change4life and social marketing

A hands-on guide to planning, developing and evaluating a Change4Life social marketing project
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Welcome to the Change4Life and Social Marketing guide brought to you by Brilliant Futures, the National Social Marketing Centre, The Hub, and the Department of Health.

This guide has been produced as part of a pilot development and support programme for NHS South East Coast designed to help the NHS and the wider health improvement workforce in planning, implementing and evaluating a Change4Life social marketing project to achieve tangible behavioural outcomes and, in so doing, build skills and knowledge in social marketing.

This guide aims to provide one practical resource, bringing together existing tools and resources provided by Brilliant Futures, The Hub, the National Social Marketing Centre, practitioners and academics to help you apply social marketing to your work in tackling rising levels of childhood obesity.
how to use this guide

This guide has been produced as part of a pilot development and support programme and is designed to be supplemented with support and guidance from a social marketing ‘coach’ and facilitator-led training to provide you with knowledge and clarity about each element of the social marketing process.

In each section we will introduce you to an element of the social marketing process, provide a checklist of key tasks to help you plan your approach and provide templates, tools, further resources and discussion points to help you carry out these tasks.

The tools and templates in this guide are designed to help you think about the various issues you might encounter in the design, planning and implementation of your own targeted social marketing approach. The social marketing process may differ depending on the project you are working on; and therefore not all of the tools and templates will be used for all of your projects. Your coach and supplementary training sessions will support you with the application of the tools and templates that are relevant to your work. This guide is not designed to replace your existing tools or internal processes – rather to add to them and provide an extra source, and resources, for discussion and guidance.

You may find it useful to visit the Wellbeing South East website at www.wellbeingsoutheast.org.uk where the Healthy Weight area will keep you updated on news, events and resources for the South East region.

If you have any questions or feedback about the contents, structure or format of this guide we would love to hear your thoughts. Please provide feedback to your social marketing coach, who will make sure that your thoughts are passed on to the team.
The Change4Life programme is England’s first ever national social marketing campaign to reduce obesity. Your projects will, therefore, be contributing valuable evidence to this area. The programme is part of a much broader response to obesity, set out in Healthy Weight, Healthy Lives: A Cross-Government Strategy for England and is designed to complement your existing local obesity strategy and plans.

**About the Change4Life Programme**

Unlike other areas of health promotion, which can draw on a rich evidence base of what has and what has not worked in the past, this campaign will be breaking new ground. In designing it, the Department of Health and its agencies have drawn on academic and commercial sector experience, behaviour-change theory and evidence from successful behaviour-change campaigns in other categories (particularly tobacco control). The Department of Health has also commissioned a substantial and ongoing programme of research among the target audiences.

This has allowed Change4Life to create a hypothetical model of the behaviour-change journey and to devise marketing activities to drive, coax, encourage and support people through each stage. We have created the strongest programme we believe we can with the available evidence. However, this is a hypothetical model and the behaviour-change journey has not been proven. It is expected that much of our marketing will achieve its objectives; however, we anticipate that some of it may not work in the way it was envisaged (or not work at all) and there will undoubtedly be some unforeseen and unintended consequences. A programme of monitoring has been put in place to allow us to measure the impact of the marketing campaign, learn and refine. We will document our findings in a One Year On report, detailing what impact the campaign has had and how we will be refining both the marketing and the model underpinning it as a result of what we have learned.

The campaign described in this document launched to the public on 3 January 2009. Called Change4Life, it urges the public to ‘Eat well, move more and live longer’. In its first year, Change4Life focuses on families, particularly those with children under 11 years old. In years two and three, the campaigns will expand to address other at-risk groups.
Social Marketing is an adaptable approach, increasingly being used to achieve and sustain behavioural goals on a range of social issues.

There are numerous definitions of social marketing: a commonly used definition of health-related social marketing is ‘The systematic application of marketing, alongside other concepts and techniques, to achieve specific behavioural goals, to improve health and to reduce inequalities’. French, Blair Stevens 2006.

Three elements are often used to describe social marketing:

1. Its primary aim is to achieve a particular ‘social good’ (rather than commercial benefit) with clearly-defined behavioural goals.

2. It is a systematic process phased to address short, medium and long-term issues.

3. It uses a range of marketing techniques and approaches (a ‘marketing mix’) to address these issues.

Central to all social marketing is the adoption of a ‘marketing mindset’. This means making sure that, when tackling issues and attempting to change behaviour, we start with an understanding of our audience, or ‘consumer insight’, so we are creating solutions that are attractive, meaningful and accessible for different target audiences.

To help you understand the key features of social marketing, The National Social Marketing Centre has created an eight-point ‘benchmark criteria’ to outline the core concepts found in a social marketing approach. A brief overview of the benchmark follows. Please visit www.nsmcentre.org.uk for a detailed copy of the benchmark criteria, together with resources and publications for and about social marketing.
1. **Customer or consumer orientation**
   - A strong ‘customer’ orientation with importance attached to understanding where the customer is starting from, their knowledge, attitudes and beliefs, along with the social context in which they live and work.

2. **Behaviour and behavioural goals**
   - Clear focus on understanding existing behaviour and key influences upon it, alongside developing clear behavioural goals. These can be divided into actionable and measurable steps or stages, phased over time.

3. **Theory**
   - Using behavioural theories to understand human behaviour, and to build programmes around this understanding.

4. **Insight**
   - Gaining a deep understanding and insight into what moves and motivates people.

5. **‘Exchange’**
   - Use of the ‘exchange’ concept. This means understanding what is being expected of people, and the real cost to them.

6. **‘Competition’**
   - Use of the ‘competition’ concept. This means understanding factors that impact on people and that compete for their attention and time.

7. **‘Intervention mix’ and ‘marketing mix’**
   - Using a mix of different interventions or methods to achieve a particular behavioural goal. When used at a strategic level this is commonly referred to as the ‘intervention mix’, and when used operationally it is described as the ‘marketing mix’.

8. **Audience segmentation**
   - Clarity of audience focus using audience segmentation to target effectively.
Social Marketing and Change4Life

The Change4Life programme demonstrates the key features of social marketing, using an insight-driven approach to achieve a tangible impact on behaviour.

1. **Customer or consumer orientation**
   – The programme has been driven by extensive national consumer research to develop solutions that meet the needs of different families across England.

2. **Behaviour and behavioural goals**
   – Research has led to an understanding of the existing behaviour of different audiences and key influences upon it. Eight target behaviours have been identified which can be divided into actionable and measurable steps or stages which can be phased over time.

3. **Theory**
   – Using behavioural theories to understand human behaviour and to build programmes around this understanding.

4. **Insight**
   – Research has led to an understanding of the attitudes, beliefs, motivations and barriers for different target audiences with a subsequent understanding of what will strike a chord with our target groups.

5. **Exchange**
   – Audiences are being offered ‘a good reason’ – or incentive – to adopt target behaviours with help in overcoming barriers to the behaviour.

6. **Competition**
   – Work at a strategic level will help minimise competition for target behaviours; and partnership working with some of the private sector ‘competition’ will help understand and eliminate obstacles.

7. **‘Intervention mix’ and ‘marketing mix’**
   – A variety of interventions have been developed at strategic and operational levels to help support, encourage and enable behavioural change.

8. **Audience segmentation**
   – Six clusters have been identified with different product and communications approaches developed to meet different audience needs.
We will be following the National Social Marketing Centre’s *Total Process Planning Model* throughout this guide to help you apply a systematic process to the development of your project. By following this process, it helps avoid jumping into delivering solutions without investing time and effort in the scoping phase. Investment in scoping and development is critical to success, enabling us to maximise the chances of achieving an impact by delivering an insight-driven approach. Where and as relevant, we will explore the different stages of the process in more detail as we work through the guide.

**The Total Process Planning Model**

![Diagram of the Total Process Planning Model]

- Scope
- Develop
- Implement
- Evaluate
- Follow-up
Development of a social marketing project should include a ‘customer’ or ‘person-oriented’ approach which will meet the target audience’s needs and reflect their context: their world and current situation.

The allocation of ample time up-front to scope what the issue is, our available resources, understanding the audience and stakeholders and then determining the right behaviours to focus on and how we can make these easy, fun and accessible for our audience will reap rewards in terms of the results.

All of the stages of the scoping process are designed to build on local obesity plans and contribute towards current objectives in line with your local obesity strategy.

At the end of this stage, we will have a scoping report that provides an internal and external analysis, provides clear objectives, summarises research findings and outlines key recommendations on how best to promote different positive behaviours for different audiences using a mix of methods.
Key tasks

In this section, we’ll talk about the nature, scope and features of the project; project leadership, planning, management and evaluation. This will cover what needs to be achieved and for whom; what success will look like, and the resources and mechanisms needed to achieve it; how to monitor if things are on track, forecast and mitigate risks; capture ‘real time’ learning and use it to adapt and update plans.

- Clarifying the scope of the project
- Establishing a starting point
- Mapping the target audience
- Preparing an outline project plan
- Developing a robust evaluation framework and monitoring mechanisms
- Determining the ideal project team membership
- Setting up a winning project team to take the work forward
- Project Communications
- Assessing resources currently available
  - Finance
  - People
  - Infrastructure and equipment
- Risk assessment and management
- Updating the project plan

Main output:
Project Plan

Project planning and management – creating a robust project management framework
clarifying the scope of the project

In any project there will be a different starting point. For some, objectives will already be defined, some of the necessary research completed, or the target audience already determined; for others, we might be starting before any of this has been done. It is therefore vital to begin by establishing what we already know.

These guidelines are specific to Change4Life and there will be certain elements of the social marketing process that you do not need to follow as we are working with already-defined audiences and behaviours. The overall objectives have also been pre-defined, in line with your local obesity strategy and plans.

See: Change4Life Marketing Strategy, Chapter 4, ‘Segmenting our audiences’
### Establishing the Starting Point

<table>
<thead>
<tr>
<th>What are our project goals?</th>
<th>Increase physical activity among 5-11 year olds and their families</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increase physical activity among 5-11 year olds and their families</td>
<td>Reduce childhood obesity levels by 2%</td>
</tr>
<tr>
<td>Which Change4Life clusters are we targeting?</td>
<td>Clusters 2, 3 and 5</td>
</tr>
<tr>
<td>Which geographical areas are we targeting?</td>
<td>Hollingdean, Whitehawk and Moulsecoomb</td>
</tr>
<tr>
<td>What are our target Change4Life behaviours?</td>
<td>Up and About 60 Active Minutes</td>
</tr>
<tr>
<td>What are we already doing?</td>
<td>Free Swimming for U16s, Dance4Life classes, Green Gym</td>
</tr>
</tbody>
</table>
## Establishing the starting point

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>What are our project goals?</td>
<td></td>
</tr>
<tr>
<td>Increase physical activity among 5-11 year olds and their families</td>
<td></td>
</tr>
<tr>
<td>Which Change4Life clusters are we targeting?</td>
<td></td>
</tr>
<tr>
<td>Which geographical areas are we targeting?</td>
<td></td>
</tr>
<tr>
<td>What are our target Change4Life behaviours?</td>
<td></td>
</tr>
<tr>
<td>What are we already doing?</td>
<td></td>
</tr>
</tbody>
</table>
Once you have determined your starting point, use the information you have to begin creating a blueprint or map of the target audience’s environment or context. This can be populated and completed as you move through the scoping and development stages. At this stage, it will help inform your decisions about the make-up of your project team. Later it will help you identify opportunities, gaps, primary touchpoints, vehicles and channels (service, human and media) for optimising delivery and success of your project.
We will be producing a more detailed implementation plan once we have completed any research and determined what approach will be taken. However it is beneficial to form an overall project plan at the beginning of the project, outlining key milestones throughout the process, and ensure that we can commit to the timescales.

In addition to the starting point data, consider some of the wider underpinning factors for success and sustainability:

- **Organisational leadership and ownership**
  What might senior managers need to know about the project – and at what points and intervals – in order to endorse, champion, support and own it at the strategic, organisational level?

- **Integration**
  What is the policy/strategic context? Which other major initiatives or campaigns could be affected or impacted by this project – either local or national; can they be leveraged to increase support and the chances of success for your project; and how can you ensure that your project is clearly understood within the context of wider initiatives? (for example, World Class Commissioning)

- **Synergy**
  What is happening on national, regional and neighbouring fronts in this topic arena? What is planned for the wider Change4Life programme and where/when is it necessary to co-ordinate or beneficial to dovetail with/exploit this?

- **Communications and engagement**
  How will you engage and involve colleagues across communications, patient and public engagement, and other similarly relevant directorates to maximise awareness, buy-in and success? How will you work with other public sector and grassroots organisations and local leaders?
While evaluation will occur near the end of our process, we need to plan for evaluation at the outset to ensure that we identify what success will look like and that we implement a measurable programme throughout the project. It is vital that we set clear SMART objectives at the beginning of the project to enable evaluation to assess how successfully the project has delivered.

Thorough evaluation allows us to identify whether we met our objectives, what impact the project had, what went well, what could be improved and to allocate resources more efficiently in the future. We will need to consider the different types of evaluation:

- **Formative** – At the beginning of our project to help shape what we deliver – for example testing our proposition with the target audience.

- **Process** – During and after our project to measure how our project worked and identify what went well, how this happened and how it might be improved during the project and in the future, for example stakeholder and supplier interviews.

- **Outcome** – After our project to measure what happened as a result of what we’ve done, for example measuring an increase or decrease in BMI against initial baseline data.

- **Impact** – During and after our project to measure the actual behaviour of our audience – for example have they cooked healthy food, or purchased healthy snacks?

You can read about the evaluation methodology and initial results for the Change4Life programme in the marketing strategy document from the Department of Health available at www.dh.gov.uk/obesity
determining the evaluation framework

Top tips for effective evaluation

- Plan for evaluation at the beginning of the project
- Identify clear baseline data to measure results against
- Allocate adequate budget to evaluation; 10% of total budget as a minimum
- Ensure all stakeholders agree what success will look like
- Before the launch, agree what will be measured, by who and when
- Combine quantitative and qualitative measures for detailed, insightful information
- Use a mix of methods to avoid bias and simplification of data
- Don’t gather information for the sake of it; always have a purpose
- Look out for the unexpected outcomes
- Measure the bad as well as the good
measuring and demonstrating success

At the project planning stage we need to make sure that we have agreement and clarity on what success looks like. This will enable the project team to identify/determine:

- Outcome measures: what and how we will measure to show that the objectives of the project have been/are being met and that the work represents a good return on investment.
- The required budget allocation for evaluation
- Key performance indicators – both proxy and actual (short, medium and long-term)
- What mechanisms need to be in place to support rapid intervention adjustment or change based on real time learning.

