeholders.

High profile national publicity campaigns for the ‘core issues’ of drinking and driving, speeding, motorcycles and child and teenage road safety are all part of ‘THINK!’’. The campaign also includes what are described as ‘engagement campaigns’ - aimed at those groups that are over-represented in the casualty statistics, motorcycle racers being an example.

The three ‘E’s of road safety policy: Education, Engineering and Enforcement Communications are clearly identified as part of an overall programme to increase road safety. The ‘THINK!’ campaign forms part of the ‘Education’ plank of the DfT’s ‘three E’ strategy. The other ‘Es’ are Engineering (road and vehicle design, vehicle technology etc) and Enforcement (for instance in policing drink driving).

Aims

The broad aims of the campaign are to encourage safe driving attitudes and road use, and to promote behaviour change to encourage safe road use by all road users be they drivers, cyclists or pedestrians.

A key concern of the campaign team is to ensure that the aims of the campaign remain clear and focused, at a time when there is increasing pressure to tackle more and more objectives.
'Campaign priorities for the ‘THINK!’ campaign are determined against two key criteria: (i) how many casualties is it thought a particular issue accounts for and (ii) does publicity have a role in changing attitudes and behaviour to address this particular issue? Since ‘THINK!’s inception, the number of road safety issues has expanded and this has led to problems of fragmentation. To increase effectiveness, it is important to be very focused and prioritise the issues to be tackled.'

Management

The ‘THINK!’ communications campaign is managed and led by the publicity team of 10 staff at the DfT – Head of Marketing, Head of Publicity and 3 senior publicity managers – with teams of 2-3 staff. These teams are organised by audiences and messages mirroring the DfT’s policy team which is involved in campaign design and development.

There is little input from COI except in certain niche roles – for example, advising on commercial agencies and obtaining discounts on media buying. The model is essentially one of central control by the DfT, with commercial partners – mainly the advertising agencies, media buying agency, pr agency and partnership marketing agency – operating as suppliers.

The DfT conduct a large degree of the initial planning, without input from the advertising agencies. The Comms team see their relationship with the DfT as very ‘collaborative’.

‘The DfT ... ... work with us very early on, not necessarily to give us an advertising brief, but to discuss what that brief might be – how is it best used in the media – and at that point we can bring in other agencies – like partnership marketing and media buying agencies.’.

While this approach has clear benefits for the parties involved, it does raise the question of accountability, and of where the proper boundaries should lie between commissioning and provision of services.

Perhaps the single most impressive feature of the ‘THINK!’ campaign is the degree of planning and reflection undertaken by those managing the campaign. There is evidence of serious analysis of aims, methods, approaches and audiences; of how to communicate effectively and identify and involve stakeholders in planning and delivery. In 2005, for instance, the campaign manager produced a summary of the research process undertaken with stakeholders, which involved bringing together road safety officers from around the country to a planning event for future work. The campaign team also undertook new research to improve understanding of key audiences, reconsidered its aims and objectives and options for delivery. Equally important, this effort was not ‘a one off’, but reflected commitment to continuous strategic review.

The principal ‘drivers’ for new communications appear to be nationally collected data on casualties, and data from academic and specialist Government funded research. The role of stakeholders (the national network of road safety officers) and other Government departments were also mentioned as important in identifying key issues to tackle.
‘We start with the casualty stats and try to burrow down. So we might say, ‘we’ve got a problem with urban motorcyclists for example and it looks like it’s at T-junctions’. And then we work with the agency to shape that brief’.

‘A massive amount of research is undertaken, and a lot of it finds its way to the campaign. The Transport Research Laboratory, academic papers, latest thinking on driver tiredness etc and stakeholders from regions etc, help to build up a picture. And also other Government departments – for example drink drive was part of cross departmental group looking at alcohol, heart and binge drinking’.

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‘THINK!’ is funded to the tune of roughly £14 million per year. However, in addition to funding provided by central government, significant resources – possibly £20 million per year – are also spent by local government on road safety publicity.

‘To a certain extent the campaign is a catalyst to try to get all this other spending on road safety’.