Data monitoring and collection categories

Process – efficiency of the process, perceptions of the process from stakeholders, cost efficiency

Outcomes – knowledge levels, changes in belief, results of behaviour (for example, BMI levels)

Impact – behavioural impact, awareness levels, among audience, stakeholders, influencers, media
# Data Monitoring and Collection

The following template is a useful tool when planning how we will collect our data and helps make sure we allocate responsibility and timings for this important stage of the process. You will revisit this later in the project and populate it with the relevant data for your project.

<table>
<thead>
<tr>
<th>What is being measured</th>
<th>Methodology</th>
<th>What needs to be done?</th>
<th>By whom</th>
<th>By when</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outcomes: Reduction in child’s BMI</td>
<td>Gather NCMP data</td>
<td>Monitor change in year on year data for Year 6</td>
<td>Healthy Weight lead</td>
<td>October – end of project</td>
</tr>
<tr>
<td>Impact – Behaviour Cluster 2 Mums increase purchase of fruit and vegetables</td>
<td>Quantitative survey EPOS Data</td>
<td>Telephone survey for claimed behaviour Retail store managers to supply data</td>
<td>Agency Retail partner</td>
<td>Before and after project</td>
</tr>
<tr>
<td>Knowledge/ Beliefs/Attitudes Cluster 2 Mums aware of long term risks of too many unhealthy snacks</td>
<td>Quantitative survey</td>
<td>Telephone survey with 500 mothers, using quota sampling</td>
<td>Agency</td>
<td>Before, Mid point and end of project</td>
</tr>
<tr>
<td>Process Success of project delivery</td>
<td>Interviews with all project team and key suppliers and stakeholders</td>
<td>Carry out interviews with key personnel</td>
<td>Agency</td>
<td>Mid point and end of project</td>
</tr>
</tbody>
</table>
**Key tasks**

At the evaluation stage which follows implementation you will need to complete the following tasks. Time and resource for this need to be factored into the outline project plan at this preparatory stage.

- Complete an evaluation plan
- Carry out evaluation (either internally or commissioned to external provider)
- Analyse the results of the project
- Carry out a cost-benefit analysis
- Prepare an evaluation report

**Main output:**
*Evaluation Report*
determining the ideal project team

The make-up of the project team needs to reflect the project’s needs as well as the audience’s context. Using your starting point data (target audiences and location; the objectives, nature and scope, depth, and other features of the project) your outline audience context map and outline project plan, you can develop a checklist of fundamental points to consider.

These might include:

- **Capability**
  Which skill-sets and which profiles (influencer, decision-maker, subject or audience expert/resource, representative, agent/operative) and in what proportion are most likely to be needed to deliver the project – at both strategic and operational levels?

- **Capacity**
  What is the likely minimum necessary time commitment to the project, and will this vary between strategic and operational roles, and across different phases of the project/programme’s lifecycle? (for instance, could the different stages or ‘mini-projects’ require different delivery teams?) and is this feasible?
setting up a winning project team

Assembling the right project team is essential to the success of your social marketing project and vital to ensuring that you can maximise the resources available to you. Once you have determined your basic project outline and audience context map, you will have a good indication of the skill-sets and profiles you need in your project team. Now use this knowledge to identify your ideal team members.

<table>
<thead>
<tr>
<th>Who? (Name, position, organisation, contact details) and preferred contact method</th>
<th>What skills, knowledge or support can they contribute?</th>
<th>What would be the benefit to them of being involved?</th>
<th>What will be their roles and responsibilities on the project?</th>
<th>What is their resource contribution to the project both in time and finance?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name Healthy Weight Lead Name PCT Telephone Email Address Contact preferred by email</td>
<td>Knowledge of local incidence of the problem. Member of obesity steering group. Commissioned existing weight management programmes Contributed to development of local obesity strategy</td>
<td>Help achieve targets. Added resource to existing work Help with delivering consistent activity. Develops partnership working</td>
<td>Project Lead Responsible for co-ordinating and chairing meetings and cascading information to wider stakeholders</td>
<td>1 day per week for 6 months Budget input of £5,000</td>
</tr>
</tbody>
</table>
## setting up a winning project team

<table>
<thead>
<tr>
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Setting up ways of working for the project team including governance, administration and communication

Once the ideal project team membership is established, terms of reference and other key details should be agreed and resources recruited/assigned.

- Members of the project team and their roles and responsibilities agreed
- Project lead agreed
- Senior Management ‘sponsors’ for the project agreed and confirmed how best to keep them informed
- Approval process for project plans, materials and budget spend agreed, including timings for approvals
- Terms of reference produced for the project team
- Project team agreed and confirmed who team will be accountable to locally and regionally
- Reporting process and responsibilities agreed
- Logistics agreed – how often team will meet, location and methods
- Chair for meetings agreed
- Administrative support for the team agreed (for example, co-ordination of meetings, production and circulation of minutes)
- Project management processes set up (for example, status reports and project plans)
- Communications plan for project management information agreed (including project team, wider stakeholders and governance team)
- Budget for the project agreed
Throughout the project it is essential to keep the project team, internal and where relevant, external stakeholders informed of what is happening and any action required of them to ensure we are able to deliver the project plan. The following template is a useful tool when planning how we will deliver the project communications.

The following template is a useful tool when planning how we will deliver the project communications.

<table>
<thead>
<tr>
<th>Key milestone</th>
<th>Who needs to know</th>
<th>Communication/dissemination channels?</th>
<th>When?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overarching project plan drafted, including key milestones, project team roles and responsibilities and risk register/plan</td>
<td>All internal stakeholders and partner agencies/groups</td>
<td>Briefings by email or hard copy to all stakeholders, tailored to reflect audience type and information need Paper to SMT/board</td>
<td>At start of scoping stage</td>
</tr>
</tbody>
</table>
## Project Communications

<table>
<thead>
<tr>
<th>Key milestone</th>
<th>Who needs to know</th>
<th>Communication/dissemination channels?</th>
<th>When?</th>
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*Template to complete*
Before we start our project, it is beneficial to ensure that we have the resources needed to take a social marketing approach. With our project team, it is useful to examine what resources all partners can bring to ensure we are able to deliver a ‘resource ready’ solution for our target audiences. We will then complete a more detailed analysis of the resources we have available when we do our ‘SWOT analysis’ later in the process.

<table>
<thead>
<tr>
<th>What is needed?</th>
<th>What can we provide and from whom?</th>
</tr>
</thead>
</table>
| Finance available                      | £5,000 from Health Promotion Team  
£5,000 from Communities 4 Health project  
£10,000 sponsorship from ASDA             |
| Personnel available                    | Health Trainer one day per week Leisure Centre staff can deliver programmes  
ASDA store staff to volunteer one day per month  
Design time to be given by university  
Secondary research can be completed by university |
| Infrastructure or equipment available  | Leisure Centre available free of charge as venue  
College can contribute video recording equipment for qualitative research ASDA can provide children’s fun day event equipment free of charge |
## Assessing Project Resources

<table>
<thead>
<tr>
<th>What is needed</th>
<th>What can we provide and from whom?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Finance available</td>
<td></td>
</tr>
<tr>
<td>Personnel available</td>
<td></td>
</tr>
<tr>
<td>Infrastructure or equipment available</td>
<td></td>
</tr>
</tbody>
</table>
Before we begin our project, it is worth allocating our budget to separate areas of the project to ensure that resources are allocated to all areas of the process and no areas are over-looked. The budget needed for implementation will depend on the outcome of the scoping phase but it is important to know in advance how much money we have available as this will affect the intervention and marketing mix that is developed. We also need to ensure that we allocate adequate resources for evaluation. As a guide, a minimum of 10% of the total budget should be set aside for this important element.

Below are some areas to think about when allocating the budget. These will be determined by the stage that our project is at, what personnel are involved, whether we are commissioning out the delivery, and what is learned from the scoping phase.

**Scoping**
- Secondary research
- Primary research
- Research analysis
- Management of research process
- Communications materials for stakeholder engagement

**Development**
- Stakeholder event
- Venue for project planning day

**Implementation**
- Delivery of service
- Production of any materials
- Staff training
- Materials for any referral process
- Professional intervention
- Media launch
- Communications and media

**Evaluation**
- Data collection
- Data analysis

**Follow-up**
- Communication of results
- Stakeholder events
- Preparation of case study

**Things to consider**
Before starting the project and at key stages it is important to identify risks, determine the likelihood of those risks becoming a reality, and the degree/severity of the impact if they do. By identifying them in advance we can proactively manage them, and develop plans and actions for minimising them, and dealing with them if they do occur.

At the project set-up stage an overall risk assessment should be undertaken. It is also useful to consider how we will react if the project is a victim of its own success and creates too much demand.

On the USB stick you will find a simple risk assessment tool to use for your initial assessment. This should be revisited and the exercise repeated at the beginning of each phase of the project’s lifecycle, with the degree of risk assessed moving from the high-level, strategic to the lower-level, operational as the project moves toward and through the implementation phase.

The risk assessment tool will help you plan for, and manage, the risks relating to your project. The process the tool describes involves a number of internal stakeholders/staff carrying out the exercise and serves the dual purpose of ensuring broad input from a number of individuals and perspectives, as well as raising awareness of the issues, considerations and relevance across the organisation and its partners. Run in this way, the exercise takes approximately four hours. However, it can also be undertaken on a much smaller scale.

See: USB stick, Risk assessment tool
Once you have assessed, identified and have secured support for the human and financial resources necessary for delivery, update your project plan.

See: USB stick, Change4life template project plan
outline project plan

See: USB stick, Change4life template project plan
Key tasks

- Define initial target audience(s)
- Define the challenge(s)
- Set SMART project objectives
- Monitor process and progress
- Assess internal resources
- Determine strengths and weaknesses
- Environmental analysis
- Identify opportunities and threats
- Review literature
- Identify and engage stakeholders
- Prepare stakeholder engagement strategy
- Work out what’s working well already
- Determine research needs
- Create a research journey plan
- Create a research action plan
- Create a research brief
- Create an audience journey map
- Analyse the competition
- Prioritise segments
- Identify a big opportunity
- Behavioural analysis
- Set insight driven behavioural goals
- Develop goals for different audiences
- Identify benefits and barriers
- Ethics check
- Evaluation framework

Main output: Scoping Report
Sub section:
Defining your audience
Our first thought tends to be of the people who are engaged or disengaged in the behaviour we want to promote. However, when we think about the wider picture, it might emerge that there are other audiences we need to work with. It is useful to consider who impacts on the behaviour that we want to promote, remembering that some audiences will have more than one role. For example, retailers might be influencers and enablers or preventers.

**Facilitators** (for example, health professionals)
Weight management programmes, school nurses, leisure centres

**Enablers or Preventers** (for example, policy people)
Department of Health, Local Town Planning, DFES, Retailers

**Influencers** (for example, family, peers)
Family, friends, media, celebrities, retailers

**Audience** (Behavers or misbehavers)
For example, overweight children aged 5-11

Who do we most need to help? – in line with our targets?
Who do our partners and stakeholders most want to help?
Which groups can we or could we access?
Who are our target audiences?

- Facilitators (for example, health professionals)
- Enablers or Preventers (for example, policy people)
- Influencers (for example, family, peers)

Who do we most need to help? – in line with our targets?
Who do our partners and stakeholders most want to help?
Which groups can we or could we access?

Audience (Behavers or misbehavers)

Template to complete
Working with the Change4Life segmentation and existing data sources

Once you have identified the initial audiences you need to work with in your local area, based on local obesity targets and local strategy, it may be useful to overlay this information with the Change4Life segmentation to help give an insight into the behaviour, attitudes and beliefs of the target audiences before conducting any further research. In the Department of Health’s Healthy Weight, Healthy Lives: Consumer Insight Summary that you have already received, there is a detailed profile of the clusters and the research process that led to the formation of these groups. Updated information about the clusters is published on the Change4Life website at www.nhs.uk/change4life.

More information can be found in the Department of Health’s Healthy Weight, Healthy Lives Market Segmentation and Mapping provided with this guide.

You can then get information about the clusters in your specific local area from your local Healthy Weight lead.

Remember that we need to use any existing data sources together with the Change4Life cluster information. This will help to build up a profile of the attitudes and behaviours of families with children between the ages of 2 to 11 in the UK. However, we will need to use any existing data sources and potentially commission further research to help build a local picture.

In summary... defining our audience

At this stage, we will have examined which audience we need to work with to fit our local objectives based on existing knowledge and data, and worked with the Change4Life segmentation model to identify where there is a dominance of a particular cluster. We now have ready-to-use research to build a more detailed picture of the audiences we want to help.

Possible other sources of information about local audiences:

- Health Survey for England Data
- Health Acorn – fruit and vegetable map and other information from CACI
- Obesity prevalence maps
- National Child Measurement Programme data
Sub section:
Where do we want to be?
Defining our audience and setting objectives
Defining the challenge

**What is the problem?** - What is or isn't happening? Where is it happening? Why is it a problem?

**What is the effect of the problem?** Which targets affect it?

City X has higher adult and childhood obesity rates than the English average (2007/08: 13% of children aged 5 and 6 were classified as obese (national average 10%) and 15% were overweight (av. 13%); 22% of children aged 10 and 11 (av. 18%) and 16% overweight (av. 14%).

Overweight and obese individuals are at increased risk of type 2 diabetes, cancer, heart and liver disease. In 2007 total NHS costs for conditions for which an elevated BMI is a risk factor was £17.4bn, with £4.2bn directly attributable to overweight and obesity. Without action by 2050 this could rise to £22.9bn and £9.7bn respectively.

As part of the Cross Government Strategy Healthy Weight, Healthy Lives, and Change4Life aims, by 2020, to reduce the proportion of overweight and obese children to 2000 levels. Reducing obesity amongst primary school children is a key health target within City X’s Local Area Agreement 2008-11. Operational plan 2009-10 targets include: VSB09 Childhood Obesity: Percentage of children in Reception with height and weight recorded who are obese: Maintain 1% year-on-year reduction in 2009/10: target is 11% (from 12% in 08/09)

VSB09 Percentage of children in Year 6 with height and weight recorded who are obese. Maintain 1% year-on-year reduction in 2009/10: target is 23% (from 24% in 08/09).

**Who is affected by the problem?** Who are the target audience/s that we need to help? Where is the highest incidence or seriousness of the problem?

The project is targeted on families with children under 11 living in X, Y and Z wards. In 2004-05 18.8% of children were obese or overweight in X ward, 16.3% in Y ward and 15.9% in Z ward.

CACI analysis indicated that obese children were potentially more likely to be found in households classified as ‘Struggling Families’ and ‘Secure families’. ‘Aspiring Singles’ might also have more than average obese children within the household.

In terms of Change4Life clusters. X is predominantly clusters 2 and 5, Y clusters 5, 6, 3 and 2, and Z contains children from all clusters.

**Challenge statement:**

To encourage healthy lifestyles by creating an environment where healthy eating and physical activity choices are easier for families with children under 11 living in the target wards.
Defining the challenge

What is the problem? - What is or isn't happening? Where is it happening? Why is it a problem? What is the effect of the problem? Which targets affect it?

Who is affected by the problem? Who are the target audience/s that we need to help? Where is the highest incidence or seriousness of the problem?

Challenge statement:

Template to complete
Setting up SMART objectives

**Objectives**

**Short term**
Additional 100 families in X ward to take part in 60 minutes activity once a week by December 2009.

**Medium term**
100 families in X ward to take part in 60 minutes activity three times per week by July 2010.

**Long term**
100 families doing 60 minutes of activity daily by July 2011.

**What is our overall goal?**
Reduce obesity among primary school age children

**What are our local obesity targets?**
1% reduction year-on-year in obesity of reception and year 6 pupils

**Who are our target audience?**
Families with children aged 2-11 living in X, Y, Z wards with high levels of overweight and obesity

**What are our target Change4Life behaviours?**
Up and About 60 Active Minutes

**What Resources do we have available?**
- Finance - £x from Obesity Steering Group, £x for commercial sponsorship
- Personnel – 0.5 FTE project manager, 1 day per week designer
- Infrastructure – free access to leisure centre as venue

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setting your SMART objectives

- What is our overall goal?
- What are our local obesity targets?
- Who are our target audience?
- What are our target Change4Life behaviours?
- What Resources do we have available?

Objectives
- Short term
- Medium term
- Long term

See USB stick

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Template to complete
process monitoring

Remember to ensure continuous monitoring of the process and feeding back learning to optimise delivery and success:

Tasks to think about include:

- Being ready to review and change the programme if required
- Monitoring the competition and overcome challenges as they arise
- Watching out for internal and external opportunities, ensuring we take advantage of internal strengths
- Keeping stakeholders informed and engaged at all times, to open the door for future additional resources.

Things to consider
Sub section:
Where are we now?
Analysing the internal and external situation
SWot analysis

A traditional model used in marketing planning is a SWOT analysis where we analyse the internal strengths and weaknesses of our organisation and of those working with us. We then look at external opportunities and threats to identify any major opportunity that can be taken advantage of and which may result in the maximisation of our strengths and the reduction of our weaknesses. It is useful to ‘borrow’ this business tool to look at our strengths and weaknesses to make sure that the direction we take fits with our resources, knowledge and experience for the best chance of success. We will then examine the opportunities and threats after we have completed our external research.

Strengths
(Knowledge, skills, experience, resources, systems, communications, infrastructure, management buy-in...)


Weaknesses
(Knowledge, skills, experience, resources, systems, communications, infrastructure, management buy-in...)

Limited budget available

Limited personnel available to conduct research in-house. Front-line staff sceptical about need for a new approach. Lack of ‘real knowledge’ about target audience.
**SWot analysis**

**Strengths**
(Knowledge, skills, experience, resources, systems, communications, infrastructure, management buy-in...)

**Weaknesses**
(Knowledge, skills, experience, resources, systems, communications, infrastructure, management buy-in...)

Template to complete

See USB stick
When developing a social marketing approach, we need to start from where the audience is at in reality, working within the context of their world, rather than expecting them to come to ours. It is therefore useful to consider all of the factors which are that are beyond our control but may influence our audience. Consider what is going on in their world today. You might want to consult the Obesity Systems map in the Foresight Report for thoughts on influencing factors.

**Political**
For example, MPs expenses row undermines authority of government messages

**Economic**
Recession causing high levels of unemployment and lower levels of disposable income

**Social and Cultural**
Less leisure time leading to need for convenience

**Technological**
Increase in use of social media opens new channels of communication

**Wider Determinants**
For example, Education, housing, urban planning, transport

Access to poor education results in a decrease in skills and literacy and less knowledge of cooking methods and confidence in following a recipe

Need for improved housing takes priority over cooking healthy meals...

Lack of public transport to free leisure facilities
Environmental analysis plus ...

Political
Economic
Social and Cultural
Technological

Wider Determinants

Template to complete
**swOT analysis**

Now that we have considered external factors affecting our target audience, we can decide which of these are opportunities we could take advantage of to promote positive behaviour and which threaten this behaviour and need to be overcome. We can then use further research to identify how we might take advantage of the opportunities and minimise or overcome the threats.

**Opportunities**
*(How can we make the most of our environmental factors and strengths?)*

The national Change4Life campaign provides insight to build our existing knowledge of local audience. The need for convenience can be taken advantage of by providing convenient ‘every day’ activities. Lower levels of disposable income mean that we can work with our commercial partners to provide low cost and discounted solutions. Front-line personnel have a good relationship with target audience so we can use existing personnel and our good community and voluntary sector networks to deliver services and activities.

**Threats**
*(What do we need to overcome? What might threaten changed behaviour? How can we minimise weaknesses?)*

Other factors taking priority in audiences’ lives – for example, housing. Unemployment: we can work with other LA teams to combine service and message delivery. Use Change4Life insight to help design propositions that are relevant and meaningful to our audience.

Lack of public transport to free leisure facilities – work with planning and transport departments when planning interventions to ensure accessibility and widen network of facilities, starting from audience needs.
swOT analysis

**Opportunities**
(How can we make the most of our environmental factors and strengths?)

**Threats**
(What do we need to overcome? What might threaten changed behaviour? How can we minimise weaknesses?)

See USB stick
The aim of the literature review is to consider what learning we can take from each project, both good and bad, and contact the project team to find out what really happened which may not be contained in a published case study. It is important to consider local, regional, national and international examples.

<table>
<thead>
<tr>
<th>What? (The project, intervention, research findings)</th>
<th>Source (References)</th>
<th>What did we learn? (Outcomes, Impact, Process, ROI)</th>
<th>Positives/Negatives (What might we want to repeat or avoid?)</th>
<th>So what? (What does this mean for our project?)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Case study showed peer-to-peer parents’ cooking club more successful than nutrition-led programme</td>
<td>Southwark Cook It Up programme</td>
<td>Changed family cooking behaviour</td>
<td>Promote peer-to-peer learning and sell in to schools as way to engage parents</td>
<td>Opportunity to engage our key stakeholders (schools)</td>
</tr>
</tbody>
</table>
You will already be familiar with a wide range of literature relating to childhood obesity and possible approaches to tackle the issue. Consider sharing this information with others working within the same area, to build a large database of knowledge. The more insight we can gain from secondary research, the less budget needs to be allocated to augmenting this with our own primary research.

<table>
<thead>
<tr>
<th>Research Papers</th>
<th>DH Publications</th>
<th>National Obesity Observatory Information</th>
<th>Segmentation Tools</th>
<th>Case Studies &amp; Examples of Good Practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>Foresight Report</td>
<td>Healthy Weight Healthy Lives Strategy</td>
<td>Health Survey for England</td>
<td>Health Acorn Fruit &amp; Veg Map</td>
<td>NSMC Showcase Case Studies database</td>
</tr>
<tr>
<td>‘Children’s Time to Play’ literature review</td>
<td>Healthy Weight Healthy Lives Toolkit</td>
<td>National Diet &amp; Nutrition Survey</td>
<td>Office of National Statistics data</td>
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<tr>
<td></td>
<td>Healthy Weight Healthy Lives Consumer Insight Summary</td>
<td>Low Income Diet &amp; Nutrition Survey</td>
<td>Change4Life cluster maps</td>
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<td>Active People Survey</td>
<td>Sport England segmentation</td>
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</table>
**literature review**

<table>
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<tr>
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<td>(What might we want to repeat or avoid?)</td>
<td>(What does this mean for our project?)</td>
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</tbody>
</table>

Template to complete
Sub section:
Identifying and engaging stakeholders
To ensure that all of our audiences are reached and engaged appropriately, and that we identify and optimise opportunities to influence both our target audiences and those who engage with and influence them, we need to develop an overarching, integrated and segmented communications and engagement strategy.

Establishing the strategic framework for engagement and communications in turn enables us to identify priority groups, and to match and plan the most relevant messaging and activity for each.

**Developing an engagement and communications strategy**

**Preparing the framework for strategic communications and marketing communications**

The strategy should set out the background and context and the methodology that will be used to ensure that the right audiences are engaged, with the right incentives and messages, and in the most appropriate ways. Below is a quick reference list of the key areas to cover in developing the strategy:

- Background and context: case for action
- Overview of project
- Strategic objectives
- Communications and engagement principles
- Stakeholders
- Tactical objectives
- Channels and media
- Timing and budget
- Success metrics
- Key messages, mapped to each stakeholder/audience grouping
- Roles and responsibilities
- Incentives
- Risk communications and risk mitigation
- Deliverables and execution – communications and engagement plans
- The communications and marketing communications mix: product and activity menus.
Communications and engagement principles

The strategy should be a blueprint for engaging and communicating with all audiences to whom the project is relevant. It should follow good practice and focus on what will be meaningful and impactful. It needs to be the first of a suite of related products, which includes a scalable integrated implementation plan with its own risk assessment and measures for success.

The strategy should aim to dovetail with, and complement, already-scheduled local, regional and national activity in related topics areas affecting or engaging the same audience groups.

The execution of activity (i.e. the implementation plan) indicated by the strategy should be subject to review and revision based on early learning.

This strategy should aim to ensure that:

- Stakeholders are informed about the case for action, the project’s objectives and relevant key elements of the project itself;
- The approach is inclusive, timely and relevant and follows communications best practice;
- As many of the target groups are reached as possible, within the timeframe and available budget;
- Recommended media and channels offer the best value for money and return on investment;
- Duplication of effort is minimised and opportunities for effective cross-marketing with related regional and national messaging and campaigns are maximised.
Consider all the different stakeholders that might influence our audience or have an interest in this audience and issue.
You will already be working with a wide range of stakeholders in the implementation of your local obesity strategy. Below is a list of potential stakeholders you might want to include in your Change4Life project in addition to those you might already be working with.

- Department of Health
- Department for the Environment, Farming and Rural Affairs
- PCT
- Local Strategic Partnership
- Family Information Service
- Health and Personal Social Services
- Sure Start Children’s Centre Managers and Staff
- Early Years workforce – for example, childminders, school and nursery staff
- Health professionals in multi-agency family intervention projects
- Family/parenting support co-ordinators
- Health trainers
- Dieticians
- Health visitors
- Healthy Schools co-ordinators
- School travel advisors
- Urban planners
- Transport planners
- LA cycling and walking officers
- Health-walk leaders
- GPs and practice nurses
- Local Authority - Parks and Recreation, Traffic and Transport; health and social care elected members (councillors) and health overview and scrutiny committee members
- Health Improvement and Development
- Housing
- Neighbourhood management
- Park Wardens
- Leisure Centre Managers
- Local influencers. For example, schools, media, local supermarkets
- Private leisure providers

AND Change4Life partners
There are over 130 organisations who have signed the Terms of Engagement to become Change4Life partners. You can access the latest information about the partners and their activity at www.nhs.uk/change4life in the partners and supporters section. Below is a list of organisations who have had activity approved by the Department of Health, so may be open to working in partnership with our project at a local level.

- Netmums
- Unilever
- ASDA
- Aviva
- Bigfoot Arts Education
- Booker
- Busy Bees
- Chartered Society of Physiotherapy
- Clubs4Children
- Continyou
- The Co-operative
- DadTalk- Family Matters Institute
- Ear to the Ground
- Fit For Sport
- Fitness Industry Association
- Fusion
- Grub4Life
- Halfords
- Healthspan
- Home Retail Group
- Huggies
- It's So Easy Travel Insurance
- JJB
- Kellogg’s
- Living Streets
- McCain
- MEND
- Mills Group
- Musgrave
- National Family Week
- Nestlé
- Nisa
- Ordnance Survey
- PepsiCo
- Phunky Foods- Purley Nutrition Ltd
- Play Providers Association
- Ramblers Association
- Real Buzz
- Sky Street Games
- Tesco
- ThinQ
- UK Athletics
- Virtual Gym TV
- Walk England
- Wright Foundation
- YMCA
- British Gas
- World Cancer Research Fund
- Local Authority Caterers Association
- Hoseasons
**stakeholder universe**

- Regional Influencers
- Local Influencers
- National Influencers
- In Audience's world
- In Audiences' world

See USB stick

Template to complete
To prioritise our time and maximise resources, it can be helpful to split our stakeholders according to how much interest or power they have, to ensure we spend most time on those that will best influence our work.

**Power**

**Level of interest**

<table>
<thead>
<tr>
<th>Power</th>
<th>Level of interest</th>
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- **Keep satisfied**
  - Often the most difficult to engage
  - Keep them informed, engage when appropriate and consider senior champions to facilitate engagement

- **Key players**
  - The most important stakeholders – both interested and powerful

- **Minimal effort**
  - Keep these stakeholders informed of decisions in an appropriate forum – but don’t invest excessive effort

- **Keep interested**
  - Limited means to influence events, for example, lobby groups
  - Keep them informed – can be good allies and champions, but do not expend excessive effort

**Focus attention here**
To prioritise our time and maximise resources, it can be helpful to split our stakeholders according to how much interest or power they have, to ensure we spend most time on those that will best influence our work.

**Stakeholder Matrix**

- **Level of interest**
- **Power**

- Keep satisfied
- Minimal effort
- Key players
- Keep interested

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Template to complete
To help engage the stakeholders that have the most influence and interest and therefore achieve maximum support for our project, it is useful to think about how we can ‘sell the benefits’ of involvement in our project. Often we have stakeholders that have high levels of influence but low levels of interest and it is these people that we need to focus our efforts on. We will then look at how and when we need to communicate with them to ensure continued involvement and interest in the programme from our key stakeholders.

<table>
<thead>
<tr>
<th>Who?</th>
<th>Why? (what do we want? - what’s in it for us? and when do we need them? - research, delivery, evaluation?)</th>
<th>What do they want?</th>
<th>How can we provide this?</th>
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<tbody>
<tr>
<td>Schools</td>
<td>Help at research stage – access parents. Help at delivery phase – blend delivery with curriculum</td>
<td>Improved behaviour and attendance of pupils Improved engagement with parents</td>
<td>Demonstrate physical activity/improved diet can affect school performance Activities to bring parents into schools willingly</td>
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</table>
## Engaging Stakeholders

<table>
<thead>
<tr>
<th>Who?</th>
<th>Why? (what do we want? - what’s in it for us? and when do we need them? - research, delivery, evaluation?)</th>
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Stakeholder communications

To maximise resources and impact from our stakeholders, it is also key to plan our communications so that those with most interest and influence receive tailored communications to influence their behaviour. We will also need to revisit the communications strategy once we have developed our proposition and have different stakeholders to assist in delivering and ‘selling’ the proposition.