Agency

Because of the complex and varied nature of the ‘THINK!’ campaign, two advertising agencies work to the DfT. Leo Burnett is responsible for campaigns targeted at children and teenage and for drink driving and AMV is responsible for the campaigns on speed, fatigue and all other aspects of the ‘THINK!’ campaign.

In addition, Fishburn Hedges manages the PR strand of the campaign and Iris manages the brand partnership strand

Tracking research is conducted by TNS and a range of qualitative agencies (from the COI roster) are used for creative development research.

Messages

The campaign is complex in that it seeks to communicate multiple messages (for example, speeding, fatigue, drink/driving) to a number of discrete audiences (including children and teenagers, young drivers, motorcyclists). At the same time, there is an overarching aim to use the ‘THINK!’ campaign to promote the social unacceptability of dangerous road behaviour.

Messages vary with campaign components. A ‘behaviour change toolbox’ was developed, summarising the range of messages and approaches used in communications to encourage safer road use behaviour, application of which depends on the intended outcome and the audience concerned:

- New news
- Physical and emotional mirroring
- Jolting
- Risk
- Responsibility
• Solutions
• Continued presence
• Joined up approach

Message overload
The ever-increasing demands on the campaign to communicate an increasing number of prevention messages, is a concern for the team.

‘There has to be a point where we say, ‘No, it can’t be done’... .... The DfT has a very limited communications budget and if they try to fragment it with too many policy messages, all of that budget is going to be wasted and that’s no good for anybody’.

CAMPAIGN PHILOSOPHY

Theoretical underpinning
The Theory of Planned Behaviour informed campaign development, but was not seen as helping understand the link between knowledge, attitudes and behaviour.

‘We found that using the Theory of Planned Behaviour – to divide up attitudes between social norms, perceived sense of control over their own behaviour and their intentions and whether they like doing something or not... So with our speed campaign we used a battery of statements that applied to the various components of the model and looked at what would seem to push most buttons for our audiences to try to get closer to getting this attitude – behaviour link. Obviously it is very difficult’.

Interestingly the advertising agency who developed the use of this theory on the antismoking ‘Testimonials’ campaign, suggested its application for the ‘THINK!’ campaign.

‘Obviously it is a theory from the academic field – it originally came to us from the planners at the advertising agency. I don’t think we are fundamentally wedded to any one theory – it’s more of an educated guess!’

Perception of social marketing
Social marketing was considered to be concerned with using marketing techniques for social purposes. Its use in the context if the ‘THINK!’ campaign seemed to be seen as limited to persuading individuals to make specific behaviour changes.

‘I suppose it’s using marketing skills to achieve ends that are socially benevolent or good. I mean people who sell baked beans would have you believe that their campaigns are practically delivering a social good. But most people would be able to distinguish between the two. It has a set of characteristics – like being large scale, triggering a sense of shared ownership and encouraging people to participate to achieve a social end, they often require only a small change in attitudes or behaviour but the collective weight of that change would yield significant benefits’.

‘We’re not in the business of trying to change legislation or anything – because obviously we are part of government. I think government TV advertising does
signal that an issue is of a certain stature and requires thinking... ...we don’t consciously go out there to lead to a change in policy – though sometimes the communication is used in other contexts like when new legislation is being announced. But the main job is persuading the individual’.

### APPLICATION OF PRINCIPLES OF SOCIAL MARKETING

#### i) Behavioural focus

Changes in road using behaviour

#### ii) Consumer research

As part of the DfT’s review of the ‘THINK!’ campaign in 2005, detailed segmentation research was conducted. Objectives were to explore:

- the extent to which people’s attitudes to road safety are determined by general attitudes and beliefs as opposed to life stage;
- how different attitudes influence driving behaviour;
- what messages would work with different groups and how best to communicate with different segments.