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<tr>
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<tbody>
<tr>
<td>Name: Healthy Schools Co-ordinator Name Primary School</td>
<td>Update on programme What we would like you to do How this will help you Key data required</td>
<td>With Healthy Schools bulletins every half term</td>
<td>With Healthy Schools bulletins Update at Healthy Schools network events Individual contact when action required</td>
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<td>Email:</td>
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Template example
## Stakeholder Communications

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To help make our budgets go further, when beginning the research process, it is important that we start from what we know already, then look at gaps we need to fill or areas we need to reinforce. In doing this, we only commission or undertake additional research when all other sources of information are exhausted.

### What do I know? | What do I need to know? | How will I find out?
--- | --- | ---
**Epidemiology**

| Obesity prevalence figures in reception and year 6 (NCMP) | Why are these higher in some locations than others? | Correlational analysis with known obesity risk factors |
| Demographics | 
| Dominant cluster in x ward is cluster 1 | How does this link to IMD and obesity prevalence data? | Data fusion with Change4Life cluster maps? |
| Behaviour | 
| Cluster 1s are highly sedentary | Where do they currently go locally, what do they do? | Local research, for example, survey, observational |
| **Psychographics** (knowledge, attitudes and beliefs, motivations, values, fears, benefits sought, barriers, influencers – who and what?) | 
| Cluster 1s say barrier to physical activity are cost, not fun, too inconvenient | What is too expensive locally? Why do they not do things in our area – what could we do locally to improve? | Qualitative research – for example, focus groups, local interviews |
### Research Needs-Analysis

<table>
<thead>
<tr>
<th>What do I know?</th>
<th>What do I need to know?</th>
<th>How will I find out?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Epidemiology</td>
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</tr>
<tr>
<td>Demographics</td>
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<td>Behaviour</td>
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</table>

Psychographics (knowledge, attitudes and beliefs, motivations, values, fears, benefits sought, barriers, influencers – who and what?)

Template to complete See USB stick
As part of our research process, it is useful to look at what we are already doing to tackle childhood obesity with our target audience to examine what is working well and why, and the evidence for this.

**What is the activity?**
Saturday cook and eat club – children and parents cook healthy meal together then share it and take some home

**Who is it for?**
Parents and children 5-8

**Who runs It?**
Sticky Fingers Voluntary Group

**Current activity**

**What evidence exists for success?**
10 families attending and have shown evidence that they are making the meals at home through pictures and sharing top tips with rest of club

**What is successful about it and why?**
Parents learn to make the food, taste it, take extra portions home and have shopping list and recipe to make it again

**Cost benefit?**
Cost of preventative programme versus weight management interventions
what is working well already?

- What is the activity?
- Who is it for?
- Who runs it?
- What evidence exists for success?
- What is successful about it and why?
- Cost benefit?
What can Change4Life research tell us?

The Change4Life Marketing Strategy publication can help build a picture about our target audience by giving us the following information:

- Background to the Change4Life programme
- Details of the national marketing strategy
- Findings from the national research programme:
  - Attitudes to health, weight and parenting
  - Attitudes and behaviours relating to physical activity
  - How families differ: segmentation of families of children aged 2-10
- Implications from the research for local programme design
- Recommendations for how we might communicate with different groups about diet and activity
- Details of future work planned

It is also useful to keep visiting the partners and supporters section of the Change4Life website at www.nhs.uk/change4life for updated information about research, evaluation and resources.
What insights do we have into our audience’s behaviour?

Our research suggests that:

- While people know obesity is an issue (93% of UK parents agree that ‘childhood obesity is an issue of national importance) they do not realise it is their issue (only 5% of parents believe that their child is overweight or obese);

- People routinely underestimate the amount of food that they and their children eat and overestimate the amount of activity that they undertake;

- A host of behaviours the research suggests are unhealthy (such as spending a lot of time participating in sedentary activities) have no perceived risk for parents;

- Healthy living is perceived as a middle-class aspiration; and

- Parents prioritise their children’s immediate happiness over their long-term health (indeed the link between poor diet and sedentary behaviour today and future health outcomes is not understood).

In addition to the overarching insights, research has produced insights in specific areas, outlined in the following pages.
Breastfeeding

A significant proportion of expectant mothers, particularly those in lower socio-economic groups, do not see breastfeeding as the norm and lack opportunities to see other women breastfeed or talk about it; in these circumstances, the benefits are downplayed and early challenges can feel daunting.

Weaning

- Parents are currently preoccupied with the practical side of weaning (mashing, freezing, jars/not jars, using a spoon), and are neglecting the values (what food is for) behind it.
- Parents are allowing the immediate (getting the baby to eat something) to take priority over the long term (getting the baby to eat well).
- Parents want to do the best for their children but this desire is currently driving them towards some weaning practices that are unhealthy; for example, parents are currently weaning too early (responding to presumed need and pressure from others such as grandparents or friends).
- Parents are transitioning their babies onto family foods (which are often not healthy) very rapidly in a desire to get the baby ‘eating what we eat’ and because this is encouraged by health professionals.
- Parents are introducing unhealthy snacks very early and do not persevere with healthier foods.
- Parents are also introducing juices, squashes and even carbonated drinks very early: water is seen as ‘low fun’ and tends to be substituted by juices and carbonated drinks.
- Since there is no clear guidance on how much babies should eat, parents often offer portions that are too large and encourage children to finish everything on the plate (since it is emotionally satisfying to see babies ‘eating it all up’).
**Health and weight**

Parents often reject attempts to categorise their children as obese or overweight because of the implied criticism of their parenting skills, because they cannot easily recognise their children’s weight status and because they are concerned about labelling their children at a young age.

- Parents believe their children are healthy as long as they are happy and accordingly prioritise things (however unhealthy) that they believe will make their children happy.
- For at-risk families, ‘health’ (healthy living) is perceived to be a middle-class aspiration which is punitive, dull or simply unattainable.

**Diet**

Many parents have surrendered control over food choices to their children – allowing children to decide what goes in the supermarket trolley, what they eat and when they eat it – in order to avoid rows.

- Parents often prioritise filling children up over feeding them the right foods.
- Snacking has become a way of life in many households and is used in emotionally complex ways, for example as a reward for good behaviour and as appeasement.
- Many parents lack the knowledge, skills and confidence to cook from scratch and rely on convenience food.
- Coping strategies to deal with fussiness can create chaotic, unhealthy family mealtimes.

**Activity**

- Most parents believe their children are already active (confusing ‘being boisterous’ with ‘being active’) and believe that schools are already doing enough to make sure children are active.
- Sedentary activity (for example watching television and playing computer games) is encouraged by parents because it frees up their own time and they may lack the inspiration or motivation to be more active.
- Parents often believe it is too unsafe for their children to play outside.
- Some mothers lack the confidence to take part in physical activity with their children.
- Parents habitually use cars for short journeys because they believe it is more convenient and they attach status to car usage.
**Ethnicity**

Research carried out specifically with families in Bangladeshi, Pakistani and black African communities revealed that:

- Education is a top priority for many families. As a result, many children have little free time for activity beyond homework.
- Religious faith plays a central role. Many children from Muslim homes (and some from Christian homes) attend religious classes, limiting the time available for physical activity.
- Cultural foods play an important role in maintaining cultural and ethnic identities; some of these foods are not healthy, for example due to high levels of fat.
- The prevalence of traditional gender roles means that girls often have fewer opportunities to be active.
- In general, parents exercise more control over their children’s routine than was observed in the general population. However, food is often an area where parents relax control and children are allowed greater choice.
- Elders, particularly grandmothers, have a significant influence on parenting styles, particularly diet. Mothers sometimes cite their mothers-in-law as barriers to maintaining a healthy lifestyle, since they regularly indulge their grandchildren with unhealthy snacks and encourage them to ‘feed their children up’.
- Parents generally take a reactive approach to health, being more likely to define it as the absence of illness, rather than a child’s overall wellbeing.
- An overweight child is not always perceived negatively; indeed, in some cultures, being big is considered appealing and
- While some families are more likely to sit down together as a family, some are eating on many occasions during the day, either because Western foods are given to children between meals as a ‘snack’ or because a culture of long working hours facilitate multiple meals (as, for example, when children eat when they come home from school and again when their father returns from work).
Sub section:
Undertaking further research
quantitative vs qualitative – which, when and why?

If further research is needed locally and budgets are limited you may be considering whether you could undertake some of it yourselves and/or which is best suited to being undertaken by an external agency. The following section provides a summary of different approaches and their applications, along with some guidance on how to go about commissioning or undertaking key elements.

You may also find it helpful to read the Market Research Society’s document A Newcomer’s Guide to Market and Social Research which is available as a pdf at www.mrs.org.uk/mrindustry/downloads/newcomers.pdf
## Quantitative vs Qualitative
- which, when and why?

<table>
<thead>
<tr>
<th>Quantitative</th>
<th>Qualitative</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>The Survey</em></td>
<td><em>Groups &amp; Depths</em></td>
</tr>
<tr>
<td>Large numbers and breadth: Answers <em>what</em> and <em>how many?</em></td>
<td>Smaller numbers and depth: Answers <em>why?</em></td>
</tr>
<tr>
<td>Large samples</td>
<td>Smaller samples</td>
</tr>
<tr>
<td>- Statistically significant</td>
<td>- Not statistically significant</td>
</tr>
<tr>
<td>Structured</td>
<td>Semi-structured</td>
</tr>
<tr>
<td>- The survey questionnaire</td>
<td>- interview guide/discussion guide</td>
</tr>
<tr>
<td>Inflexible, fixed, standardised:</td>
<td>Flexible, responsive, organic:</td>
</tr>
<tr>
<td>- Interviewers ‘stick to the script’</td>
<td>- Interviewer can use initiative</td>
</tr>
<tr>
<td>- Questionnaire does not change</td>
<td>- The interview can change/develop during the research</td>
</tr>
<tr>
<td>Examines specified issues</td>
<td>Examines a subject <em>in depth</em>:</td>
</tr>
<tr>
<td>- and quantifies these issues</td>
<td>- To identify the issues</td>
</tr>
<tr>
<td></td>
<td>- To understand the issues</td>
</tr>
<tr>
<td></td>
<td>- But not to quantify the issues</td>
</tr>
</tbody>
</table>
## Qualitative

**Exploration and understanding**
- Digging deeper, getting below the surface
- Why? and How? questions

**Seeking rational and emotional responses**
- Method
- Questioning style
  - Creating rapport
    - Body language/non verbal communication
  - Language
  - Opening ourselves/sharing
- Projective techniques
  - Using intuition

**Two main qualitative methodologies**
- The group discussion
  - Especially useful in:
    - Bring together groups of similar people to discuss an issue
    - Balancing breath with depth of insight
    - Encouraging people to share their views and opinions

- The in-depth interview
  - Individual depth
  - Paired depth
  - Mini depth
  - Friendship pair
  - Accompanied shop
  - Combination of the above
  - Especially useful in:
    - Sensitive subject areas
    - Instances when you’re seeking in-depth information from individuals
    - Situations when its hard to get people together for a group discussion either due to time constraints or geographical considerations
## Quantitative vs Qualitative - which, when and why?

<table>
<thead>
<tr>
<th></th>
<th>Quantitative</th>
<th>Interviewer</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Self-completion</strong></td>
<td>(for example, postal surveys)</td>
<td>(for example, street interviewing)</td>
</tr>
<tr>
<td><strong>Low cost:</strong></td>
<td>● No interviewer fees and expenses</td>
<td><strong>High cost:</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td>● Interviewer cost per interview</td>
</tr>
<tr>
<td><strong>Poor data quality:</strong></td>
<td>● Questionnaire can include only very simple routing</td>
<td><strong>High data quality:</strong></td>
</tr>
<tr>
<td></td>
<td>● Invalid or illogical responses cannot be corrected (mostly)</td>
<td>● Can use complex routing and special techniques (for example, conjoint)</td>
</tr>
<tr>
<td></td>
<td>● Potentially poor response rates and biased samples (self-selecting)</td>
<td>● Interviewer can clarify/probe</td>
</tr>
<tr>
<td></td>
<td></td>
<td>● Can collect data not possible with self-completion (for example, spontaneous and prompted awareness)</td>
</tr>
</tbody>
</table>
Now that we have considered what we know already, and have identified the gaps in our knowledge, we can consider what gaps we need to fill in and how we will do this. To help us plan and resource our research, we need to consider what we need to find out – what questions need to be answered, by whom and how we will get this information.
When considering your research questions, you may want to consult Healthy Weight, Healthy Lives: Consumer Insight Summary to consider findings to test locally and also consider common barriers to behaviour and investigate to what extent and how these apply locally.

<table>
<thead>
<tr>
<th>Category</th>
<th>Questions to Ask</th>
</tr>
</thead>
<tbody>
<tr>
<td>Availability</td>
<td>Are the services or products needed to adopt the desired behaviour available in the area where the proposed audience lives and works?</td>
</tr>
<tr>
<td>Accessibility</td>
<td>Is the audience able to obtain and use the services or products needed to adopt the behaviour? For example, are they available at suitable times?</td>
</tr>
<tr>
<td>Affordability</td>
<td>Can the audience afford the services and products – think in terms of money but also other costs. For example, time, inconvenience, embarrassment</td>
</tr>
<tr>
<td>Acceptability</td>
<td>Is it socially acceptable for the audience to get and use the services and products? Is it acceptable for them to practice the desired behaviour?</td>
</tr>
</tbody>
</table>

Adapted from A Field Guide to Designing a Health Communications Strategy
<table>
<thead>
<tr>
<th>What do we want to find out?</th>
<th>Secondary research findings</th>
<th>What do we need to know? Questions to be asked and of whom?</th>
<th>Research methodology</th>
</tr>
</thead>
<tbody>
<tr>
<td>What retailers are most visited locally and how do they best promote products to our audience?</td>
<td>Placing products at the point of purchase can increase sales by 200%</td>
<td>Ask retailers what would persuade them to stock healthy snacks by the till with accompanying promotions?</td>
<td>Depth interviews with retailers in local area</td>
</tr>
</tbody>
</table>
When considering what we might need to find out about from our research, it is useful to consider how we can find out ‘what makes them tick’, what is important to them, what do they enjoy doing and why. Below are some things to consider:

- Demographics
- Geographical
- Epidemiology
- Behavioural

- Benefits and buts
- Barriers

- Beliefs
- Attitudes

- Motivations
- Aspirations
- Feelings
- Values
- Fears

- Current knowledge about the issue or behaviour?
- What information do they have?
- Where do they get this from?

Who and what influences their behaviour?

Where do they go?

What do they do?
When conducting research and designing potential interventions, we need to be aware of ethical considerations. You will need to follow your own organisation’s ethics guidelines for the research process and in addition to this consider any additional ethics issues.

Although there is not yet an agreed ethics checklist for social marketing interventions, the National Social Marketing Centre has published *Social marketing ethics* [www.nsmcentre.org.uk](http://www.nsmcentre.org.uk) which outlines a number of checklists and considerations to bear in mind when developing a social marketing intervention. Included in this is a draft code of ethics which may be useful to consider when developing projects.

**See: USB stick,**

*Social Marketing Ethics*
## Research Journey

<table>
<thead>
<tr>
<th>What do we want to find out?</th>
<th>Secondary research findings</th>
<th>What do we need to know? Questions to be asked and of whom?</th>
<th>Research methodology</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>
Once you have decided what we need to know and the research methodology, we need to consider our resources to determine what can be done in-house and what needs to be commissioned to a specialist. We also need to consider whether ethics approval will be required for our research.

<table>
<thead>
<tr>
<th>Research activity (Question and methodology)</th>
<th>When (results are needed by)?</th>
<th>What internal resource is available?</th>
<th>External resource needed?</th>
<th>Action required</th>
</tr>
</thead>
<tbody>
<tr>
<td>In-depth interview with local retailers</td>
<td>November 09</td>
<td>None</td>
<td>Brief Agency</td>
<td>Source 3 agency details Prepare research brief Commission research</td>
</tr>
<tr>
<td>Research activity (Question and methodology)</td>
<td>When (results are needed by)?</td>
<td>What internal resource is available?</td>
<td>External resource needed?</td>
<td>Action required</td>
</tr>
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</tbody>
</table>

Template to complete
When briefing an agency, the more information we can give them up-front, the more valuable their response will be and the less budget will be required. The following information can help structure a brief.

- **Background to the project (challenge, existing research)**
- **Objectives and purpose of research**
- **Target audience**
- **Suggestions for methodology (quantitative or qualitative)**
- **Tender selection criteria and weighting**
- **Company requirements – evidence of previous work**
- **Additional input required – for example, trends information, agency ideas for additional research**
- **Geographical framework**
- **Reporting requirements – including update intervals; and the outline structure/format of the final report**
- **Indication of budget**
- **Timings**
- **Designated lead for the contract/brief and their contact details**
Sub section:
From research to insight
Once we have completed our research, we can revisit our audience context maps to illustrate ‘a day in the life of our audience’ which pulls our findings together.

It is useful to consider your target audience and plot their existing journey to purchase and prepare food or to take part in physical activity. Consider what they do, where they go, what and whom they encounter on the way, which obstacles they need to overcome, what behaviour they engage in rather than the desired behaviour and why — and what it is that makes the chosen behaviour easier and more attractive.

Questions:
- Who do they see/talk to?
- What else do they do with/in their day?
- Obstacles?

Template example:
- 7am: Eat breakfast, listen to the radio
- 10am: Drive to supermarket
- 11am: Buy one get one free pizza offer in supermarket
- 7pm: Eat TV dinner
- 6pm: Walk past fast food shops
- Meal deal!
- 1pm: Stop off at café for lunch, buy a donut
audience journey map

Template to complete

See USB stick
At this stage we analyse our research findings to determine what competition exists when promoting our positive behaviours. Consider why this is ‘winning’, why does this appeal to our audience and how could we learn from the competition and ‘use’ this benefit?

<table>
<thead>
<tr>
<th>Competitor</th>
<th>How do they succeed?</th>
<th>What’s the opportunity?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Internal</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Intangible – for example, views,</td>
<td>Discounted foods are heavily promoted</td>
<td>Offer discounts, promote low cost options</td>
</tr>
<tr>
<td>beliefs, lifestyle, attitudes)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Healthy food is expensive</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>External</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Tangible – for example, products/</td>
<td>Off-shelf display can increase sales by 200%</td>
<td>Incentive to retailers to site healthy snacks at checkout</td>
</tr>
<tr>
<td>services etc.)</td>
<td></td>
<td></td>
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<tr>
<td>Confectionery at checkout</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Influencers</strong></td>
<td></td>
<td></td>
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<tr>
<td>(People, situations)</td>
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<tr>
<td>Siblings</td>
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<tr>
<td><strong>Indirect</strong></td>
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<tr>
<td>(For example, other things spending</td>
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<tr>
<td>money on)</td>
<td></td>
<td></td>
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<tr>
<td>(bills, rent etc)</td>
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<td></td>
</tr>
<tr>
<td><strong>Our own messages/missions</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Voluntary groups ‘healthy food’ or</td>
<td></td>
<td></td>
</tr>
<tr>
<td>physical activity messages</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Template example

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# Competitive Analysis

<table>
<thead>
<tr>
<th>Competitor</th>
<th>How do they succeed?</th>
<th>What’s the opportunity?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Internal</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Intangible – for example, views, beliefs, lifestyle, attitudes)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>External</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Tangible – for example, products/services etc.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Influencers</td>
<td></td>
<td></td>
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<tr>
<td>(People, situations)</td>
<td></td>
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<tr>
<td>Indirect</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(For example, other things spending money on)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Our own messages/missions</td>
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</tbody>
</table>
Once our research has identified the different audiences that we want to work with, we will need to prioritise which audiences we are going to target first, in order to allocate our budget to achieve maximum behavioural impact. Below are some areas that might help identify priorities. You may wish to create your own criteria based on your local strategy.

<table>
<thead>
<tr>
<th>All to achieve objectives</th>
<th>Audience:</th>
<th>Audience:</th>
<th>Audience:</th>
<th>Audience:</th>
<th>Audience:</th>
<th>Audience:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Will we significantly contribute to our obesity targets?</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Will we reduce health inequalities?</td>
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<tr>
<td>Is there a high incidence of the problem in this segment?</td>
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<tr>
<td>Does this segment need outside help rather than being able to help themselves?</td>
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<tr>
<td>How accessible are they?</td>
<td></td>
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<tr>
<td>Are there enough people in this segment to make a difference?</td>
<td></td>
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<tr>
<td>Will it be cost effective to reach them?</td>
<td></td>
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<tr>
<td>Will their change influence others to change?</td>
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<tr>
<td>Are we resource ready? Do we have the organisational capacity to deliver for this audience?</td>
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<tr>
<td>How ready are they to change?</td>
<td></td>
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<tr>
<td><strong>Total</strong></td>
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</tbody>
</table>
## Prioritise Segments

### All to achieve objectives

|-----------|-----------|-----------|-----------|-----------|-----------|-----------|

Score out of 10 (1 = low, 10 = high)

- Will we significantly contribute to our obesity targets?
- Will we reduce health inequalities?
- Is there a high incidence of the problem in this segment?
- Does this segment need outside help rather than being able to help themselves?
- How accessible are they?
- Are there enough people in this segment to make a difference?
- Will it be cost effective to reach them?
- Will their change influence others to change?
- Are we resource ready? Do we have the organisational capacity to deliver for this audience?
- How ready are they to change?

**Total**

---

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Now that we have knowledge about the audience, we have analysed our internal resources and looked at external opportunities and threats, we can begin to identify key opportunities that we can capitalise on to determine the behaviours that will be most relevant, meaningful and achievable for our audiences.

**What we know about the audiences (including influencers, stakeholders and the primary audience)**
- Motivated by children’s happiness; seek convenience; shop at local retailers, influenced by mother’s opinions.

**Internal strengths and weaknesses**
- Good community links with this audience; we have personnel already reaching them through health trainer network.

**Opportunities and threats**
- Due to recession are looking for ways to save money; are swayed by big brands.

**The ‘big opportunity’**
- Link with local retailers
- Provide low-cost opportunity to purchase
- Use brands to persuade them to act
Identify a ‘big opportunity’

- What we know about the audiences (including influencers, stakeholders and the primary audience)
- Internal strengths and weaknesses
- Opportunities and threats

The ‘big opportunity’

Template to complete
Sub Section:
Analysing behaviour and setting behavioural goals
Now that we know which audiences we want to work with and have a good understanding of what makes them tick, we can move on to developing insight-driven behavioural goals that are meaningful, motivating and relevant to them.

Behavioural goals are more than objectives, they are in the interest of our different audiences rather than just in ours.

We want to move people up a behavioural ladder step by step, rather than asking them to achieve the ultimate behaviour change in one go. At this stage in the process, we can also draw on different behavioural theories, as Change4Life development has, to inform our choice of interventions and marketing mix for our audiences.

With Change4Life we will be working to set behavioural goals to help achieve the 8 key lifestyle target behaviours of the programme:

- 60 active minutes
- Up and about
- Bite size meals
- Cut back the fat
- Sugar swaps
- meal time
- Snack check
- Five-a-day
When considering how we now move from understanding our audience to identifying positive behaviours we want to encourage, it may be useful to consider how the Department of Health believe they need to approach behaviour change with the Change4Life programme.

**How we believe we will change behaviour**

There is no universally accepted model for behaviour change with regard to obesity and this is the first time any government has implemented a programme of this nature, scale and ambition. In the absence of a proven behaviour-change model, we have reviewed existing literature on behaviour change (both for obesity and for other successful behaviour-change programmes, particularly tobacco control) and we have derived principles for creating successful behaviour change, which drive our campaign.

We recognise that some of our assumptions may be proved wrong. We know that we do not have all the answers, so we will monitor our campaign and test which were correct. At this stage, we believe that the programme needs two stages:

- Creating the right preconditions for behaviour change; and
- Supporting people on a behaviour-change journey.
Creating the right preconditions

We know from our experience with tobacco control that, in order for behaviour change to happen, the following preconditions need to be met:

- Dissatisfaction with the present
- Having a positive image of the future
- Having belief and confidence in one’s ability to change
- Being subject to positive environmental pressures (normalisation)

- Having specific triggers for action and
- Knowing what to do to change successfully

None of these preconditions is currently met for obesity. Unlike tobacco control (where, thanks to a long history of medical evidence and communication, the vast majority of smokers now accept that their smoking places them – and others – at risk), the health risks of obesity (and obesity-inducing behaviours) are not well known.
Smokers know that they are smokers; obese people do not always know that they are obese and parents seldom recognise that their children are obese or at risk of becoming so.

Smokers know when they are smoking; there is a considerable body of research indicating that people inaccurately observe their own behaviour with respect to diet and activity (optimistically overestimating activity and underestimating calorie intake).

However hard it is, smokers do at least know what to do to reduce their risk of smoking-related illness (stop smoking); at-risk families do not always know what to do and the behaviour change required is more complex (people cannot simply ‘stop eating’).

Therefore, before we can expect behaviour change on any significant scale, people will need to:

- Be concerned that weight gain has health consequences (‘This isn’t about how I or my children look; it’s about type 2 diabetes, cancer, heart disease and lives cut short’)
- Recognise that their families are at risk and take responsibility for reducing that risk (‘This isn’t about bad parents or very fat children – it’s about my children’)
- Know what they need to do to change (know the behaviours and be able to relate them to their lives) and
- Believe that change is possible (believe that others around them are changing and know that there is help for them to change)

We are confident that the launch programme will start to create these preconditions. However, the number of messages we need people to understand (and the fact that we do not currently have any harder levers such as legislation and taxation) lead us to conclude that we should not expect to see significant levels of behaviour change for some after launch.
Supporting people on a behaviour-change journey

There is learning from many (often small-scale) and face-to-face projects which have managed to change behaviours relating to obesity. These interventions teach us that propensity to change behaviour is increased when:

- People are asked about their own behaviours (asking increases propensity to change more effectively than telling)
- Information about risk is personalised (to prevent dissociation)

- People are encouraged to create their own goals (responsibility)
- People can see how their behaviours are benchmarked against others in their population group (normalising)
- People are able to record their own progress and are given feedback
- People are given frequent reminders of their goals and
- People are rewarded for success.
We cannot intervene face-to-face with everyone in our target audiences (although we can and will signpost to existing and new face-to-face interventions provided by primary care trusts and local authorities). Our greater challenge is to use the media and engagement mechanisms at our disposal to replicate some of these factors on an industrial scale.

The implication for the marketing programme is that consultation and dialogue should play a central role.

We believe the programme needs to include the following elements:

- **Ask:** use a variety of mechanisms (face to face, direct mail, online, telephony, interactive television, newspapers, point of sale) to get questions into the hands of as many families (with a bias towards at-risk families) as possible
- **Benchmark:** use mass media to bring the results to life and to tell people where they and their neighbours stand in relation to the nation
- **Create practical goals:** allow families (online, by telephone or by post) to select a behaviour to change, based on their own needs and aspirations
- **Record:** provide a mechanism for the individual to record their own behaviour (and for a sub-set to provide that data to us)
- **Remind:** remind people of the goals they set, recognise achievement and incentivise further change
- **Report back:** tell the nation (via PR, follow-up programming) how we are doing.
How might Change4Life change behaviour?

We have to accept that making short-term changes to the family’s behaviour is easier than making long-term, sustained change.

All behaviour-change programmes experience a considerable degree of attrition between desire to change, attempting to change and sustained change.

Two illustrations are given below:

**The behaviour-change funnel**

- **Tobacco-quitting funnel**
  - 75% want to quit
  - 45% make quit attempt
  - >3% quit at 12 months

- **Five-a-day funnel**
  - 52% intend to eat five-a-day
  - 40% try to eat more
  - 14% regularly eat five-a-day
How might Change4Life change behaviour?

The data indicates that, for every five people who want to quit smoking, only three will make a quit attempt. Of those who make a quit attempt, fewer than one in 15 will succeed in quitting long term (defined here as over 12 months). In the case of eating five portions of fruit and vegetables a day, the attrition rate is less acute. Of those who intend to eat five-a-day, about three-quarters claim that they have made changes to their diet. Of these, however, fewer than one in three succeed in making five-a-day a habit.

There is no historical data for the attrition rate for obesity prevention. One of the by-products of this marketing programme will be data to generate a funnel similar to those above, which we will be able to refer to in future versions of this document. Meanwhile, we need to generate estimates for the attrition rate.

Comparison of the funnels suggests that changing one’s diet is considerably easier than giving up smoking. This makes sense. Giving up smoking requires conquering an addiction and even a minor lapse can turn the would-be quitter back into a smoker. Eating five-a-day on the other hand, while requiring some effort, is not unidirectional and minor lapses are less important (if you don’t quite get your five portions today, you can still get them tomorrow.)

We might therefore expect the behaviour-change funnel for this campaign to be closer to the five-a-day funnel.
There are, however, two additional factors we need to take into account.

1. Both of the above examples involve changing one behaviour. We are asking people to change multiple behaviours. It is sensible to assume that this will be harder than changing one behaviour, although it is unlikely to be eight times as hard (many people will already be doing some of the behaviours and the behaviours inter-relate).

However, we cannot know how much harder without further data. At this stage, we propose the hypothesis that changing multiple behaviours will be about twice as hard as changing one, i.e. that for every family successfully changing multiple behaviours in the long term, we will need to recruit six families into the programme.