The research found that attitudes towards road safety are not purely a function of life stage: values, lifestyles and attitudes to risk all influence driving behaviour. Four key groups emerged:

- No risk empty nesters (43% of population): make short trips and least likely to drive badly, hence not a major target for ‘THINK!’ , but with a possible role as influencers
- Safer strivers (21% of population): not a major target for the ‘THINK!’ campaign since their only weak point is their unsafe attitudes to use of mobile phones while driving.
- Crash happy thrill seekers (19% of population): primary target for ‘THINK!’ campaign; tend to drive a lot and don’t see road safety as an important issue.
- Deluded danger masters (17% of population): a main target because they drive badly and take risks, mistakenly believing they are in control

Each group was further delimited using categories relating to social demographics; lifestyle (leisure pursuits, interests); attitudes to risk; personal values (personal ambition, attitudes towards self and others) and driving behaviour.

#### iii) Segmentation

The categories described above are used to segment the audience. The campaign team is conscious of the difficulties of communicating road safety messages to some groups.

‘Thinking of the drink drive campaign, the Department might come to us and say, “we need to target older men – they are most prolifically causing these accidents”. We may say, “OK that’s interesting, but are they beyond influence? If they’ve been doing this for 50 years, it’s socially more acceptable because of how they’ve grown up. Is that the best place to spend government money? It’s our responsibility to bring this kind of thinking to the table”.'
National casualty statistics on causes and victims of road traffic accidents are a primary data source. For the segmentation study described in the 2005 review the DfT commissioned NOP to undertake a separate study involving knowledge attitudes and behaviour towards many aspects of risk, driving and leisure. In addition, the advertising agencies have access to a range of ‘usage and attitudes’ surveys – TGI, Mintel, Data Monitor – and make use of these to construct ‘psychological typologies’.

An important role is also played by what was termed ‘learning from experience’ or ‘intuition’:

‘... ... the benefit of being on a project for any length of time is that you can test that learning and then continue with it. It is where ‘statistically robust’ meets common sense and instincts’.

iv) Exchange

The ‘tool box’ is used to motivate uptake of key messages. ‘New news’ was used to encourage people to think again about, for example, wearing rear seat belts.

‘...[you want] to give them some ‘new news’ to help re-frame the problem. With seat belts no one was belting up in the back and the ‘new news’ was that the crash happens in the car, rather than externally. So you have ‘Julie’ where the young guy kills his mum. That helps people re-frame the idea of wearing a rear seat belt’.

Figure 2.11 ‘New’ news presented in the ‘THINK!’ campaign

Road safety campaigns have a long history of using ‘hard hitting’ imagery and ‘shock tactics’, of injuries, dead bodies and wrecked cars, for example. The current drink drive and speed campaigns employ what is described as ‘jolting’ rather than
For the campaign team, jolting serves to grab the attention of the viewer and challenge complacency. But there is also recognition that it is only the first part of the communications task, and that other approaches are required.

‘...shaking complacency is what people need – we don’t use ‘shock tactics’. It is about getting under the skin of the issue. And if that needs something strong and bold, that is what it gets. But on drink drive for example, the issue was this – we said, ‘you become a drink driver in the pub – not in the car’.... ... The reason the ad was set in the pub – and there was a car crash in the pub - was to make that connection that when you are in the pub, hopefully you don’t have that extra drink’.

‘...... it is only good for waking people up, and then it’s like ‘then what happens?’.... We use shock to try to puncture people’s sense of invulnerability and get them out of a sense of complacency – but that then has to be matched with a specific and simple message about how you avoid that happening to you. So shock in its own right is an empty tool – you have to use it with something else and I think we are always trying to get this balance between the emotional appeal and the more cerebral side to encourage people to think about it’.

In the development of all the communications, there was evidence that consideration had been given to the factors that might act on an individual not to behave safely.

‘It always involves an exchange. Normally it’s not difficult to describe what the benefit will be. It’s just that people see the benefit as being intangible or being too far removed from them. What’s hard to do is to get them to believe that if they ‘hand over their money’ they will get the yummy beans or the product as a result. It’s hard to get people to realise that it’s worth their investment’.