2. In the case of both of the above examples, people are attempting to change their own behaviours.

In the case of this programme, people will need to change the behaviours of their children and families. Whether this is harder (persuading someone else to change could be harder than changing their own behaviour) or easier (children’s ability to determine their own behaviour is relative: if they prefer to be driven to school rather than walking, they can complain, but they cannot physically drive the car) is a matter of conjecture.

Since there is currently no conclusive evidence one way or the other, we will assume that the impact of this factor is neutral, pending further data.
Finally, we need to consider the success or failure rate of those families who change their behaviours within our programme (i.e. who sign up to the CRM programme) versus those who – albeit with some impetus and initial guidance from our communications – ‘go it alone’.

Again, we do not know how effective the programme we are designing will be. However, if it should prove to be no more effective than families changing their own behaviour, it provides no return on investment.

Similarly, there is learning from tobacco control where the data tells us that those who quit with support are four times more likely to succeed than those who ‘go cold turkey’.

We are unlikely to see such impressive results at this stage since the Together Programme is the culmination of many years of research and development (and since cold turkey is a particularly ineffectual means of quitting).

We therefore propose a target that those who access the full programme of support from Change4Life should be twice as likely to succeed as those who choose their own path.
These assumptions lead us to some very approximate calculations:

- 400,000 families attempting to change their behaviours
  - 200,000 using Change4Life materials
    - 33,333 achieving long-term change
  - 200,000 changing independently
    - 16,667 achieving long-term change

While these calculations are only approximations, we will refine them as data becomes available.
When planning our approach, it is beneficial to consider our evaluation criteria at the beginning of the process, to make sure that we meet all our stakeholders’ needs. This will also ensure that our programme delivers measurable results. This evaluation plan can then be put into action easily at the implementation and evaluation stage of our project. By planning evaluation up-front it helps us to ensure the project achieves all objectives.

**Objective:** 100 families reduce snacking from 6 to 2 per day by March 2009

<table>
<thead>
<tr>
<th></th>
<th>Formative</th>
<th>Process</th>
<th>Impact</th>
<th>Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Knowledge</strong></td>
<td>What do we need to do to make families aware of need to limit snacking?</td>
<td>How effective have we been at increasing knowledge?</td>
<td>What impact will this activity have on their knowledge levels?</td>
<td>What are current knowledge levels and how will we measure increase?</td>
</tr>
<tr>
<td><strong>Beliefs</strong></td>
<td>What do we need to say to convince them of the benefits?</td>
<td>How well did our stakeholders ‘sell’ the benefits?</td>
<td>What do we want them to believe and how will we measure?</td>
<td>How will we measure change in belief levels?</td>
</tr>
</tbody>
</table>
| **Behaviour**  | What is a realistic and motivating first step?                           | Were we cost effective in achieving tangible behaviour?                 | What do we want them to do and how will we measure it?                | What are the baselines we will measure against?                          | Any unexpected outcomes?
**Evaluation Framework**

**Objective:** ________________________________

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<tr>
<td>Behaviour</td>
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*Template to complete*
Before deciding on what behaviours we want our audience to adopt, it is important to look at what they are doing already, why they are doing it and also examine any evidence that might help us encourage them to do something different. We can use a combination of research and existing behavioural and marketing theories to help inform our decisions. Your coach will assist you with behavioural theory information.

<table>
<thead>
<tr>
<th>Audience: Where are they now? What are they doing?</th>
<th>Why or how?</th>
<th>Theory suggests</th>
</tr>
</thead>
<tbody>
<tr>
<td>Currently families are doing limited exercise but are aware that they could be doing more</td>
<td>Change4Life consumer insight suggests... Our local research (for example, segmentations, surveys, focus groups...) suggests... Observational research shows that this group only access outside spaces once a week and visit leisure facilities once a month. Survey suggests children are exercising for 60 mins one or two times per week.</td>
<td>For example, trantheoretical (stages of change) theory suggests that... At contemplation stage – need to motivate and encourage to make plans</td>
</tr>
<tr>
<td>Why are they doing what they are doing?</td>
<td>Change4Life consumer insight suggests... Our local research (for example, segmentations, surveys, focus groups...) suggests... Change4Life research suggests that families believe children are getting all the physical activity they need at school. Families say outdoor spaces are too dangerous and leisure facilities too expensive</td>
<td>For example, health belief model suggests that... They need to believe the severity of consequences of not doing adequate activity and see the benefits</td>
</tr>
<tr>
<td>How can we encourage them to behave differently or maintain current/prevent new behaviour?</td>
<td>Change4Life consumer insight suggests... Our local research (for example, segmentations, surveys, focus groups...) suggests... Insight suggests we need to show how easy and cheap it is to access existing facilities and need to team up with facilities/providers they trust and respect.</td>
<td>For example, exchange theory suggests that... We need to overcome the barriers and give a good reason to do new behaviour</td>
</tr>
<tr>
<td>Why are they doing?</td>
<td>Where are they now?</td>
<td>What are they doing?</td>
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<tr>
<th>Audience:</th>
<th>Our research suggests</th>
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<td>Why or how?</td>
<td>Change4Life consumer insight suggests...</td>
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<td></td>
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<td>Exchange theory suggests that...</td>
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One of the key components of social marketing is a focus on achieving behavioural impact, although it is acknowledged that we may need to affect knowledge, beliefs and attitudes in order to change this behaviour. An important stage of a social marketing process is moving from the SMART objectives we have set for our project to behavioural goals that are in line with our audiences’ needs, wants and situation.

**Project objective**
do, know, believe
- Mother in X ward limits snacks to two per day
- Knows that this is easy and will make kids happier long-term
- Believes it is possible

**Insight**
- Currently have 6+ snacks controlled by kids – use as treat/reward
- Don’t know how many snacks kids are eating
- Don’t want to deprive kids

**Behavioural goal**
- Take part in rewards scheme to give kids non-food treat for good behaviour

**How will we measure it?**
- Send in completed reward charts for ‘family fun’ reward

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From SMART objectives to behavioural goals

Project objective do, know, believe

Insight

Behavioural goal

How will we measure it?

In our interest

In our audience’s interest. The first step towards achieving our objective

Template to complete

See USB stick
Within social marketing we have identified that we have different audiences that we need to work with; and in order to achieve our overall SMART objectives for this project, we will have different audiences, all requiring different first-stage behavioural goals.
Developing behavioural goals

Research

Baseline: Where is this audience at now?

Our SMART objectives: What do we want the overall audience to do?

Audience's behavioural goals: SMARTER goals for sub-segments (internal & external audiences)

Template to complete
At the end of the scoping stage, we will be ready to produce a scoping report which will typically contain:

- Introduction to the project including project team and resource allocation
- Statement of the challenge and SMART objectives
- SWOT and Environmental analysis
- Stakeholder details with engagement plan
- Audience profiling and segmentation
- Literature review and gaps for primary research
- Summary of research findings
- Competition analysis
- Behavioural analysis
- Behavioural goals
- Identification of ‘big opportunity’
- Outline project plan
- Evaluation plan.
Woodside gets active

A great example of scoping in action for a small community based project.

The ‘Woodside Gets Active’ team achieved considerable success by interpreting their mix of quantitative and qualitative research to fully understand what was preventing the residents of Woodside working towards achieving the recommended levels of physical activity (one hour per day for children and 30 minutes, five days a week for adults). The team conducted research with both service providers and other stakeholders as well as users and potential users of services.

The team summarised their insight with the following statement:

“Local people felt that they weren’t given the chance to take part in physical activity”

This insight guided the development of the project. It led to adaptation of existing services and the introduction of new activities which overcame the barriers that the residents felt were preventing them from taking part which included:

- Fear of not being fit enough - people felt that activities may be too energetic and that they might not have the right ‘trendy clothing’ to take part
- Generally, local people felt they were not given the opportunities to take part in exercise
- People in this area wanted organised exercise opportunities.

Read full details of this case study at [www.nsmcentre.org.uk/showcase-case-studies.html](http://www.nsmcentre.org.uk/showcase-case-studies.html)
In this section, we'll talk about how we enable and encourage our audience to undertake the chosen behavioural goals, making it as easy, attractive and popular to do as our competing behaviours.

To do this we take our big opportunity and develop a mix of methods for both our target audience and the professionals that will help achieve this, engaging our selected stakeholders and influencers to create a sustainable solution.

The key to all development is that we start with our audience insight and develop a mix of interventions, communication and support to help them achieve behaviour that is in their interest, and in ours.

**What we will do**
A mix of approaches, solutions and methods to enable, encourage and support our audiences to achieve positive behaviour.

**How we will do it**
A mix of approaches for how we will deliver the solution to our audience.

Making it easier, more attractive and more popular for our audience to choose targeted behavioural goals, over competing behaviours.
Key tasks

- Develop the intervention mix
- Develop our overall proposition
- Develop the marketing mix
- Service development and review plan
- Influencer strategy
- Positioning statement
- Branding

- Communications development
- Creative brief
- Pre-testing of proposition and materials with stakeholders and target audience
- Design evaluation strategy and plan
- Stakeholder communications plan
- Justify the proposition

Propositions tested with the audiences and full delivery and communications plan
When designing a mix of interventions to help our audiences achieve defined behavioural goals we need to provide a mix of methods to help them. We take our big opportunity identified through the scoping phase and use a mixture of informing, design, education, control and support tailored to each of our audiences to ensure we deliver sustainable solutions.

**The ‘big opportunity’**
- Link with local retailers
- Provide low cost opportunity to purchase
- Use brands to persuade them to act

**A mix of methods, tailored to different audiences**

- **Inform**
  - Communicate
  - Remind
  - Make Aware
  - Trigger

- **Educate**
  - Teach
  - Engage
  - Inspire
  - Skill

- **Design**
  - Change context
  - Engineer
  - Alter environment

- **Support**
  - Service
  - Provide
  - Assist
  - Model

- **Control**
  - Regulate
  - Legislative
  - Monitor
  - Police

**For example,**
- Workshops to understand nutritional information
- Advertising campaign for branded healthy snacks selling benefits
- Only healthy snacks sold in school tuck shops
- Healthy snacks stocked at checkout
- Discounted healthy snacks
Once we have selected intervention approaches that will support, enable and encourage our audiences to adopt positive behaviours, we can develop a marketing mix of methods to deliver this to them.

### The ‘big opportunity’
- Link with local retailers
- Provide low cost opportunity to purchase
- Use brands to persuade them to act

### Develop a marketing mix

<table>
<thead>
<tr>
<th>Product</th>
<th>What we are offering our audience?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Tangible and intangible – for example, the benefits – what’s in it for me and the ‘thing’ or service</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Price</th>
<th>What is the cost we need to overcome?</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>– for example, money, time, effort, psychological</td>
</tr>
<tr>
<td></td>
<td>What barriers are we overcoming with this?</td>
</tr>
</tbody>
</table>

| Place            | How can our audience access it – Where, When, Delivered by who, How will they get there? How can we make it as easy and convenient as possible? |

| Promotion        | How can we tell them about it and persuade them to do it? Why should they do it? |

For example, fun packaging for healthy snacks
For example, cost, childrens’ unhappiness, resistance to change
For example, placed at checkout of popular retailers, distribution across independent newsagents
Low price offers, instant win with attractive rewards to appeal to children and encourage pester power, brand advertising

For information about developing a marketing mix
**see: USB stick, Developing a marketing mix © The Hub**

© French, Blair Stevens, 2009
develop a marketing mix

- Product
- Price
- Place
- Promotion

The ‘big opportunity’

Template to complete
The key to making a marketing mix work, is to get the product right first, making it audience-insight-driven and building on it to create more of an ‘offer’ than just a message. We then turn our product into a proposition.

**Audience**
For example, Cluster 2 Mums

**Need...**
- Something easy
- Kids have fun
- Something cost effective
- See it is something that fits in their world

**Proposition**
Healthy snacks brand using licensed characters to collect (for example, Lazytown) developed by trusted brand and promoted at attractive price point. ‘Kids are healthy while having fun’

For information about developing a marketing mix see: USB stick, Developing a marketing mix
developing the right product

Audience

Need...

Proposition

Template to complete
To ensure that the behaviour we want our audience to engage in is as attractive, easy and popular as possible, and ‘beats’ the competition, we need to think about how we are positioning the ‘product’ we are selling, making sure it fits with their world and creates an emotional connection as well as a rational one.

We want to answer the question: What makes this better than doing anything else?

---

**Positioning statement**

Compared to giving children unlimited unhealthy snacks every day ... We want them to **give their children our fun, branded healthy snacks**. When they do this they will:

**Think...** I am making my children happy instantly and helping them in the long term by buying this product

**Feel...** Its so easy to be a good mum

**Do...** keep buying this and other healthy snack products
Positioning statement

Compared to

We want our audience to

When they do this they will

Think...

Feel...

Do...

Template to complete
Once we have thought about what the proposition is to our different audiences and how we position it, we should be in a position to develop the proposition for our audiences. When doing this, we need to consider how we can make it as easy and attractive as possible for them to adopt the behaviour and receive the benefits we are offering, and how we will deliver it.

How will they do it?
- How can we enable them? (environment, remove barriers)
- What do we need to inform/educate them about?
- How can we encourage them? – make it attractive and popular? – interventions, partnerships, services, messages.
- How can we discourage them from doing something negative? Enforce, restrict, barriers?
- Who can they model? – social norms, influencers, partners.
- How can we make it accessible, convenient and easy for them? What partners can we work with?

How will we measure whether they have done it and the success?
Sub section:
Reaching our audience with effective communications
Communications development

Drawing on the strategic communications and engagement framework developed earlier in the project, we now need to develop a tactical communications and marketing communications plan. This is the last stage of the process: we need to ensure that we have a clear audience-driven proposition first before we decide how to communicate it. All communications should be targeted to our different audiences, based on the right exchange and resulting messages for each, and mapped to the most relevant touchpoints, channels and media for each of our target audiences and those that influence, connect with, and support them.

Using the intervention mix and marketing mix as the focal point, you now need to develop the communications plan. Your communications colleagues may be able to support you with this, however the following section will give you some basic guidance on how to get started.

Audiences

Group your audiences into primary, secondary and tertiary. Your primary audiences are those whom the interventions are designed to impact directly. Secondary and tertiary audiences reflect the degree to which other audiences are directly or indirectly able to support, or impact on the behaviour of the primary audience or their ability to adopt, engage or access.

In thinking about internal audiences, remember that staff are not an homogenous group, nor are all clinical staff necessarily a single audience and may need segmenting into a number of different groups to reflect their different viewpoints, contexts or angle or degree of interest. When we come to reach and dissemination you will also need to consider what range of methods and channels might be needed for different internal audiences, whether some key groups are essential to engage but hard to reach, and whether there are other influencers that can be used as conduits for information and engagement of internal audiences.
Communications development

**Messaging**

**Core messages**

Identify which messages are common to all of your audiences. Then frame them for each audience based on the insight about their states of mind and their context to determine the following:

**Treatment**

To determine the tone, language and emphasis.

**Focus**

- What are you trying to achieve, what do you want them to do?
- What matters most to this audience?
- What might they be most concerned about regarding possible change?
- What barriers or drivers will influence whether your audience will hear, accept, believe or act on the message you are trying to communicate?
- What do they need to know in order to make an informed decision to act/adopt?
Reach – channels, media, formats

Work through the insight for each key audience, alongside the marketing mix map to determine the best ways to communicate with and to them – and how you are going to measure whether you are successful in reaching them.

Think about response mechanisms as well as simply getting the information out there, and whether or not your audiences will act as planned. Feedback on the quality, relevance and appropriateness of your communications is valuable and should form part of your evaluation.

Also think beyond conventional media. Human touchpoints are critical.

No poster or leaflet can rival a meaningful dialogue with a trusted, well-informed individual. When thinking about communications resources, consider your internal audiences – staff, partners, other stakeholders as both receivers of information and channels of communication with others – what do they need in order to equip them to be good conduits of information, and enthusiastic advocates of your project’s aims?

Supporting or collateral resources

Develop succinct, audience-specific briefings together with Q&As for your internal audiences and partners; and supply key groups with FAQs to use for their contact with target audiences.
Proactive and reactive media handling

Identify, recruit and brief – and where necessary media-train – appropriate staff and partners as spokespeople for your project. Think about your audiences and the media they use, and what kind of person would be best-placed to be the face or voice of the project in the public domain, under what circumstances (promotion/positive versus negative issues-handling) – and whether there needs to be a set of spokespeople trained and briefed on an audience-specific basis.

In addition to drafting proactive press releases at launch and other key stages, ensure that your risk management plan includes a media enquiries and handling protocol – and that this is effectively shared, understood and followed both internally and with partner organisations to ensure all communications and messaging are consistent, accurate, on-brand, and risk-assessed. Actively encourage good news stories to be shared and captured to generate positive PR for the project.

Your social marketing coach can support you with additional tools and advice on communications and engagement, including practical guidance on maximising opportunities for publicity, sustaining awareness and developing brand champions.
## Communications Development

<table>
<thead>
<tr>
<th>Audience: Cluster 2 Mums</th>
<th>Audience: Independent retailer</th>
<th>Audience: Children</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Proposition</strong></td>
<td>Healthy fun snacks your kids will love</td>
<td>Make £profit when you sell these products – make sure you put them by the checkout as people will be asking for them</td>
</tr>
<tr>
<td><strong>Who from?</strong></td>
<td>Walkers/Lazytown</td>
<td>Walkers/Lazytown</td>
</tr>
<tr>
<td><strong>Channels</strong></td>
<td>National media, retail, outdoor media</td>
<td>Trade press, advertising in wholesalers, direct marketing</td>
</tr>
<tr>
<td><strong>Promotion methods</strong></td>
<td>Sampling and introductory low price</td>
<td>Trial price</td>
</tr>
<tr>
<td><strong>Tone and style</strong></td>
<td>Approachable, friendly, congratulatory</td>
<td>Simple, direct</td>
</tr>
<tr>
<td>Audience: Cluster 2 Mums</td>
<td>Audience: Independent retailer</td>
<td>Audience: Children</td>
</tr>
<tr>
<td>-------------------------</td>
<td>--------------------------------</td>
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</tr>
<tr>
<td>Proposition</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Who from?</td>
<td></td>
<td></td>
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<tr>
<td>Channels</td>
<td></td>
<td></td>
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<tr>
<td>Promotion methods</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tone and style</td>
<td></td>
<td></td>
</tr>
<tr>
<td>What measure and how?</td>
<td></td>
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</tr>
</tbody>
</table>

*Template to complete*
Communications top tips

- Grab the audience’s attention with something or someone we know will appeal
- Appeal to the rational and irrational – the head and heart
- Keep it simple
- Tell them what THEY want to hear
  Sell the benefits (the right exchange)
- Make sure they trust us
  Leverage the power of people/testimonials/influencers they trust
- Put communications in their world
  Use the audience context and journey map to think about where people go, the media and channels they trust and use
- Ensure consistency at all times
  Branding, messages and execution
- Call to action
  Be clear about the desired behaviour and what we want people to do/adopt
As the scoping stage will show us, we need to work with those that influence our audience as well as the audience themselves and consider how we can communicate with them to ensure that they 'sell' our proposition to the target audience.

**Audience:** Cluster 3 mums of children aged 5 to 11  
**Behavioural area:** Snack Check

<table>
<thead>
<tr>
<th>Key influencer of target audience</th>
<th>How much influence do they have (strong, moderate, weak)?</th>
<th>What behaviour are they currently encouraging the audience to do or not do?</th>
<th>Why would they encourage the desired behaviours?</th>
<th>Why would they discourage the desired behaviours?</th>
<th>How can we reach them?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Partners</td>
<td>Moderate</td>
<td>Buy snacks – for their own as well as children’s consumption</td>
<td>Because children ask for it</td>
<td>Don't want change – ‘we’re fine how we are’</td>
<td>Through workplaces, social gatherings, targeted media</td>
</tr>
<tr>
<td>Childrens’ grandparents</td>
<td>Strong</td>
<td>Make kids eat all their food. Giving food as treats</td>
<td>Because know is best for children’s happiness, because ‘authority figures’ say so</td>
<td>‘Was good enough in my day’</td>
<td>Through children’s requests, through opinion-formers in media</td>
</tr>
</tbody>
</table>
Using influencers to sell our message

<table>
<thead>
<tr>
<th>Key influencer of target audience</th>
<th>How much influence do they have (strong, moderate, weak)?</th>
<th>What behaviour are they currently encouraging the audience to do or not do?</th>
<th>Why would they encourage the desired behaviours?</th>
<th>Why would they discourage the desired behaviours?</th>
<th>How can we reach them?</th>
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</tbody>
</table>

Template to complete

Adapted from A Field Guide to Designing a Health Communications Strategy
Whether we are developing a major communications campaign or making amendments to existing promotional material, it is still worthwhile to produce a creative brief for internal or external resources to make sure that we consider all the elements that will ensure our message gets received, understood and acted on. There is a range of Change4Life materials available already (see page 176). Your coach can assist you in accessing these and considering them in light of your own projects needs. In addition, the following information may help you structure your brief.
Before we launch our intervention and associated activities it is important to test the concepts, proposed delivery methods, any services and communications materials with our target audiences (both public and professional), to ensure they resonate with and are relevant to our audiences – and will stimulate the desired behaviours. Recruiting a development panel of stakeholders and target audience to help develop the offering and communications materials as well as test our proposals with them will both answer the need to sense check our proposed approach and act as additional engagement to ‘warm up the market’.

You will need to develop your questions depending on the nature and scope of your proposal. Your social marketing coach can support you to draw up a pre-testing discussion guide, but you may find the table below useful in guiding your thoughts.
## Pre-testing our proposition and communications

<table>
<thead>
<tr>
<th>What do we want to know?</th>
<th>What could we ask?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is it right for the target audience?</td>
<td>Who do you think this is for? What type of people … What about people like you? If not, what would make it appeal to you?</td>
</tr>
<tr>
<td>Does it grab their attention?</td>
<td>Which of these would make you stop, look or listen and why?</td>
</tr>
<tr>
<td>Is it clear what they are expected to do?</td>
<td>What do you think it is asking you to do?</td>
</tr>
<tr>
<td>Does the target audience see the benefits?</td>
<td>What do you think is ‘in it for you’ – what do you think you’ll get for doing it?</td>
</tr>
<tr>
<td>Does it persuade them to do it?</td>
<td>Do you think people would get (benefits) from this? After seeing this, how likely would you be to do X behaviour?</td>
</tr>
<tr>
<td>Do they trust and believe he person asking them to do it? / Is it ‘coming from’ the right person?</td>
<td>Do you believe the person/organisation – who would you want to hear this from?</td>
</tr>
<tr>
<td>Is the tone and style right for the audience?</td>
<td>Does it come across right? Does it talk to you in the right way? Is there anything annoying, boring, offensive?</td>
</tr>
<tr>
<td>What channels would be right to receive this information?</td>
<td>How do you think people should hear about it? Use prompts as stimulus – for example, text, poster, newspaper advertising.</td>
</tr>
<tr>
<td>Is it clear and consistent?</td>
<td>Is there anything confusing about it? What would you change? Any help with language?</td>
</tr>
<tr>
<td>Do we need to change things?</td>
<td>What might you do differently to appeal to your friends/others in the same situation?</td>
</tr>
</tbody>
</table>
Our methods mix will comprise many different elements of the programme that need to be delivered. It is therefore useful to consider how each will be delivered and what resources and associated actions are needed to ensure smooth delivery.

<table>
<thead>
<tr>
<th>What are we doing?</th>
<th>How is it being delivered?</th>
<th>What resources are needed?</th>
<th>What further action is needed?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Developing and promoting a new healthy snacks brand in partnership with the private sector and TV character licensing organisation</td>
<td>Development through commercial partner and retailer</td>
<td>Project Manager to liaise with commercial team</td>
<td>Launch material to be produced. Testing with public and professional audience. Staff to be briefed.</td>
</tr>
<tr>
<td>Developing a 'one-stop-shop' for all weight management and healthy weight promotion services</td>
<td>Delivered by Healthy Weight for Children Support Worker in conjunction with voluntary and community group network</td>
<td>Training of staff. Briefing of all partners. Communications materials. Management of telephone and email query service</td>
<td>Arrange training. Organise briefing event. Brief communications materials. Set up referral pathway and brief stakeholders</td>
</tr>
</tbody>
</table>
# Delivery Plan

<table>
<thead>
<tr>
<th>What are we doing?</th>
<th>How is it being delivered?</th>
<th>What resources are needed?</th>
<th>What further action is needed?</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>
**Justifying the proposition**

At the end of the development phase it is useful to go through the propositions for different target audiences and the associated interventions and communications to make sure that we have a clear rationale for each element and can definitely deliver to answer any stakeholder queries, internally and externally.

<table>
<thead>
<tr>
<th>What are we doing?</th>
<th>Why are we doing this?</th>
<th>Can we deliver?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Developing and promoting a new healthy snacks brand in partnership with the private sector and TV character licensing organisation</td>
<td>To appeal to our target audience, to overcome the competition and answer the needs of our audience raised in our research</td>
<td>Yes, production capacity, communications are underwritten by our partner and retail distribution has been secured.</td>
</tr>
<tr>
<td>Developing a 'one-stop-shop' for all weight management and healthy weight promotion services</td>
<td>To make it easy for our audience to access support and information at a venue and in a means that works with their busy lifestyles. To ensure consistency of messages and delivery methods across all providers in all sectors</td>
<td>Yes, we have capacity through our new Healthy Weight for Children Support Worker.</td>
</tr>
</tbody>
</table>
### Justifying the Proposition

<table>
<thead>
<tr>
<th>What are we doing?</th>
<th>Why are we doing this?</th>
<th>Can we deliver?</th>
</tr>
</thead>
<tbody>
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</tr>
<tr>
<td>Template to complete</td>
<td>See USB stick</td>
<td></td>
</tr>
</tbody>
</table>
At the end of the development stage, we will have details of what we want each target audience to do and how we are going to encourage, enable and support them in doing this.

We need to have considered:

- A summary of our proposition – what are we doing?
- How are we going to deliver it? – when, where, with who, which staff will be involved, what resources are needed?
- A training needs assessment and plan
- A communications plan and materials to test
- A stakeholder communications plan
- Details of our referral process, if applicable
- Details of how we will measure the success of our interventions or approaches
- Results from pre-testing our proposition, delivery plan and any communications materials with our target audiences – both public and professional
- A clear rationale for our proposition and the ability to sell it internally to stakeholders.
As part of the Change4Life marketing programme, brand assets, various toolkits and resources are available for use by partners and supporters to help us deliver our social marketing interventions.

Register as a supporter and find out all the latest news at www.nhs.uk/change4life.
**VERB – It’s what you do**

This robustly evaluated American social marketing project succeeded in increasing physical activity in 9 to 13 year-olds. It used an impressive methods mix to promote being active as cool, fun and a chance to have a good time with friends.

The project used commercial methods of youth marketing and had a strong brand identity which was developed in consultation with the target audience.

The interventions were developed to engage, encourage and enable the audience to participate. Each part of the mix addressed the specific needs and aspirations of the target audience and care was taken to ensure that interventions were communicated and delivered in ways that were meaningful and motivating.

A final evaluation of the project was published in August 2009 and can be accessed at [www.nsmcentre.org.uk/showcase-case-studies.html](http://www.nsmcentre.org.uk/showcase-case-studies.html)
At this stage, we are now considering 'going live' with our project. It is important here to make sure that we have everything in place for a smooth delivery of the programme to all of our audiences. We need to make sure that we consider any negative impact that the programme may have and that we can overcome this.

At this stage we also consider the data collection and monitoring we need to carry out during the life of the programme to meet the evaluation needs set out in the evaluation plan that was developed during the scoping stage.

We need to ensure our delivery team are aware of their responsibilities and that communications are kept open at all times to spot opportunities, overcome threats and ensure that a successful project is delivered.
Implementation... key tasks

Key tasks

- Implementation planning
- Risk management
- Project communications and feedback planning
- Collect data and monitor success of the project

- Review and change the programme as needed
- Monitor the competition and overcome challenges
- Ongoing internal and external analysis
- Opportunity spotting

Main output:
Launch of project with full implementation plan
Implementation planning

At this stage, it is important to produce a plan for what needs to be done to ensure the successful launch and delivery of our project. The example below may help you to consider what you need to think about and how long it could take.

See: USB stick, Outline implementation planning

Remember to take account of wider Change4Life activity. You may find it useful at this stage to revisit the Change4Life media plan.

See: USB stick, Change4Life media plan 2009
Before we launch our programme it is recommended that the project team undertake a risk assessment for the delivery of the project to ensure that mitigation is planned for any negative impact or occurrences. It is particularly important to take into account any negative publicity we might receive and how we will deal with this. It is also useful to consider how we will react if the project is a victim of its own success and creates too much demand.

You can use a standard risk register for this or the tool you used at the project set-up stage. Below is a simple activity to consider how you will respond to anything that could occur, how you will respond to it and who is responsible for the mitigation.