‘You have to look at the benefits of changing, because [in the case of drink drive] we’re thinking, ‘what stops people from having non alcoholic drinks, or being a designated driver, when they go out with their mates?’ Answer – cost of drinks? That’s boring. Shift the balance to make it a lot easier for people to do things.’

v) Marketing mix

The campaign uses a wide range of media, and decisions about the use of media are made on the basis of likely reach with the identified audience. The marketing mix is categorised into:

- Education: national TV, cinema, radio and print media
- Detailed information: website, posters, targeted media (eg information about child seats in parents magazines)
- In-situ (ambient): messages about driver fatigue on backs of lorries, on road signs and on radio (for in-vehicle reminders)
- Partnership marketing

Partnership marketing was a relatively new development offering what were perceived to be significant benefits.
'There’s an obvious benefit for some companies – like people who have invented an ‘alco lock’ for a car. We asked ‘who do we want to work with to most benefit the campaign?’ For instance, driver tiredness, we want to encourage people to make regular breaks on their journey – you can see immediately service stations, coffee suppliers or retailers are going to have a common interest. On drink drive, we look for companies that will incentivise behaviour change – so if you can work with a pub chain that will give out free or discounted soft drinks, then that’s a nice link up. We want brands and companies that can give us credibility or access to harder to reach audiences like teenagers, for example. So that’s an expanding area.’

Sponsoring of motorcycle races and commercial ventures with coffee suppliers in relation to prevention of fatigue were other examples suggested.

vi) Competition

In seeking to win hearts and minds, the campaign faced some competition in terms of messages conveyed.

‘Often the biggest rub is that our campaigns take a harder line than the law. For example on drinking and driving the law says there is a drink drive limit, whereas we say, ‘Don’t drink and drive’. So that can create an issue – because you will see people drinking in our ads and the message is ‘moderate your drinking or reduce it’, but we end with, ‘Don’t drink and drive’. And the same thing happened on speeding, where we are really rigid not to go over the 30mph limit. Then the Government announced ‘oh we’ll probably soften penalties for going a few mph over the limit’. (Laughs) You have to try to tie up all these things!’

‘The Government want to go further than the law because the argument is that the publicity is there to win hearts and minds and the law is there to enforce the minority who really push it. So to that extent, the campaign always will go further because it’s trying to win people over and encourage them to do things of their own volition’.

It was recognised that the campaign might trigger controversy; in aiming to challenge preconceptions it occasionally appears ‘out of step’ with legislation.

Otherwise, the problem of ‘competition’ was not a major one for this campaign. One reason identified by respondents for the mainly positive view of the campaign, was that the subject of road safety is generally considered to be uncontroversial.

‘I think the thing about road safety is that it’s motherhood and apple pie. Most people agree with it and for the most part what we say to people, is a good idea to do. Wearing a seat belt is not an onerous burden, so it doesn’t tend to cause controversy’.

vii) Involvement of stakeholders

LA road safety officers are a key stakeholder group, and their active involvement in the campaign, in the dissemination of materials for example, is considered important to its success. Efforts are made to understand and take account of their views.
‘We go to significant lengths to get the stakeholders on side. As part of the review, we consulted with them formally and we presented them with the findings of our research and tried to get them to think about the brand and the campaign and what they thought it could be – because it will only work with their support. We can’t force them to do anything – but we work via the regions to involve the local people’.

Other stakeholder groups include road safety charities and families of victims of road traffic accidents. The views of these groups are also sought and careful consideration given to the tone of communications as a result.

Although road safety attracts significant interest from Government ministers, their involvement tends to be ‘benign’. This seems to result from a combination of good strategic planning, keeping ministers informed of developments, and having sound responses to questions and concerns.

‘Because the campaign is part of the strategy, they (Ministers) want to know what is happening regularly. All of our work - from a humble leaflet to a full scale campaign - is cleared by the road safety minister. For the most part, because we’ve been through a big process of research and tried to ground the strategy in logic and the departmental aims – we don’t tend to get anyone turning round and saying, ‘You should or shouldn’t be doing that’. Maybe we’ve been lucky with road safety ministers – but they’ve always been interested in it’.