<table>
<thead>
<tr>
<th>Challenge</th>
<th>Likelihood of happening?</th>
<th>What to do and when?</th>
<th>Who is responsible?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Negative media coverage</td>
<td>Medium</td>
<td>Brief media in advance and ensure engagement with the programme. Ensure media spokesperson is briefed and trained to deal with the media</td>
<td>Media spokesperson representative of project team</td>
</tr>
<tr>
<td>Over-demand for products being delivered through programme</td>
<td>Low</td>
<td>Ensure contingency in budget to allow for additional production</td>
<td>Project team representative</td>
</tr>
<tr>
<td>Lack of attendance at events</td>
<td>Medium</td>
<td>Ensure all communications planning is insight-led and tested with audience to ensure resonates</td>
<td>Communications lead on project team</td>
</tr>
</tbody>
</table>
## Risk Management

<table>
<thead>
<tr>
<th>Challenge</th>
<th>Likelihood of happening?</th>
<th>What to do and when?</th>
<th>Who is responsible?</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>
During our project it is really important to keep all of our internal and external stakeholders informed of what is happening and any action required of them to ensure we maintain stakeholder engagement, which we worked so hard to secure at the beginning of our project.

<table>
<thead>
<tr>
<th>Key milestone</th>
<th>Who needs to know?</th>
<th>How do we communicate?</th>
<th>When?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Launch of Project</td>
<td>All stakeholders</td>
<td>Email to all stakeholders</td>
<td>Prior to launch</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Telephone with additional information to senior management</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Launch event</td>
<td></td>
</tr>
<tr>
<td>First evaluation results</td>
<td>All stakeholders</td>
<td>Email to all stakeholders</td>
<td>On first evaluation results and further results during the programme</td>
</tr>
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</tbody>
</table>
## Project Communications and Feedback Plan

<table>
<thead>
<tr>
<th>Key milestone</th>
<th>Who needs to know?</th>
<th>How do we communicate?</th>
<th>When?</th>
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</thead>
<tbody>
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</tbody>
</table>
Before our project goes live, we need to make sure that we have a clear plan of what data needs to be collected to ensure that our evaluation will be complete and that we can measure the impact and outcomes from our project and demonstrate that we have achieved a significant return on investment. It is also important to plan the data collection ahead to ensure that we allocate sufficient budget for this element of the process.

The evaluation framework completed during the scoping phase will guide us on what we are measuring.

We will need to be collecting data for different evaluation needs:

**Process** – Efficiency of the process, perceptions of the process from stakeholders, cost efficiency

**Outcomes** – Knowledge levels, changes in belief, results of behaviour (e.g. BMI levels)

**Impact** – Behavioural impact, awareness levels, among audience, stakeholders, influencers, media.

We also need to remember to look out for unintended outcomes of the project and make sure we measure the bad as well as the good as this is vital for building on knowledge for future programmes.
The following template is useful when planning how we will collect our data and helps make sure we allocate responsibility and timings for this important stage of the process.

<table>
<thead>
<tr>
<th>What is being measured</th>
<th>Methodology</th>
<th>What needs to be done?</th>
<th>By whom</th>
<th>By when</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outcomes: Reduction in child's BMI</td>
<td>Gather NCMP data</td>
<td>Monitor change in year on year data for Year 6</td>
<td>Healthy Weight lead</td>
<td>October – end of project</td>
</tr>
<tr>
<td>Impact – Behaviour Cluster 2 Mums increase purchase of fruit and vegetables</td>
<td>Quantitative survey, EPOS Data</td>
<td>Telephone survey for claimed behaviour, Retail store managers to supply data</td>
<td>Agency, Retail partner</td>
<td>Before and after project</td>
</tr>
<tr>
<td>Knowledge/ Beliefs/Attitudes Cluster 2 Mums aware of long term risks of too many unhealthy snacks</td>
<td>Quantitative survey</td>
<td>Telephone survey with 500 mothers, using quota sampling</td>
<td>Agency</td>
<td>Before, mid point and end of project</td>
</tr>
<tr>
<td>Process Success of project delivery</td>
<td>Interviews with all project team and key suppliers and stakeholders</td>
<td>Carry out interviews with key personnel</td>
<td>Agency</td>
<td>Mid point and end of project</td>
</tr>
</tbody>
</table>
# Data Monitoring and Collection

<table>
<thead>
<tr>
<th>What is being measured</th>
<th>Methodology</th>
<th>What needs to be done?</th>
<th>By whom</th>
<th>By when</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outcomes:</td>
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<td></td>
</tr>
<tr>
<td>Impact – Behaviour</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Knowledge/ Beliefs/Attitudes</td>
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</tr>
<tr>
<td>Process</td>
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</table>

*Template to complete*
Once our project goes live, we will need to keep monitoring the results of the project, being ready to change the delivery to react to opportunities or threats that occur.

Tasks to think about include:

- **Being ready to review and change the programme if required**
- **Monitoring the competition and overcome challenges as they arise**
- **Watching out for internal and external opportunities, ensuring we take advantage of internal strengths and opportunities**
- **Keeping stakeholders informed and engaged at all times, to open the door for future additional resources.**
Fuel Zone

Glasgow City Council implemented this project in three stages as part of a successful approach to combat childhood obesity. The programme encouraged healthy eating among children through school canteen-based interventions including a points-based reward system.

Lessons learned at each stage of the programme were acted on as the project moved forward. There was constant consultation with the audience and key stakeholders including suppliers and school kitchen staff. During stage two, the project’s marketing team visited schools every week to gather opinions and suggestions. In stages one and two, on-going training was also provided to catering staff and area managers to keep them fully informed about the programme and brand.

This made a real difference to the success of the project as issues were quickly identified and remedied. For example, pupils were originally required to use their ‘Young Scot’ card to collect reward points for healthy choices in the school canteen. The team identified that the application process for this card was proving to be a barrier to uptake because the children had to provide a host of personal information and then wait some time for the application to be processed. An alternative system was found by using the Q-Card (issued to all children once they begin secondary school) and participation improved dramatically.

In stage three, using additional feedback, the scheme was further developed with the introduction of a web-based points reward system.

Read full details of this case study at www.nsmcentre.org.uk/showcase-case-studies.html
Thorough evaluation allows us to identify whether we met our objectives, what impact the project had, what went well, what could be improved and to allocate resources more efficiently in the future. We will need to consider the different types of evaluation:

- **Formative** – At the beginning of our project to help shape what we deliver – for example testing our proposition with the target audience.

- **Process** – During and after our project to measure how our project worked and identify what went well, how this happened and how it might be improved during the project and in the future, for example stakeholder and supplier interviews.

- **Outcome** – After our project to measure what happened as a result of what we’ve done, for example measuring an increase or decrease in BMI against initial baseline data.

- **Impact** – During and after our project to measure the actual behaviour of our audience – for example have they cooked healthy food, or purchased healthy snacks?

You can read about the evaluation methodology and initial results for the Change4Life programme in the marketing strategy document from the Department of Health available at [www.dh.gov.uk/obesity](http://www.dh.gov.uk/obesity)
Evaluation key tasks

Key tasks

☑ Complete an evaluation plan
☑ Carry out a final evaluation (either internally or commissioned to external provider)
☑ Analyse the results of the project
☑ Carry out a cost-benefit analysis
☑ Prepare an evaluation report

Main output: Evaluation Report
Now that we are ready to evaluate our project we can revisit our initial evaluation plan formulated in the scoping phase and plan how the evaluation will be carried out and analysed.

<table>
<thead>
<tr>
<th>Objective: 100 Cluster 2 Mums decrease children’s snacks to 2 per day</th>
<th>Objective:</th>
<th>Objective:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>What will we measure?</strong></td>
<td>Number of snacks purchased?</td>
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<tr>
<td><strong>Who for?</strong></td>
<td>Health Improvement Team and Retail partner</td>
<td></td>
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<tr>
<td><strong>How will we measure? - Methodology</strong></td>
<td>Retailer exit interviews EPOS data</td>
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<tr>
<td><strong>Who is responsible?</strong></td>
<td>Agency and Retail partner</td>
<td></td>
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<tr>
<td><strong>When?</strong></td>
<td>Mid point and end of project</td>
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<tr>
<td><strong>Resource needed?</strong></td>
<td>Agency resource for exit interviews</td>
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<tr>
<td><strong>Analysis methods?</strong></td>
<td>SNAP software to produce results analysis</td>
<td></td>
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<tr>
<td><strong>How will we share learning?</strong></td>
<td>Evaluation Report</td>
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</table>
# Evaluation Implementation Plan

<table>
<thead>
<tr>
<th>Objective:</th>
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<td>What will we measure?</td>
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<td>Who for?</td>
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<td>How will we measure?</td>
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<td>Who is responsible?</td>
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<td>Analysis methods?</td>
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<tr>
<td>How will we share learning?</td>
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</table>

See USB stick

Template to complete
Things to include

- Overview of the project
- Project objectives
- Baseline data
- Evaluation methodology
- Results
- Analysis of results
- Demonstration of return on investment and cost benefit analysis
- Implications and recommendations for further activity
Snack right

The Snack Right Project led by the ChaMPs Public Health Network aimed to get children in deprived neighbourhoods to replace at least one unhealthy snack a day with a healthy one.

Phase 1 of the project was evaluated by Liverpool John Moores University and Phase 2 was evaluated by the Liverpool Public Health Laboratory.

The reports highlight the importance of establishing good baseline data and ensuring that behavioural goals can be effectively measured. The reports also give guidance on the type of evaluation that worked well and where improvements could be made. For example, when developing Phase 2 of the programme, clearer behavioural indicators were selected including KPIs such as the number of families completing four weeks of healthy eating and entering a competition at the end of this period.

The reports also provide a useful observation of the effectiveness of using a social marketing approach.

Full details of this case study, including copies of both evaluation reports can be found at www.nsmcentre.org.uk/showcase-case-studies.html
follow-up... what’s involved

Once our project is complete, we need to share the learning and recommendations for future activity and ensure we analyse the results and identify where we can take next steps to ensure the results are sustainable.

It is important that we share any disappointing results as well as the successes to help others avoid repeating any elements that did not work. We can share learning through publishing case studies and sharing the information with professional networks.

It is also a time to celebrate success, thank all those involved, including our target audiences and feedback to all involved on the achievements and results of the project and any planned next steps.
Key tasks

- Celebrate success
- Review the programme with stakeholders
- Feedback results to target audiences
- Share the learnings
- Submit case study to NSMC
  Showcase Case Study Database at www.nsmcentre.org.uk

Main output:
Published case study and dissemination of project learning
It will help other projects if we can share what went wrong as well as what went right with recommendations of what we would do differently and the next steps.

Sharing this with stakeholders and also a wider network of practitioners will help to build good practice in social marketing and health improvement.

<table>
<thead>
<tr>
<th>What went wrong?</th>
<th>What went right?</th>
<th>What to do as a result?</th>
<th>How?</th>
<th>Next steps</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mothers bought snacks for children for one week but then stopped purchases as retailers no longer promoted</td>
<td>Mothers bought snacks initially and children asked for them</td>
<td>Ensure retailers on board and have sustained promotion</td>
<td>Allocate additional resource to trade launch and incentives</td>
<td>Additional research with retailers to assess how can meet their needs</td>
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</table>
### Share the Learning

<table>
<thead>
<tr>
<th>What went wrong?</th>
<th>What went right?</th>
<th>What to do as a result?</th>
<th>How?</th>
<th>Next steps</th>
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</table>
Near the end of our programme we need to ensure that the project team commit to action to progress before the project ends and that the results are sustainable. It is important to consider how we will share successes with a wider audience to make a far-reaching impact. This could include:

- Submitting a case study to the NSMC case study database, *Showcase*
- Releasing a press release to gain news coverage in consumer and industry publications
- Presenting at conferences
- Publishing articles in journals
- Organising a stakeholder event to notify stakeholders and the wider community of the impact and outcomes of the project and how these will be extended to other areas.

<table>
<thead>
<tr>
<th>Name</th>
<th>Commitment</th>
<th>Action</th>
<th>By when</th>
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</thead>
<tbody>
<tr>
<td>Project team member</td>
<td>Secure funding for additional roll out to other geographical areas</td>
<td>Present at next board meeting</td>
<td>December</td>
</tr>
</tbody>
</table>
# Next steps

<table>
<thead>
<tr>
<th>Name</th>
<th>Commitment</th>
<th>Action</th>
<th>By when</th>
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</table>

Template to complete
publish a case study

Now submit your case study to the NSMC Showcase database at www.nsmcentre.org.uk
References


*Change4Life Marketing Strategy*, Department of Health, Crown Copyright 2009

*Healthy weight, healthy lives: consumer insight summary*, Department of Health, Crown Copyright 2009


Risk assessment and management tool adapted from NHS Healthcare for London: *In the driving seat: the consultation lead’s A-Z*


All other tools and resources in this guide have been provided by Brilliant Futures, The Hub and the National Social Marketing Centre

Sources of further information

- Department of Health publications: [www.dh.gov.uk](http://www.dh.gov.uk)
- National Obesity Observatory information: [www.noo.org.uk](http://www.noo.org.uk)
- Health Acorn segmentation: [www.caci.co.uk/acorn](http://www.caci.co.uk/acorn)
- Sport England segmentation: [www.sportengland.org/research.aspx](http://www.sportengland.org/research.aspx)
- Social Marketing Information: [www.nsmcentre.org.uk](http://www.nsmcentre.org.uk) [www.brilliantfutures.org.uk](http://www.brilliantfutures.org.uk)
In the wallet accompanying the guide you will find the following publications:

1. Change4Life Marketing Strategy
2. *Healthy weight, healthy lives: consumer insight summary*
3. Procurement Guide for Social Marketing Services
On the USB stick supplied with the guide you will find the following files:

1. *Healthy Weight, Healthy Lives Market Segmentation and Mapping*
2. *Short glossary of social marketing related terms*
3. Change4life media plan 2009
4. Change4life template project plan 2009
5. Outline implementation planning
6. Social marketing ethics
7. Developing a marketing mix
8. Risk assessment tool

**Page templates**

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31. Setting up a winning project team
34. Project communications
36. Assessing project resources
48. Who are our target audiences?
54. Defining the challenge
56. Setting your smart objectives
62. SWOT analysis
64. Environmental analysis plus
66. SWOT analysis
69. Literature review
78. Stakeholder universe
80. Stakeholder matrix
82. Engaging stakeholders
84. Stakeholder communications
86. Research needs-analysis
88. What is working well already?
106. Research journey
108. Research action
114. Audience journey map
116. Competitive analysis
118. Prioritise segments
120. Identify a ‘big opportunity’
135. Evaluation framework
137. Behavioural analysis
139. From smart objectives to behavioural goals
141. Developing behavioural goals
151. Develop a marketing mix
153. Developing the right product
155. Positioning statement
164. Communications development
167. Using influencers to sell our message
172. Delivery plan
174. Justifying the proposition
185. Risk management
187. Project communications and feedback plan
190. Data monitoring and collection
198. Evaluation implementation plan
206. Share the learning
208. Next steps