**EVALUATION, OVERALL IMPRESSION AND ASSESSMENT**

The ‘THINK!’ campaign makes use of qualitative research for strategic planning and creative development research, and includes a large scale tracking survey – of 2000 adults conducted monthly. However, as the campaign becomes increasingly focused on a range of audiences, the campaign team feel there is a need for alternative types of research.

‘We have a monthly face to face tracking survey with around 2000 adults run by TNS and we assess general attitudes to road safety and awareness and attitudes to specific campaigns. It is massive and we’re having to look at it again because we want to look at specific audiences. The large survey work is best suited to our original framework, and the research will have to evolve along with the rest of the campaign’.

The campaign team has sought specifically to address the question of evidence of effectiveness.

‘I am very interested in this area – and am trying to get a better handle on this to put our research on a more academic footing. Not that I think the stuff we do is lacking in rigour, but whenever you hold it up to scrutiny from the academic field they say, ‘you are part of a mysterious art of spin’.

The quality of data seemed inadequate to demonstrate the impact of the campaign. Asked for evidence of impact, one participant replied:

(Laughs) ‘We have got bits and pieces. We’re going through the process just now – we want to put a paper in for the IPA awards which involves building a very
detailed case. It is impossible to extricate the effect of the campaign singly or in terms of behaviour or to match it up to the number of casualty reductions’.

In common with other campaigns reviewed here, ‘THINK!’ was unable to overcome the problem of attribution.

This campaign also raised the important issue of what is considered to be the ‘gold standard’ in assessing the effectiveness of communications campaigns. The Institute for Practitioners in Advertising (IPA) was identified as the key industry award by those working on the campaigns.

Overall, the ‘THINK!’ campaign demonstrated considerable thought and creativity, based on sound ‘public health’ and ‘marketing’ research. The overall campaign structure was well developed, with a clear rationale to the different elements and how they connected one to another. Audiences and issues were clearly identified as were methods of reaching audiences. There was a keen awareness of the difficulties of maintaining public interest in a subject that has ‘been around’ for a very long time, and of the need to focus messages in order to achieve credibility, while also maintaining a ‘moral’ sense of the social unacceptability of dangerous road use.

The campaign appeared to have successfully identified the potential contribution of stakeholders – and worked with them to exploit that potential of national – local join-up. There was also recognition that there are limits to the number of messages that any single campaign – even one covered by an umbrella – can hope to achieve successfully.

The limitations of the campaign appeared to concern difficulties demonstrating value of the campaign (a reliance on recall and awareness from tracking research). In this context, there may be concerns about the use of the tracking survey research.

The long history of communications in the area of road safety was identified as both a strength and a challenge. The main advantage is security of knowledge that the campaign has a role and will continue to do so, offering opportunity for effective planning.

‘The main advantage of longer term planning is that it gives our stakeholders greater notice of our publicity activity, which feedback shows is their primary consideration in deciding whether to support and co-ordinate with the campaign. Another key benefit of a longer term plan is that it allows us to be more strategic in our communications. Research and experience shows that the more consistent and sustained our publicity activity, the more chance there is that road users will take on board and act upon the messages. Behavioural change doesn’t happen overnight, but through widespread and steady incremental shifts’.

However, the ‘downside’ to the long history of the campaign is the concern that because the issues have been around for so long, it becomes increasingly difficult to find new ways of making them appealing and meaningful.

‘The other issue is that road safety is essentially quite dull – so how are we going to keep people interested and engaged – and continually keep their attention?’
From the review carried out in 2005, the campaign team identified a number of features of the ‘external environment’ which were likely to affect the success of the different components of the campaign and its future direction of the campaign.

- Road use: increasing numbers of people buying and using cars and increasing travel by car
- Lifestyles: increasingly sedentary lifestyle – particularly among children, with the consequence of less exposure to the risk of using the roads
- Media fragmentation: changes in the media and communications fields present both challenges and opportunities for reaching different audiences
- Technological innovation: in the way vehicles are used – requires the campaign to be aware of changing driver behaviour